

Notice of Funding Opportunity (NOFO) PS21-2102: Comprehensive High-Impact HIV Prevention Programs for Community-Based Organizations

Attachment A: Letter of Intent to Apply for Funding

INSTRUCTIONS: Organizations are allowed to submit one application. Therefore, only one Letter of Intent (LOI) per organization should be submitted.

Completed LOIs must be submitted to CBOFOA@cdc.gov no later than **09/30/2020**. Please use the following format as the subject line, *Organization Name- PS21-2102 Letter of Intent*.

PURPOSE: The purpose of this letter is to inform the Centers for Disease Control and Prevention (CDC) that your community-based organization (CBO) is interested in applying for PS21-2102. Although a letter of intent is not required, it is highly recommended, and will assist CDC in planning for the review process.

DUNS Number:		EIN Number:	
Organization Name:			
Mailing Address:			
City:		State:	Zip Code:
Primary Point of Contact (Name & Title):			
Email:		Phone:	
Please note the service delivery area(s) (e.g., city, county, neighborhoods) you plan to provide your proposed program:			

Proposed Target Population:
 What is the proposed target population that your organization plans to serve under PS21-2102? *Be sure to select risk behavior, ethnicity, race, gender and age.*

Description of Target Population: Examples: MSM, Hispanic/Latino, Male, 13-29				
Risk Behavior (select one)	Ethnicity (select all that apply)	Race (select all that apply)	Gender (select all that apply)	Age Group (select all that apply)
<input type="checkbox"/> High-Risk Heterosexual <input type="checkbox"/> Men who have sex with men (MSM) <input type="checkbox"/> Person Who Inject Drugs (PWID) <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> All Races <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Male <input type="checkbox"/> Female Transgender <input type="checkbox"/> M>F <input type="checkbox"/> F>M	<input type="checkbox"/> 13 - 29 years <input type="checkbox"/> 30 – 49 years <input type="checkbox"/> 50 – 64 years <input type="checkbox"/> 65 and older

*****QUESTIONS:** If you have questions, please submit them to CBOFOA@cdc.gov