

## Program Announcement PS08-803

Human Immunodeficiency Virus (HIV) Prevention Projects for  
The Commonwealth of Puerto Rico and the United States Virgin Islands

### Attachment VII: Letter of Intent to Apply for Funding

**INSTRUCTIONS:** Applicants are permitted to submit only **one** application per organization per eligible Category. Therefore, you can only submit **one Letter of Intent (LOI) per application**.  
To access a Word version of this form, go online\* <http://www.cdc.gov/hiv/topics/funding/PA08803/>.

The purpose of this letter is to inform CDC that our community-based organization (CBO), [*Insert Your Agency Name*], is interested in applying for funding under Program Announcement (PA) PS08-803. Although a letter of intent is not required, we understand that this information will assist CDC in planning for the review process.

<b>DUNS Number:</b>		<b>EIN Number:</b>	
<b>Agency Name:</b>			
<b>Mailing Address:</b>			
<b>City:</b>		<b>State/Province:</b>	<b>Zip Code:</b>
<b>Contact Name:</b>		<b>E-mail:</b>	
<b>Phone:</b>		<b>Ext:</b>	<b>Fax:</b>

<b>Is your agency a faith-based organization?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**NOTE:** A faith-based agency is a non-government agency owned by religiously affiliated entities such as (1) individual churches, synagogues, temples, or other places of worship; or (2) a network or coalition of churches, mosques, synagogues, temples, or other places of worship.

<b>Category Applying Under:</b> (Select the category for which you intend to apply. Limited to <u>one</u> per applicant.)	<input type="checkbox"/> <b>Category A:</b> The Commonwealth of Puerto Rico	<input type="checkbox"/> <b>Category B:</b> The US Virgin Islands
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**Proposed Program Model(s):** Select up to a **maximum of two** program models (e.g., POL and CTR).  
You **must** select at least one DEBI and can choose to implement CTR.

**Effective Behavioral Intervention(s):**

<input type="checkbox"/> Community PROMISE	<input type="checkbox"/> Popular Opinion Leader (POL)
<input type="checkbox"/> Focus on Youth	<input type="checkbox"/> Real AIDS Prevention Project (RAPP)
<input type="checkbox"/> Healthy Relationships	<input type="checkbox"/> RESPECT
<input type="checkbox"/> Many Men, Many Voices (3MV)	<input type="checkbox"/> Safety Counts
<input type="checkbox"/> Modelo de Intervención Psicomédica (MIP)	<input type="checkbox"/> Sisters Informing Sisters on Topics about AIDS (SISTA)
<input type="checkbox"/> MPowerment	<input type="checkbox"/> Street Smart
<input type="checkbox"/> Partnership for Health (PfH)	<input type="checkbox"/> VOICES/VOCES

**Public Health Strategies:**

<input type="checkbox"/> Counseling, Testing and Referral Services (CTR)
<input type="checkbox"/> Comprehensive Risk Counseling Services (CRCS)

**Please submit this form to CDC by 12:00 midnight EST on February 12, 2008.**

\* Please **e-mail** your completed form to Lisa Mackey at [PA08803@cdc.gov](mailto:PA08803@cdc.gov) or you can **fax** it to (404) 639-5257 or (404) 639-5258.

**QUESTIONS?** If you have questions, please submit them at <http://www.cdc.gov/hiv/topics/funding/PA08803/> or call toll free at 1-866-505-9346