**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**

**ORGANIZATION INFORMATION COVER SHEET**

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| **Organization’s Full Legal Name:**  |

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| **Doing Business As (d/b/a) if applicable:**  |

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| **Main Address** *(administration)***:**  |

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| **Executive Director/CEO (name/title):**  |
| **Telephone** *(area code + ext.)***:**  | **Email:**  |

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| **Primary Proposal Contact (name/title):**  |
| **Telephone** *(area code + ext.)***:**  | **Email:**  |

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| **Secondary Proposal Contact (name/title):**  |
| **Telephone** *(area code + ext.)***:**  | **Email:**  |

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| --- | --- |
| **Employer Identification Number (EIN):**  | **DUNS #:**  |

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| **Date of Incorporation:**  | **Current Total Annual Operating Budget:**  |

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| **Most Recent Year for which a Certified Audited Financial Statement is Available (including a Single Audit Report, if applicable):**  |

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| **Website address:**  |

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| **NYC Payee Information Portal (PIP) Vendor Number** *(for additional information, go to website:* [*https://a127-pip.nyc.gov/webapp/PRDPCW/SelfService*](https://a127-pip.nyc.gov/webapp/PRDPCW/SelfService)*)***:**  |