

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 K: 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 **July 27, 2016**. Please use the following format as the subject line, *Organization Name- PS17-1704 Letter of Intent*.

PURPOSE: The purpose of this letter is to inform the Centers for Disease Control and Prevention (CDC) of your community-based organization's (CBO) interest in applying for Funding Opportunity Announcement (FOA) PS17-1704. 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/Province:	Zip Code:
Primary Point of Contact:		E-mail:	
Phone:		Ext:	Fax:
Is the applicant a faith-based organization?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>NOTE: A faith-based organization 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.</p>			
Category Applying Under: <i>(Select the category for which you intend to apply. (Applicants may apply for Category A or B only).</i>	<input type="checkbox"/> Category A: HIV prevention services for Young Men of Color Who Have Sex with Men (YMSM) and their partners regardless of age, gender, and race/ethnicity.	<input type="checkbox"/> Category B: HIV prevention services for Young Transgender (YTG of Color) persons of color and their partners regardless of their age, gender, and race/ethnicity.	
If you are selected for funding, what is the primary target population that your organization plans to serve under PS17-1704? Please list by ethnicity, race, targeted risk behavior, gender, age, and HIV status.			
Description of Primary Target Population: Examples: <i>Hispanic, IDU, YMSM, 18-29, HIV+ <u>or</u> Non-Hispanic, Black, YTG (Male to Female), age, 13-17, HIV-</i>			
Primary Target Population			
Ethnicity (Select <u>all</u> that apply)	Race (Select <u>all</u> that apply)	Age Group (Enter age group/range – Must be between 13-29)	HIV Status (Select <u>all</u> that apply)
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not Applicable	<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"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown

	<input type="checkbox"/> Multi-race <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify):		
YMSM Risks Not Applicable <input type="checkbox"/>	YTG Target Population Not Applicable <input type="checkbox"/>	YTG Risks Not Applicable <input type="checkbox"/>	
Select all that apply	Select all that apply	Select all that apply	
<input type="checkbox"/> Men who have sex with men (MSM) <input type="checkbox"/> Injection Drug Use (IDU) <input type="checkbox"/> Drug Use (Non – IDU) <input type="checkbox"/> Sex in exchange for drugs, money or other items <input type="checkbox"/> Homeless <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Transgender - Male to Female <input type="checkbox"/> Transgender - Female to Male <input type="checkbox"/> Transgender – Unspecified (All)	<input type="checkbox"/> Injection Drug Use (IDU) <input type="checkbox"/> Drug Use (Non – IDU) <input type="checkbox"/> Sex in exchange for drugs, money or other items <input type="checkbox"/> Homeless <input type="checkbox"/> Other (specify):	
If applicable, what is the secondary target population that your organization plans to serve under PS17-1704? Please list by ethnicity, race, targeted risk behavior, gender, age, and HIV status. <input type="checkbox"/> Not applicable			
<h2>Secondary Target Population</h2>			
Ethnicity (Select <u>all</u> that apply)	Race (Select <u>all</u> that apply)	Age Group (Enter age group/range – Must be between 13-29)	HIV Status (Select <u>all</u> that apply)
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not Applicable	<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"/> Multi-race <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify):		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown
YMSM Risks Not Applicable <input type="checkbox"/>	YTG Target Population Not Applicable <input type="checkbox"/>	YTG Risks Not Applicable <input type="checkbox"/>	
Select all that apply	Select all that apply	Select all that apply	
<input type="checkbox"/> Men who have sex with men (MSM) <input type="checkbox"/> Injection Drug Use (IDU) <input type="checkbox"/> Drug Use (Non – IDU) <input type="checkbox"/> Sex in exchange for drugs, money or other items <input type="checkbox"/> Homeless <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Transgender - Male to Female <input type="checkbox"/> Transgender - Female to Male <input type="checkbox"/> Transgender – Unspecified (All)	<input type="checkbox"/> Injection Drug Use (IDU) <input type="checkbox"/> Drug Use (Non – IDU) <input type="checkbox"/> Sex in exchange for drugs, money or other items <input type="checkbox"/> Homeless <input type="checkbox"/> Other (specify):	

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