**Attachment 11**

**Application Cover Page**

**Advancing Health Equity through Comprehensive Community-Based HIV Ambulatory Care Services – Centers for Young Adults - Reissue**

**RFA #20559**

**Internal Program #23-0012**

**(When completing the information below, please type all information)**

**Applicant Organization Name:**

**(Must be legal name of organization)**

**Contact Person:**

**Title:**

**Address:**

**Telephone #:**

**Fax #:**

**Email Address:**

**Vendor ID#:**

**Federal ID#:**

**UEI#:**

**New York State Department of Health Region Applying for:**

* **Hudson Valley**
* **Long Island**
* **New York City – Bronx**
* **Northeastern New York**

**Annual Amount Requested:**

**Name of Authorized Official:**

**Signature of Authorized Official:**