

Notice of Funding Opportunity (NOFO)
**PS22-2203: Comprehensive High-Impact HIV Prevention Programs for
 Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color**

Attachment A: Letter of Intent to Apply for Funding

INSTRUCTIONS: Organizations are allowed to submit one application. Only one Letter of Intent (LOI) per organization should be submitted. The LOI is recommended, but not required. You can still submit an application without submitting a LOI. If you do submit a LOI, you do not need to wait for approval to submit the application.

Completed LOIs must be submitted to CBOFOA@cdc.gov no later than **October 4, 2021**. Please use the following format as the subject line, *Organization Name- PS22-2203 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 PS22-2203. Although a letter of intent is not required, it is highly recommended, and will assist CDC in planning for the review process.

DUNS 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:				
Funding Category: Please select the funding category you intend to apply (Select one category)				
<input type="checkbox"/> Category A – HIV prevention services for Young Men of Color Who Have Sex with Men (YMSM of color) and their partners regardless of age, gender, and race/ethnicity				
<input type="checkbox"/> Category B – HIV prevention services for Young Transgender Persons of Color (YTG persons of color) and their partners regardless of age, gender, and race/ethnicity				
Proposed Priority Population:				
What is the proposed priority population that your organization plans to serve under PS22-2203? <i>Be sure to select priority population, ethnicity, race, gender and age.</i>				
Description of Priority Population: Examples: <i>MSM, Hispanic/Latino, Male, 18-29</i>				
Priority Population (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"/> Men who have sex with men (MSM) <input type="checkbox"/> Transgender	<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 Transgender <input type="checkbox"/> M>F <input type="checkbox"/> F>M <input type="checkbox"/> Unspecified (All)	<input type="checkbox"/> 13 – 17 years <input type="checkbox"/> 18 – 29 years <input type="checkbox"/> 30 – 34 years
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*****QUESTIONS:** If you have questions, please submit them to CBOFOA@cdc.gov