**Public Health Solutions**

**Request for Proposals: Enhanced Distribution of Safer Sex Products Among Communities Disproportionately Impacted by HIV in New York City**

**Solicitation #: 2018.06.HIV.05.01**

**GOVERNMENT CONTRACTING EXPERIENCE/REFERENCES**

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

**No current contract with PHS, but had one within the past 2 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 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 2 years (through the time of preparation of this proposal). Public Health Solutions will contact representatives of your funders as part of its evaluation process.

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| **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)** |
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