

**AGENCY PROFILE / UPDATE**

**\*Use this form to submit agency updates to HIV L.A. Please make additional copies of this form and submit one form for each service. (For example, if you offered HIV Testing, ADAP and Food & Nutrition, you would submit one form for each of those services.)**

Agency Name: \_\_\_\_\_  
Executive Director: \_\_\_\_\_  
Program Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
TDD/TTY: ( ) \_\_\_\_\_ Toll-Free/Hotline: ( ) \_\_\_\_\_  
Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

**\*Eligibility Requirements:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service Hours: \_\_\_\_\_  
**\*Fees:** \_\_\_\_\_

Languages Spoken: \_\_\_\_\_  
Population Served: \_\_\_\_\_

Areas Served: \_\_\_\_\_  
Your Supervisorial District: \_\_\_\_\_ Your SPA: \_\_\_\_\_

**Brief** Service Description: \_\_\_\_\_  
*Keep description under 3 lines*

\_\_\_\_\_  
\_\_\_\_\_

**\*Your Name & Title Here:** \_\_\_\_\_  
\_\_\_\_\_

**\*AGENCY NAME:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form may be e-mailed back to [oortiz@apla.org](mailto:oortiz@apla.org)

**Please mail or FAX completed form to:**  
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