



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

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

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

Site Executive: \_\_\_\_\_

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 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.
- I agree to have my organization's name on a list of Detroit Health Department condom distribution sites.
- I will inform the HIV/STD Prevention Program if I do not wish to distribute condoms any longer.
  - If I accepted a condom dispenser, I will return it when I no longer distribute condoms, or no longer need it for distribution.

---

#### 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),  
313-202-9850, or HIV/STD Prevention, 3245 E. Jefferson, Ste. 100, Detroit, MI 48207