

**Heart of Florida United Way
Ryan White Part B Program
2016 – 2017**

Agency Name: _____

Address: _____

Contact Name: _____ Title: _____

Telephone: _____ Fax: _____ E-mail: _____

Service Category: _____ Funding Request: \$ _____

Proposal Summary: Please provide a brief description of the application (5-7 sentences):

- _____ = Estimated number of unduplicated clients to be served.
- _____ = Estimated number of service units.
- _____ = What constitutes a service unit (ex. 1 mile, 60 minutes, etc.)

Proposal Submitted By:

Agency Director

Date

Board Representative Signature

Date

Printed name

Printed name

Title

Title

The original plus nine (9) copies of each proposal must be received by 12:00 p.m. NOON on February 10th, 2016 at the Heart of Florida United Way reception desk. Proposals will be time stamped in order to assure proper receipt.

Address proposal packages to:

**Jessica Raymond
Program Director, Ryan White Part B/General Revenue
Heart of Florida United Way
1940 Traylor Boulevard
Orlando, FL 32804**