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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:** |