**Public Health Solutions**

**Request for Proposals: Staten Island PEP Center of Excellence and PrEP Navigation**

**Solicitation #: 2018.03.HIV.02.01**

**March 14, 2018**

**GOVERNMENT CONTRACTING EXPERIENCE/REFERENCES**

**Current Public Health Solutions Contractor?**  Yes  No

**No current contract with PHS, but had within the past two years?**  Yes  No

**Has your organization had a contract with PHS that was placed on Conditional within the past 2 years?**  Yes  No

**Has your organization had a contract with Public Health Solutions that was terminated within the past two (2) years?**  Yes  No

**If your organization does not currently have a contract with Public Health Solutions,** please complete the following information for government contracts your organization has held in the past two years (through the time of preparation of this proposal). Public Health Solutions will contact representatives of your funders as part of its evaluation process.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Funding Organization** | **Name of funded Program** | **Contract Term** | **Contract Amount** | **Purpose of Contract (description should sufficiently convey the nature of the funded program)** | **Funding Source Contact Person for Reference (Name, Address, Telephone, Email)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |