**Attachment 12**

**Proposed Number of Clients to be Served - Component A & Component B Only**

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

**RFA #23-0005**

Identify how many clients your program will serve annually per Support Service selected and the total number of unduplicated clients to be served.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **NMCM** | **HE/RR** | **FB/HDM** | **MT** | **Housing** | **EFA** | **PSS** | **Total Unduplicated Clients to be Served**  |
| **Proposed Number of Clients to be Served** |  |  |  |  |  |  |  |  |

**Support Services Key:**

* 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)