**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? |
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| 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? |
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