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| **Attachment 4**  **Application Cover Page**  **Ryan White Part B HIV/AIDS Support Services to Address Social Determinants of Health**  **RFA #23-0005** | | |
| **Legal Name of Applicant Organization:** |  | |
| **Address:** |  | |
| **Telephone:** |  | **Fax:** |
| **E-mail Address:** |  | |
| **Unique Entity Identifier (UEI) number in SAM.gov:** |  | |
| **Name and Title of Individual Authorized to Sign Contracts:** |  | |
| **Component(s) Being Proposed** | Component A – Multi-Service Model  Component C – Benefits Counseling  Component B – Collaborative Model | |
| **NYSDOH Region Proposed:**  **(Select one per Component)** | **Components A & B**  NYC: Manhattan  Central New York  NYC: Brooklyn  Finger Lakes  NYC: Bronx  Hudson Valley  NYC: Queens/ Staten Island  Northeastern New York  Long Island  Southern Tier  Western New York  **Component C**  Downstate: Manhattan, Brooklyn, Bronx, Queens/Staten Island, and Long Island (Nassau/Suffolk)  Upstate: Central NY, Finger Lakes, Hudson Valley, Northeastern, Southern Tier, and Western NY | |
| **Applicant Service Site Address(es) within NYSDOH Region:** |  | |

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| **Components A & B**  **Service(s) Proposed**  *Component A applicants must select four (4) or more support services*  *Component B applicants must select three (3) or fewer support services* | **Number of Clients to be Served Annually by Service** | **Amount requested** | | **Maximum Available per Service Category** |
| *Non-Medical Case Management* |  | $ | | $150,000 / Southern (So.) Tier $112,500 |
| *Health Education / Risk Reduction* |  | $ | | $100,000 / So. Tier $75,000 |
| *Food Bank / Home-Delivered Meals* |  | $ | | $200,000 / So. Tier $150,000 |
| *Psychosocial Support Services* |  | $ | | $65,000 / So. Tier $48,750 |
| *Emergency Financial Assistance* |  | $ | | Component A  $169,773 / So. Tier $127,315 ***(N/A for NYC)***  Component B  $150,870 / So. Tier $127,314 **(N/A for NYC)** |
| *Medical Transportation* |  | $ | | $150,000 / So. Tier $112,500 ***(N/A for NYC)*** |
| *Housing* |  | $ | | $200,000 / So. Tier $150,000 ***(N/A for NYC)*** |
| **Totals for Components A & B** | **Total Number of Unduplicated Clients to Be Served Annually:**  **\_\_\_\_\_\_\_** | **Total Funding Amount Requested:**  **$ \_\_\_\_\_\_\_\_\_\_\_** | |  |
| **Component C** | **Number of Clients to be Served Annually** | **Amount requested** | | **Maximum Available per Service Category** |
| *Benefits Counseling* | **\_\_\_\_\_\_\_** | **$ \_\_\_\_\_\_\_\_\_\_\_** | | $200,000 |
| ***Submission of the proposal and signature below indicate the intention of the applicant to comply with the goals, guidelines, and other elements of the Request for Applications*.** | | | | | |
| **Authorized signature:** | | | **Date:** | | |