



Contact Person: \_\_\_\_\_

Name of Organization/Business: \_\_\_\_\_

Type of Organization/Business: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is your organization/business currently funded to provide condoms by the city, state, or federal government? No \_\_\_\_ Yes \_\_\_\_ If yes, in what annual dollar amount? \$ \_\_\_\_\_

How many condoms are you requesting? 100 \_\_\_\_ 200 \_\_\_\_ 300 \_\_\_\_ 500 \_\_\_\_

How many lubricant foils would you like to order? Maximum amount is up to half the amount of the condom order. None \_\_\_\_ 50 \_\_\_\_ 100 \_\_\_\_ 150 \_\_\_\_ 250 \_\_\_\_

#### ATTESTATION

In signing this organization information and attestation, I am attesting to the following:

- The information above is accurate to the best of my knowledge.
- The items requested through this program will be provided free of charge.
- All of these items will be distributed solely in Detroit, Highland Park or Hamtramck.
- Information on the proper use of these condoms will be made readily available to individuals being given these items.
- I will cooperate with staff from the Detroit Health Department in evaluating this program by responding to brief surveys or phone calls about distribution at my site(s).
- I agree to have my organization's name on a list of Detroit Health Department condom distribution sites on our website.
- I will inform the HIV/STD Prevention Program if I do not wish to distribute condoms any longer by contacting the numbers or email below.
  - If I accepted a condom dispenser, I will return it when I no longer distribute condoms, or no longer need it for distribution.

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#### Site Executive

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or type name: \_\_\_\_\_

Please email, fax or mail this completed and signed form to: [istayreadydetroit@detroitmi.gov](mailto:istayreadydetroit@detroitmi.gov), 313-378-9446 (p), 313-202-9850 (f) or HIV/STD Prevention, 100 Mack Ave, 3<sup>rd</sup> Floor, Detroit, MI 48201