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| --- | --- |
| **Organization:** Click here to enter text. | **Grant #:** Click here to enter text. |
| **Grant Program:** Ryan WhitePart A Minority AIDS Initiative (MAI) [ ]   | **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**

Invoice Submitted: [ ]  YES [ ]  NO

Over- or Under-Spending: [ ]  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** ***(For each element below include the unduplicated number of clients served and units of service provide)***

**Describe how MAI services implemented during the grant year addressed the needs of the four subpopulations of focus. Include a description of all activities performed relating to the facilitation of linkage, engagement, and retention into medical care, and treatment adherence.**

Click here to enter text.

**Provide viral load suppression rates (numerator/denominator) for the four subpopulations of focus including a narrative describing any improvements in outcomes.**

Click here to enter text.

**CHALLENGES TO SERVICE DELIVERY**

**Describe any challenges meeting the needs of the four subpopulations of focus and how these challenges were addressed.**

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**

**Any additional information to report.**

Click here to enter text.