

Funding Opportunity Announcement (FOA)

PS17-1704: Comprehensive High-Impact HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color

Attachment F: Health Department Letter of Support

DATE: _____

Karen Zion, Grants Management Specialist
Office of Grants Services
Centers for Disease Control and Prevention
2920 Brandywine Road, Mail Stop E15
Atlanta, GA 30341

Dear Ms. Zion:

This letter confirms that [HEALTH DEPARTMENT NAME] _____ is in support of [CBO NAME] _____'s intent to apply for funding through Centers for Disease Control and Prevention (CDC) Funding Opportunity Announcement PS17-1704, under []CATEGORY A OR []CATEGORY B. [CBO NAME] _____ has reviewed and discussed the proposal with [HEALTH DEPARTMENT NAME] _____. [CBO NAME] _____ will provide high-impact HIV prevention services in the following [SERVICE AREA(s)] _____.

[CBO NAME] _____, located in [ENTER CITY/STATE] _____, [does/does not] _____ propose to provide HIV prevention services in a bordering state or the District of Columbia. [HEALTH DEPARTMENT NAME] _____ confirms that they have discussed and support [CBO NAME's] _____ proposed plans to provide HIV prevention services in [Enter name of eligible bordering State or District Here] _____. [HEALTH DEPARTMENT NAME] _____ will provide guidance to [CBO NAME] _____ on all applicable reporting requirements and existing agreements with the [Enter name of eligible bordering State or District HEALTH DEPARTMENT] _____.

We understand the importance of providing the relevant epidemiological HIV data to [CBO NAME] _____ as a mechanism to inform HIV prevention services for populations at greatest risk for acquiring and transmitting HIV infection within the jurisdiction. We understand that this data will be used to determine the locations where services should be provided by the CBO to reach the target population. Therefore, [HEALTH DEPARTMENT NAME] _____ will provide, as policy and regulations allow, the epidemiological HIV data to [CBO NAME] _____ in support of the organization's HIV prevention efforts within the jurisdiction.

Additionally, [CBO NAME] _____ and [HEALTH DEPARTMENT NAME] _____ will work together to initiate discussions on establishing processes that will support the confirmation of HIV-positive persons newly diagnosed identified by [CBO NAME] _____.

If you have any questions, please feel free to contact me at [CONTACT INFORMATION: EMAIL AND PHONE] _____.

Sincerely,

[NAME] _____

[TITLE] _____

[ADDRESS] _____