



Midlands LGBT Community Needs Assessment  
Request for Information

Name:

Address:

Phone:

Email:

Institutional/organizational affiliation (if any):

Nature of the inquiry:

What question(s) do you hope to have answered from this study?

Specific questions of the data:

Based on what you've seen in the community report, are there specific items you want analyzed and/or compared?

What are the intended uses of the information?

By what date would you prefer the RFI to be answered?

\_\_/\_\_/\_\_ *Month/day/year*

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**M S H R C**

**Midlands Sexual Health Research Collaborative**

UNIVERSITY OF  
**Nebraska**  
Medical Center

[www.unmc.edu/publichealth/mshrc](http://www.unmc.edu/publichealth/mshrc)

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