

**DC Department of Health – HIV/AIDS, Hepatitis, STD, Tuberculosis Administration:  
Care and Treatment Division  
Ryan White Part A  
Annual Narrative Report Template**

**Organization:** Click here to enter text.

**Grant #:** Click here to enter text.

**Grant Program:** Ryan White Part A

**Grant Year:** Click here to enter text.

**Name of Submitter:** Click here to enter text.

**Date of Submission:** Click here to enter text.

**Program Officer:** Click here to enter text.

**Grant Monitor:** Click here to enter text.

**SERVICE STATISTICS**

Client Targets Met:  YES  NO  PARTIALLY

Service Targets Met:  YES  NO  PARTIALLY

CAREWare Submission:  YES  NO  PARTIALLY

**If NO or PARTIALLY to any of the questions above, explain all contributing factors.**

Click here to enter text.

**EXPENDITURES/FISCAL REPORT**

Final Invoice Submitted:  YES  NO

Over- or Under for the Spending for Grant Year:  YES  NO

**If yes to over- or under-spending, explain all contributing factors.**

Click here to enter text.

**PROGRAM IMPLEMENTATION/ACCOMPLISHMENTS OVER THE GRANT YEAR**

**Types of services and activities provided for the year.**

Click here to enter text.

**Explain any additional factors contributing to meeting or not meeting your target goals for the year.**

Click here to enter text.

**Describe at least three program accomplishments addressing the National HIV/AIDS Strategy Goals and HIV care continuum outcomes.**

Click here to enter text.

#### **CHALLENGES TO SERVICE DELIVERY OVER THE GRANT YEAR**

**Describe at least three program challenges addressing the National HIV/AIDS Strategy Goals and HIV care continuum outcomes.**

Click here to enter text.

**Discuss how these challenges were addressed.**

Click here to enter text.

#### **PERSONNEL**

**Describe any changes in personnel and or challenges to hiring/retaining personnel, during the grant year.**

Click here to enter text.

#### **WAIT LIST**

**Describe any wait list for the service program throughout the grant year, including the number of clients, average length of time on wait list, and the longest period of time for any client on the list.**

Click here to enter text.

#### **REMEDIATION / CORRECTIVE ACTION**

**If there were any open remediation/corrective actions during the grant year, provide an update on the status of these actions.**

Click here to enter text.

#### **TECHNICAL ASSISTANCE**

**Provide a summary of all requests for technical assistance and all technical assistance provided if any.**

Click here to enter text.

#### **HIV CASE REPORTS**

**The number of HIV-positive cases reported to the Department of Health during the grant year.**

Click here to enter text.

## **ADDITIONAL INFORMATION**

**Explain how the following factors have impacted the HIV care continuum outcomes for customers served by your organization:**

- **Expanded/reduced resources;**
- **Unmet need;**
- **Public health emergencies (e.g., COVID-19, mpox) and/or natural disasters;**
- **Evolving Healthcare Landscape (e.g. changes in health care coverage options)**

[Click here to enter text.](#)