

NEW YORK STATE CONDOM (NYSCondom) PROGRAM

Organization Information and Attestation

NYSCondom requests will be considered only from individuals specifically authorized below or in a subsequent Organization Information and Attestation. Please review NYSCondom [eligibility requirements](#) carefully before proceeding.

Instructions

1. Provide all of the information as directed. Incomplete information may result in NYSCondom requests not being considered. You must provide a valid e-mail address, as this is the basis for processing all of your NYSCondom requests.
2. Print the completed Organization Information and Attestation.
3. Have your executive director or designee review, sign and date the Organization Information and Attestation.
4. Mail to:
New York State Condom Program
AIDS Institute, Division of HIV Prevention
NYS Department of Health
P.O. Box 2055
Empire State Plaza Station
Albany, New York 12220-2055

Questions regarding the NYSCondom program may be directed to nysccondom@health.state.ny.us.

Organization name:

Organization web page (if any):

Individual authorized to order supplies:

First Name

Last Name

E-mail address

Title

Address Line 1

Address Line 2

City

State

Zip

Phone number:

Extension:

Fax number:

If no other individuals are being authorized at this time to request NYSCondom supplies on behalf of your organization, please proceed to page 3.

Additional individual authorized to order supplies:

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
E-mail address		
<input type="text"/>		
Title		
<input type="text"/>		
Address Line 1		
<input type="text"/>		
Address Line 2		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number:	Extension:	Fax number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional individual authorized to order supplies:

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
E-mail address		
<input type="text"/>		
Title		
<input type="text"/>		
Address Line 1		
<input type="text"/>		
Address Line 2		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number:	Extension:	Fax number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Organization Type: (Check all that apply.)

- HIV/AIDS/STD-focused Not-for-Profit/Community-Based Organization
- Other Not-for-Profit Community-Based Organization
- Health Care
- Mental Health
- Substance Abuse Treatment
- Social Services
- Educational
- Other: (Specify) _____
- Criminal Justice/Corrections
- New York State Department of Health
- Other State Government Agency
- City or County Department of Health
- Other Local Government Agency

Services Provided: (Check all that apply.)

- HIV/AIDS/STD Education/Prevention
- HIV Counseling and Testing
- STD Screening
- Health Care
- Case Management
- Health Education
- Other Education
- Mental Health
- Substance Abuse Treatment
- Substance Use-Related Counseling
- Syringe Access
- Faith-Based or Spiritual
- Other: (Specify) _____
- Family Planning
- Sexual Health Counseling
- Housing Assistance
- Legal
- Criminal Justice/Corrections
- Support Groups
- Outreach
- Entitlements Counseling/Facilitation
- Youth Development
- Services for Victims of Domestic Violence or Sexual Assault
- Nutritional Services
- Transportation
- Recreational/Social

Identify populations to which you anticipate 10 percent or more of safer sex supplies ordered through NYSCondom will be furnished. (Check all that apply.)

- Gay men/men who have sex with men
- Lesbians/women who have sex with women
- Heterosexual men
- Heterosexual women
- Transgender male-to-female
- Transgender female-to-male
- Injection drug users
- Other drug users
- Sex workers
- Clients of sex workers
- Organization clients/patients/participants
- Youth and young adults
- Other (Specify) _____
- High school students
- College and trade school students
- Persons 50 years of age and older
- Homeless and marginally-housed individuals
- Immigrants
- Migrant workers and their families
- Persons in rural communities
- Prisoners or detainees
- Probationers or parolees
- Special event attendees
- Business patrons
- General public

How will you distribute these supplies? (Check all that apply.)

- On-site Off-site

What are the multi-county regions you will be distributing supplies in? (Check all that apply)

- | | |
|---|---|
| <p><input type="checkbox"/> Binghamton/Southern Tier
Broome, Chenango and Tioga counties</p> <p><input type="checkbox"/> Buffalo/Western New York
Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties</p> <p><input type="checkbox"/> Long Island
Nassau and Suffolk counties</p> <p><input type="checkbox"/> Northeastern/Albany
Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington counties and Washington counties</p> <p><input type="checkbox"/> New York City</p> | <p><input type="checkbox"/> Rochester/Finger Lakes
Chemung, Livingston, Ontario, Schuyler, Seneca Steuben, Wayne and Yates counties</p> <p><input type="checkbox"/> Syracuse/Central
Cayuga, Cortland, Herkimer, Jefferson, Lewis, Madison Oneida, Onondaga, Oswego, St. Lawrence and Tomkins counties</p> <p><input type="checkbox"/> Lower Hudson
Putnam, Rockland and Westchester counties</p> <p><input type="checkbox"/> Mid-Hudson Valley
Duchess, Sullivan, Ulster and Orange counties</p> |
|---|---|

*Note: Supplies may be available for New York City only if NYC Condom cannot fulfill need.

What are the primary counties in which you will be distributing supplies? (Specify at least one.)

What are the primary cities/neighborhoods/zip codes in which you will be distributing supplies? (Specify at least one.)

How did you learn about this program for free condoms? (Check one)

- | | |
|---|---|
| <p><input type="checkbox"/> History of ordering condoms from the AIDS Institute</p> <p><input type="checkbox"/> HIV Prevention Planning Group</p> <p><input type="checkbox"/> NYS DOH mailing</p> <p><input type="checkbox"/> NYS DOH web site</p> <p><input type="checkbox"/> Other web site (Specify) _____</p> | <p><input type="checkbox"/> Ryan White Network</p> <p><input type="checkbox"/> Brochure or poster</p> <p><input type="checkbox"/> Other (Specify) _____</p> |
|---|---|

ATTESTATION

In signing this Organization Information and Attestation, I am attesting to each of the following:

- The information provided above is accurate to the best of my knowledge.
- The persons listed above are authorized by my organization to request supplies from the New York State Condom Program on its behalf.
- All items ordered through this program will be provided free of any charge and without any requirement or obligation on the part of those persons to whom my organization provides these items.
- All of these items will be distributed solely within New York State.
- The staff, volunteers and others agents of my organization will not knowingly furnish these items for re-distribution outside of New York State.
- Information on the proper use of condoms, either through printed materials or other instruction, will be made readily available to individuals being furnished these items.
- I will cooperate with staff from the New York State Department of Health in evaluating this distribution program.

Executive Director or Designee

Signature: _____ Date: _____

Print or type name: _____

Title: _____

Telephone Number: _____

E-mail Address: _____