



2016 Request for Proposals

RFP Cover Sheet

Name of Organization _____

Primary Address _____

City, State ZIP _____

Website _____

Phone _____

Contact Name _____

Contact Title _____

Contact Email _____

Contact Phone _____

Executive Director (if different from above) _____

Grant purpose (1 -2 sentences): _____

Grant amount request: _____

Annual program budget: _____

Annual organizational budget: _____

Target Population Served (please check all that apply)

- | | |
|------------------------------------|---------------------------------|
| African Americans | Older individuals (over 50) |
| Asians/Pacific Islanders | People who inject drugs |
| Incarcerated/formerly incarcerated | Sex workers/ former sex workers |
| Homeless/impoverished people | Transgender people |
| Latinos | Women |
| LGBTQ | Youth (13 – 24) |
| Men who have sex with men | Other (please indicate) |