

**HIV Testing and STD Screening, Diagnosis, and Treatment Services in Los Angeles County  
Service Delivery Site Questionnaire**

**Table 1**

Agency Name: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Contract #: \_\_\_\_\_

Service Category: \_\_\_\_\_

Provide the site name, complete address and effort assigned for each service delivery site							
	Site Name	Street Address	City	Zip	% of effort/ allocation this site	SPA	Supervisory District
Site #1							
Site #2							
Site #3							
Site #4							
Site #5							
Site #6							
Site #7							
Site #8							
Site #9							
TOTAL							

I acknowledge that the Service Delivery Site (SDS) questionnaire has been accurately completed to the best of my knowledge and may be used to prepare or amend the contract for the above noted contract term.

\_\_\_\_\_  
Agency Head Name

\_\_\_\_\_  
Agency Head or Designee Signature

\_\_\_\_\_  
Date

<b>For DHSP Use Only</b>		
Approved: _____	Not Approved: _____	
_____ Program Manager Name	_____ Program Manager Signature	_____ Date
_____ Supervisor Name	_____ Supervisor Signature	_____ Date