

Contact Person: _____
Name of Organization: _____
Type of Business: _____
Site Executive: _____
Address: _____
Telephone Number: _____
Email address: _____



Is your organization currently funded to provide condoms by the city, state, or Federal Government?
 No Yes If yes, in what annual amount? \$ _____

A maximum of 2 cases per month can be requested. (1000 condoms per case) The first case will include the Philadelphia Branded Condom, and the second case type can be selected by you.

How many cases are you requesting?
 1 or 2

If 2 cases, please select the type of condoms:
 Philadelphia Branded Condoms
 Ribbed Condoms
 Extra Large Condoms

How many lubricant packages are you requesting? (up to half the amount of the total condoms requested) # _____

Do you want to make this a recurring order? If yes, please specify:
 Monthly Every 3 Months No, one request at a time

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 Philadelphia
- Information on the proper use of these condoms will be made readily available to individuals being furnished these items
- A window sticker identifying this organization as a free condom distribution site will be placed prominently in the window.
- I will cooperate with staff from the Philadelphia Department of Public Health in evaluating this program.

Site Executive

Signature: _____ Date: _____

Print or Type name: _____

Please fax this completed form to 215-685-6798. A representative from the Philadelphia Department of Public Health will get in touch with you shortly.