

Attachment 1

Funding Allocations for Each Ryan White Part B Program Region (RWPB District)

Applicants applying for funding for more than one district should submit one application indicating each district in which they wish to provide services.

District	Caseload GY 22/23	Projected Caseload GY 23/24	Case Management and Support Services Anticipated Allocation	Core Services Anticipated Allocation	Total Anticipated Allocation
1	624	660	\$213,527.38	\$263,684.34	\$477,211.72
2	236	245	\$113,414.94	\$87,378.35	\$200,793.29
3	376	396	\$201,650.14	\$183,016.19	\$384,666.33
4	378	395	\$146,454.01	\$146,521.00	\$292,975.01
5	1,004	1054	\$312,819.03	\$331,534.62	\$644,353.65
6	132	150	\$118,896.00	\$90,104.00	\$209,000.00
Total	2,750	2,900	\$1,106,761.50	\$1,102,238.50	\$2,209,000.00

Complete and return if you intend to apply for funding under the Ryan White Program Request for Application.

Completion of this form does not obligate the submission of an application for funds. It does, however, provide information on the geographical distribution of potential applications. It will also provide the ADH with information to plan for proposal review.

Intent to Apply for funding:

District(s) – (check all that apply):

_____ District 1 – Benton, Boone, Carroll, Crawford, Franklin, Johnson, Logan, Madison, Newton, Pope, Scott, Sebastian, Washington, Yell

_____ District 2 – Baxter, Cleburne, Fulton, Independence, Izard, Jackson, Lawrence, Lonoke, Marion, Prairie, Searcy, Sharp, Stone, Van Buren, White, Woodruff

State of Arkansas Department of Health (ADH)

RWPB Request for Application (RFA)

_____ District 3 – Clay, Craighead, Crittenden, Cross, Greene, Lee, Mississippi, Monroe, Phillips, Poinsett, Randolph, St. Francis

_____ District 4 – Calhoun, Clark, Columbia, Dallas, Garland, Hempstead, Hot Spring, Howard, Lafayette, Little River, Miller, Montgomery, Nevada, Pike, Polk, Ouachita, Sevier, Union

_____ District 5 – Conway, Faulkner, Grant, Perry, Pulaski, Saline

_____ District 6 – Arkansas, Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Jefferson, Lincoln

Applicant (Name of Public or Non-Profit Agency):

Mailing Address:

City: _____ State: _____ Zip: _____

Physical

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

E-mail Address: _____

Phone: _____ Fax: _____

I acknowledge the obligations of any grant awarded in connection with this proposal and affirm that the Applicant Organization is a legal entity that will meet the specifications set forth in the RFA.

Signature (in blue ink) of Individual authorized to legally represent the Applicant Organization.