Attachment 1

Funding Allocations for Each Ryan White Part B Program Region (RWPB District)

Applicants applying for funding for more than one district should submit one application indicating each district in which they wish to provide services.

<table>
<thead>
<tr>
<th>District</th>
<th>Caseload GY 22/23</th>
<th>Projected Caseload GY 23/24</th>
<th>Case Management and Support Services Anticipated Allocation</th>
<th>Core Services Anticipated Allocation</th>
<th>Total Anticipated Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>316</td>
<td>340</td>
<td>$213,527.38</td>
<td>$263,684.34</td>
<td>$477,211.72</td>
</tr>
<tr>
<td>2</td>
<td>96</td>
<td>115</td>
<td>$113,414.94</td>
<td>$87,378.35</td>
<td>$200,793.29</td>
</tr>
<tr>
<td>3</td>
<td>239</td>
<td>275</td>
<td>$201,650.14</td>
<td>$183,016.19</td>
<td>$384,666.33</td>
</tr>
<tr>
<td>4</td>
<td>228</td>
<td>250</td>
<td>$146,454.01</td>
<td>$146,521.00</td>
<td>$292,975.01</td>
</tr>
<tr>
<td>5</td>
<td>563</td>
<td>600</td>
<td>$312,819.03</td>
<td>$331,534.62</td>
<td>$644,353.65</td>
</tr>
<tr>
<td>6</td>
<td>100</td>
<td>130</td>
<td>$118,896.00</td>
<td>$90,104.00</td>
<td>$209,000.00</td>
</tr>
<tr>
<td>Total</td>
<td>1,542</td>
<td>1,710</td>
<td>$1,106,761.50</td>
<td>$1,102,238.50</td>
<td>$2,209,000.00</td>
</tr>
</tbody>
</table>

Complete and return if you intend to apply for funding under the Ryan White Program Request for Application.

Completion of this form does not obligate the submission of an application for funds. It does, however, provide information on the geographical distribution of potential applications. It will also provide the ADH with information to plan for proposal review.

Please submit this form to:

Arkansas Department of Health
Attn: Steve McDonald
RFA XX-XXXX
4815 W Markham Street, Slot
Little Rock, AR 72205

Intent to Apply for funding:

District(s) – (check all that apply):

_____ District 1 – Benton, Boone, Carroll, Crawford, Franklin, Johnson, Logan, Madison, Newton, Pope, Scott, Sebastian, Washington, Yell

_____ District 2 – Baxter, Cleburne, Fulton, Independence, Izard, Jackson, Lawrence, Lonoke, Marion, Prairie, Searcy, Sharp, Stone, Van Buren, White, Woodruff
State of Arkansas Department of Health (ADH)
RWPB Request for Application (RFA)

_____ District 3 – Clay, Craighead, Crittenden, Cross, Greene, Lee, Mississippi, Monroe, Phillips, Poinsett, Randolph, St. Francis

_____ District 4 – Calhoun, Clark, Columbia, Dallas, Garland, Hempstead, Hot Spring, Howard, Lafayette, Little River, Miller, Montgomery, Nevada, Pike, Polk, Ouachita, Sevier, Union

_____ District 5 – Conway, Faulkner, Grant, Perry, Pulaski, Saline

_____ District 6 – Arkansas, Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Jefferson, Lincoln

Applicant (Name of Public or Non-Profit Agency):
____________________________________________________________________________

Mailing Address:
____________________________________________________________________________
City:________________________________ State:_____________ Zip:________

Physical Address:___________________________________________________________________
City:_____________________________ State:_____________ Zip:________
Contact Name:_________________________ Title:_____________________________
E-mail Address:_______________________________________________________________
Phone:_______________________________ Fax:_____________________________

I acknowledge the obligations of any grant awarded in connection with this proposal and affirm that the Applicant Organization is a legal entity that will meet the specifications set forth in the RFA.

______________________________________________________________
Signature (in blue ink) of Individual authorized to legally represent the Applicant Organization.