

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

Organization: Click here to enter text.

Grant #: Click here to enter text.

Grant Program: Part B

Year-End Grant Narrative: 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.

ANNUAL SERVICE STATISTICS

Outpatient Ambulatory Health Services

Customer Targets Met: YES NO

Service Targets Met: YES NO

Medical Case Management

Customer Targets Met: YES NO

Service Targets Met: YES NO

Non - Medical Case Management

Customer Targets Met: YES NO

Service Targets Met: YES NO

Mental Health

Customer Targets Met: YES NO

Service Targets Met: YES NO

Psychosocial Support

Customer Targets Met: YES NO

Service Targets Met: YES NO

Health Education and Risk Reduction

Customer Targets Met: YES NO

Service Targets Met: YES NO

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Medical Transportation

Customer Targets Met: YES NO

Service Targets Met: YES NO

FINAL CAREWare submission: YES NO

For each service category checked 'NO,' briefly describe the challenges faced in meeting the proposed targets during the budget period and plans to address them during the upcoming grant period.

Click here to enter text.

FINAL EXPENDITURES/FISCAL REPORT

Final Invoice Submitted: YES NO

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

For each service category with over- or underspent, briefly describe the challenges faced in meeting the targeted expenditures during the budget period and plans to address them during the upcoming grant period.

Click here to enter text.

PROGRAM IMPLEMENTATION/ACCOMPLISHMENTS OVER THE GRANT YEAR

Describe accomplishments of services and activities provided during the year that successfully helped 1.) Linkage to Care navigation, 2.) rapid initiation of ART/PrEP, 3.) treatment adherence, and retention strategies, and 4.) Customer re-capture and re-engagement efforts.

Click here to enter text.

Explain any additional factors contributing to meeting your target goals for the year.

Click here to enter text.

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CHALLENGES TO SERVICE DELIVERY OVER THE GRANT YEAR

Explain any additional factors contributing to meeting your target goals for the year.

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.

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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.