**Attachment 10**

**Program Abstract**

**Ryan White Part B HIV/AIDS Support Services to Address Social Determinants of Health**

**RFA #23-0005**

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| Briefly describe the proposed program. Include what will be completed and how. | | |
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| How many years of experience does your organization have providing services to Persons Living with HIV/AIDS and populations most impacted by HIV and AIDS including Black/African American, Indigenous and People of Color and persons defined as high risk? | | |
|  | | |
| What is your priority population to be served? | | |
|  | | |
| What is the geographic region to be served? | | |
| New York City: Manhattan  New York City: Brooklyn  New York City: Bronx  New York City: Queens/Staten Island  Central New York  Finger Lakes  Hudson Valley  Long Island | | Northeastern New York  Southern Tier  Western New York |
| Select the services your agency will be offering *(Note: PSS must be combined with other service(s))* | | |
| Non-Medical Case Management (NMCM)  Health Education/Risk Reduction (HE/RR)  Food Bank/Home Delivered Meals (FB/HDM)  Medical Transportation (MT) | Housing  Emergency Financial Assistance (EFA)  Psychosocial Support Services (PSS)  Other Professional Services (OPS) *Component C only* | |
| What outcomes does your organization expect to achieve? How will you measure success? | | |
|  | | |