FORM C: APPLICATION SUMMARIES

Please complete this form to provide a summary of your application activities. This form will be used to orient reviewers to your applications, and to conduct a technical review to assure that you are applying only for eligible activities and populations, and your budget requests do not exceed the caps listed in the RFA. You may attach one additional page if needed.

Name of Respondent: _____

1. **Opportunity 1: Routine HIV Screening in Healthcare Settings**
    a. Applying for funding? Y N
    b. If yes, total funding request for this opportunity:
    c. If yes, list the counties to be served:

2. **Opportunity 2: Core HIV Prevention Services**
    a. Applying for funding Y N
    b. If yes, total funding request for this opportunity:
    c. If yes, list HSDAs and counties to be served:
    d. If yes, list the priority populations in each HSDA/set of counties included in the application

3. **Opportunity 3: PrEP/nPEP Programs**
    a. Applying for funding Y N
    b. If yes, total request:
    c. If yes, list HSDAs and counties to be served:
    d. If yes, list the priority populations in each HSDA included in the application:

4. **Opportunity 4: Client-Level Interventions**
    a. Applying for funding Y N
    b. If yes, total request:
    c. If yes, list HSDAs and counties to be served
    d. If yes, list the priority populations in each HSDA included in the application:
    e. If yes, list the names of the intervention(s) you are proposing:

5. **Opportunity 5: Structural and Community Level Interventions**
    a. Applying for funding Y N
    b. If yes, total request:
    c. If yes, list HSDAs and counties to be served
    d. If yes, list the priority populations for each HSDA included in the application:
    e. If yes, briefly describe your project activities and goals: