Appendix D

HIV PREVENTION SERVICES RFP
PROPOSAL COVER SHEET

_____
Agency

_____
Address

_____
City State Zip Code

_____
Phone Fax

_____
Contact Person Title

_____
Email

Type of Agency: (check one, only)
_____Not-for-profit 501(c)(3) _____ Local Health Department _____Other_____

Target Population (Risk/Race/Gender)	Proposed Intervention Model(s)	Proposed Intervention Format(s)
SAMPLE: White MSM	CTR and Popular Opinion Leader	CTR, Multi-session skills building and outreach

Service area - please identify the primary communities to be served by your program.
_____

Funding Request: $ _____

_____ _____
Signature, Chairperson, Board of Directors Date

_____
Please Print Name and Title

_____ _____
Signature of Authorized Representative Date

_____
Please Print Name and Title