

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

Organization: Click here to enter text.

Grant #: Click here to enter text.

Grant Program: Ryan White Part 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.

REMEDICATION / 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.