**Attachment 5**

**Application Cover Page**

**People Aging with HIV (PAWH) Pilot RFA - Suffolk County**

**RFA #22-0011**

**(When completing the information below, please type all information)**

**Applicant Organization Name:**

**Provider Type:**

**Federal ID Number:**

**Unique Entity Identifier (UEI):**

**Contact Person:**

**Title:**

**Address:**

**Telephone #:**

**Fax #:**

**Email Address:**

**Annual Requested Amount:**

**Name of Authorized Official:**

**Signature of Authorized Official:**