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|  | **Bureau of HIV/STD & Viral Hepatitis Prevention****HIV Program Review Panel (PRP)****Materials Review Cover Sheet** |

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| Submitting Organization | Click Here to Enter Organization Name |
| Contract Number | Click Here to Enter Contract Number |
| Title of Material | Click Here to Enter Title |
| Contact Person | Click Here to Enter Organization Contact |
| Address | Click Here to Enter Organization Address |
|  | City, State ZIP |
| Telephone | Click Here to Enter Phone Number |
| Email | Click Here to Enter Email Address |
| HHD Contract Administrator | Click Here to Enter Assigned Contract Administrator Name |

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| Type of Material |
|[ ]  Pamphlet / Brochure / Booklet |[ ]  TV or Radio Public Service Announcement |
|[ ]  Palm Card |[ ]  Video / DVD |
|[ ]  Poster |[ ]  Audio / CD |
|[ ]  Flyer |[ ]  Billboard |
|[ ]  Website / Webpage |[ ]  Periodical |
|[ ]  Online Advertisement |[ ]  Comic |
|[ ]  Curriculum / Trainer’s Guide |[ ]  Other: Click here to enter description |
|[ ]  Survey Instrument / Questionnaire |

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| Source of Material |
|[ ]  New material developed by submitting organization |
|[ ]  Adaptation of existing material – previously approved: Click or tap to enter a date. |
|[ ]  Material to be purchased |

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| Details of Material |

**PURPOSE:** Please briefly describe the purpose of the material (or campaign)

Click here to enter purpose.

**AUDIENCE:** Who is the material (or campaign) intended?

*(Specify target audience in terms of HIV risk behavior, age, race/ethnicity, gender, geographic location, and literacy level. Describe any additional characteristics of the target audience you think relevant.)*

Click here to enter audience information.

**DISTRIBUTION & PLACEMENT PLAN:** How and where will the material (or campaign) be disseminated?

Click here to enter distribution and placement information.