

# Condom Distribution Form

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Date of Request:	Name:
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## Sub-Grantees Only:

Number of Condoms Distributed: (200 per bag or # of individual bags)	
Target Age:	
Target Population:	
Purpose of Event:	
Distribution By: (person giving out condoms)	

## Non- Sub-Grantees Only:

Number of Condoms Distributed: (200 per bag or # of individual bags)	
Purpose of Event:	
Distribution By: (person giving out condoms)	

Please send all requests to [Heather.Land@arkansas.gov](mailto:Heather.Land@arkansas.gov)