



Funding Now Available to Support Tribal HIV Screening Events in OR, WA, and ID!



Through the *Center for Substance Abuse and Treatment*, Project Red Talon can provide five grants (up to \$1,000), to support Tribal HIV Testing Events in the Pacific Northwest. Events must take place by June 20th 2010, distribute educational materials, and provide on-site HIV Testing.

Testing events may coincide with:

- National Native HIV/AIDS Awareness Day – March 20th
- National STD Awareness Month – April 2010
- National HIV Testing Day – June 27th
- Or another community event of your choosing.

Budget: \$1,000 per Tribe.

Eligible expenses include: Counselors/Testers (wage compensation, travel, lodging), community outreach materials, facility fees, print materials and advertisements, participant incentives, guest speakers (honoraria, travel and lodging), and/or other relevant testing expenses.

NPAIHB Resources Available:

- HIV brochures, fact sheets, and PowerPoint slides.
- HIV testing promotional materials will be ready for use by National Native HIV/AIDS Awareness Day (March 20th).
- Colbie Van Eynde (NPAIHB Staff), is certified to provide pre- and post-counseling and rapid testing in Washington state, should you need assistance.

NATIVE
TESTED. PROUD.

KNOW YOUR BODY. KNOW YOUR STATUS.
HIV testing is recommended for everyone. Learn more at: hivtest.org

Purchasing Rapid HIV Test Kits:

If you would like, rapid HIV tests can be ordered from the National Supply Service Center. Ordering information is included with this application.

For more information or assistance with your event, please contact
Stephanie Craig Rushing at: scraig@npaihb.org or 503-416-3290

Application

Tribe:

Contact Person:

Address, City, State, & Zip:

Email:

Phone Number:

Event Description: Briefly Describe: Where the event will take place, when, number expected to attend and get tested, any educational activities that will take place in conjunction with the testing event, etc.

Line Item Budget: Maximum \$1,000

Eligible implementation expenses include: Counselors/Testers (wage compensation, travel, lodging), community outreach materials, facility fees, print materials and advertisements, participant incentives, guest speakers (honoraria, travel and lodging), and/or other relevant testing expenses.

Item Description	Quantity	Total Cost

Total Budget:

HIV Testing Event Post-Evaluation

In exchange for this grant, (Tribe) _____ agrees to send a Post-Event Evaluation form to Project Red Talon.

Authorized Signature: _____ Title: _____

Please Document or Describe:

- What you did to advertise the HIV Testing Event.
(Please attach any articles, advertisements, or agendas that were used.)

- Where the event took place: _____
- When the event took place (date): _____
- The number of community members who attended the event: _____
- The number of community members who got tested: _____
- The number of community members who received their test result: _____
- Educational activities that took place in conjunction with your HIV Testing event.
(Please attach photos if you have any that can be shared.)

- Any other comments that you would like to share with Project Red Talon:

Thank you!

Please Send Completed Forms to: Stephanie Craig Rushing at scraig@npaihb.org
or (fax) 503-228-8182



Ordering Rapid HIV Test kits from the National Supply Service Center

If you would like, rapid HIV test kits can be ordered from the National Supply Service Center.

062774	HIV92110	CARDINAL	TEST KIT, RAPID HIV 1/2 ANTIBODY SCREEN (CLEARVIEW HIV 1/2 STAT-PAK), 20 TESTS	\$225.70
057207	HIV92112	CARDINAL	CONTROLS, RAPID HIV 1/2 ANTIBODY SCREEN (CLEARVIEW HIV 1/2 STAT-PAK)	\$32.00

The website is: www.nssc.ihs.gov . There is a warehouse fee of 7% and the shipping is charged separately. For payment, NSSC sends out a monthly Bill for Collections to each facility. For federal sites, this money is IPAC'd thru your Area Office.

If needed, a *New Customer Application* is attached for your use. Ordering questions can be directed to:

Tracie Patten, Pharm.D.
LCDR, USPHS
Customer Service/Quality Assurance Supervisor
IHS National Supply Service Center
Oklahoma City, OK
Phone (405) 951-6042
Fax (405) 951-6057
Email tracie.patten@ihs.gov
www.nssc.ihs.gov

INDIAN HEALTH SERVICE NATIONAL SUPPLY SERVICE CENTER

501 NE 122nd Street, Suite F, Oklahoma City, OK 73114

Director: CDR Robert Hayes

TEL NO.: (405) 951-6000 FAX NO.: (405) 951-6057 attn: Evelyn Cherry

NEW CUSTOMER APPLICATION

APPLICATION TO UTILIZE THE NATIONAL SUPPLY SERVICE CENTER (NSSC) SUPPLY SYSTEM TO SUPPORT FEDERAL, TRIBAL CONTRACTED, OR COMPACTED HEALTH CARE PROGRAMS & URBAN FACILITIES

Date: _____ ALC NO: _____ EIN No.: _____

Name and Title of Person Applying: _____

Name of Organization: _____ Tel No: _____

Mailing Address: _____ Fax _____

_____ Email: _____

Finance Officer & Billing Address: _____

(If different from mailing address)

Tel No. _____ Email: _____

Facility Director Signature _____ Email: _____

Describe Your Program _____

(Type of organization: hospital, clinic, tribal office, etc.)

Who are the recipients of your services: _____

PLEASE COMPLETE THE FOLLOWING WHERE YOUR PRODUCTS/SUPPLIES ARE TO BE DELIVERED: INCLUDE PO BOX AND PHYSICAL ADDRESS.

TO SUPPORT FEDERAL, TRIBAL CONTRACTED, OR COMPACTED HEALTH CARE PROGRAMS & URBAN FACILITIES

Facility Name: _____

Address: _____

City/State/Zip: _____

Tel No: _____ Fax NO _____

Estimated Annual Budget _____

Types of Supplies you want to order from the Oklahoma City, NSSC: (Check one or more)

- Dental Drugs Medical/Surgical Lab Subsistence X-Ray Diabetic Supplies

NOTE: A copy of your Annual Funding Agreement must be attached to this application if you are wanting pharmaceuticals and you (X) Drugs above and please provide a copy of your current DEA. Your application cannot be processed without the requested documentation

THIS BLOCK TO BE COMPLETED BY NSSC

Date Recv'd _____ IHS Facility Tribal Operations Urban Other

Remarks _____

Application Approved Start Phase-in Process

Application Disapproved (Reason) _____

Signature of Director, NSSC _____ Date _____