PHIMC
Public Health Institute of Metropolitan Chicago

# Regional Implementation Group (RIG)
# Region 8 – Suburban Cook County
# Cover Page

## Organization Information

| | |
|---|---|
| **Name of Organization:** | |
| **Organization EIN number:** | |
| **Organization website:** | |
| **Organization address (including city, state, zip):** | |
| **Primary Contact Name:** | |
| **Primary Contact Phone:** | |
| **Primary Contact Email:** | |
| **Secondary Contact Name:** | |
| **Secondary Contact Phone:** | |
| **Secondary Contact Email:** | |
| **Primary Fiscal Contact Name:** | |
| **Primary Fiscal Contact Phone:** | |
| **Primary Fiscal Contact Email:** | |
| **Executive Director/CEO Name:** | |
| **Executive Director/CEO Phone:** | |
| **Executive Director/CEO Email:** | |

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# Service Locations and Amount Requested

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|---|---|
| **Using the City of Chicago as a reference point, indicate what geographical area/areas in which you intend to provide services under this grant.** | ☐ North Suburban Cook County<br>☐ North/West Suburban Cook County<br>☐ Near/West Suburban Cook County<br>☐ Far/West Suburban Cook County<br>☐ South Suburban Cook County<br>☐ South/West Suburban Cook County |
| **Indicate the service categories you are Appling for under this grant.** | ☐ Risk-Based HIV Counseling and Testing<br>☐ Risk-Based Integrated STI Testing<br>☐ Risk Reduction – Group Level and Individual Level Interventions<br>☐ Monthly Condom Distribution<br>☐ Surveillance Based Services<br>☐ Capacity Building – Black/Latine MSM Peer Hiring and Training<br>☐ Capacity Building – Black/Latine MSM Client Recruitment |
| **Amount Requested?** | |