

MATERIALS SUBMISSION FORM

County of Los Angeles • Department of Public Health • Division of HIV and STD Programs

AGENCY INFORMATION

Agency Name:

Agency Address:

Executive Director:

Phone:

Email:

AGENCY CONTACT

Contact Person for Revisions:

Contact Person Direct Phone:

Email:

Sr. Administrator/Program Dir.:

Email:

MATERIAL INFORMATION

Title of Material:

Category:

Type:

Language:

For Previously Approved Materials Only:

Has this material been previously submitted and approved?

Yes

No

Note: All changes for previously approved materials must be indicated by highlighting

If Yes, has this material been changed since previous approval?

Yes

No

Previously Approved Title, Contract Number, and Date:

Title:

Contract #:

Letter Date:

POPULATION

Priority Population:

Critical Target:

Race/Ethnicity:

DESCRIPTION INFORMATION

Please describe intended purpose and intended use for this material

CONTRACT INFORMATION

Program Name:

Service Category:

DHSP Program Manager:

Service Type:

Contract #:

Schedule:

SOW Obj.:

Date: