**Attachment 8**

**Application Cover Page**

**Ending the HIV and Hepatitis C Epidemics Utilizing Community Mobilization**

**RFA #20309**

**(Please type all information)**

**Applicant Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Type: Select provider type below.**

[ ] **Not-for-profit 501(c)(3) community-based organization**

[ ] **Academic Institution**

[ ] **State or County Health Department**

[ ] **New York State Department of Health licensed Article 28 facility**

[ ] **Community Foundation**

[ ] **Incorporated Nonprofit Entity**

**Vendor ID#:**

**Federal ID#:**

**Unique Entity Identifier (UEI):**

**Contact Person\*:**

**Title:**

**Address:**

**Telephone #:**

**Fax #:**

**Email Address:**

***\*Note: All Official Correspondence will be mailed to the attention of this person.***

**Component:**

**NYSDOH Region:**

**Annual Requested Amount:**

***.***

**Signature of Authorized Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**