

**OFFICE OF MINORITY HEALTH
 FY 2004 HIV/AIDS PROMOTION AND EDUCATION
 COOPERATIVE AGREEMENT PROGRAM**

PROJECT PROFILE

1. **APPLICANT ORGANIZATION:**
2. **PROJECT DIRECTOR:**
3. **ADDRESS:**
4. **PHONE:** _____ **FAX:** _____
5. **E-Mail/Internet:**
6. **PROJECT TITLE:**
7. **Documentation that applicant is a private, nonprofit national minority-serving organization that addresses HIV/AIDS minority health and human services.**
Location/page number within application: _____.

PROJECTED PARTICIPANTS

Check all that apply for the proposed project. Projected numbers are to be inserted in the corresponding columns provided.	Projected Number of Individuals to receive services, by year.			Projected Number of Service Providers to be trained, if applicable, by year.		
	YR 01	YR 02	YR 03	YR 01	YR 02	YR 03
<u>Racial/Ethnic Groups</u> ___ American Indian/Alaska Native ___ Asian ___ Black/African American ___ Hispanic/Latino ___ Native Hawaiian or Other Pacific Islander ___ Other (specify): _____ Identify Subpopulation(s) (e.g., Samoan): _____						
<u>Gender</u> ___ Male ___ Female ___ Transgender						
<u>Age Group</u> (Complete age range) <div style="text-align: center;"><u>Age Range</u></div> ___ Prenatal ___ Infants (___ to ___) ___ Children (___ to ___) ___ Adolescents (___ to ___) ___ Adults (___ to ___) ___ Elderly (___ to ___)						

