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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.