|  |  |
| --- | --- |
| **Organization:** Click here to enter text. | **Grant #:** Click here to enter text. |
| **Grant Program:** Ryan WhitePart 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 PERFORMANCE SUMMARY**

**Total Customers Served: (Positive: \_\_\_\_\_ PrEP-Eligible: \_\_\_\_)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service Area** | **Positive Customers** | | | |  | **PrEP-Eligible Customers** | | | |
| **Customer Targets Met** | | **Service Units Met** | |  | **Customer Targets Met** | | **Service Units Met** | |
| **Y** | **N** | **Y** | **N** |  | **Y** | **N** | **Y** | **N** |
| **Health Education Risk Reduction** |  |  |  |  |  |  |  |  |  |
| **Medical Case Management** |  |  |  |  |  |  |  |  |  |
| **Medical Transportation** |  |  |  |  |  |  |  |  |  |
| **Mental Health** |  |  |  |  |  |  |  |  |  |
| **Non-Medical Case Management** |  |  |  |  |  |  |  |  |  |
| **Outpatient Ambulatory Health Services** |  |  |  |  |  |  |  |  |  |
| **Psychosocial Support Services** |  |  |  |  |  |  |  |  |  |

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 budget period.

Click here to enter text.

**Final CAREWare submission:** ☐ YES ☐ NO

**ANNUAL OUTCOMES SUMMARY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Service Area** | **Positive Customers** | | |  | **PrEP-Eligible Customers** | | |
| **Targets Met** | | |  | **Targets Met** | | |
| **Viral Load Suppression (VLS) Rate** | **Y** | **N** |  | **Seroconversion Rate** | **Y** | **N** |
| **Health Education Risk Reduction** | **81%** |  |  |  | **Based on Scopes Target** |  |  |
| **Medical Case Management** | **90%** |  |  |  | **Based on Scopes Target** |  |  |
| **Medical Transportation** | **88%** |  |  |  | **Based on Scopes Target** |  |  |
| **Mental Health** | **90%** |  |  |  | **Based on Scopes Target** |  |  |
| **Non-Medical Case Management** | **90%** |  |  |  | **Based on Scopes Target** |  |  |
| **Outpatient Ambulatory Health Services** | **91%** |  |  |  | **Based on Scopes Target** |  |  |
| **Psychosocial Support Services** | **87%** |  |  |  | **Based on Scopes Target** |  |  |

For each outcome measure checked ‘NO,’ briefly describe the challenges faced in meeting the proposed measure during the budget period and plans to address them during the upcoming budget 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 budget period. **Responses must speak to positive and PrEP-Eligible Customers served.**

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.**Responses must speak to positive and PrEP-Eligible Customers served.**

Click here to enter text.

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

Click here to enter text.

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

Explain any additional factors contributing to not 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 budget period.

Click here to enter text.

**WAIT LIST**

Describe any wait list for the service program throughout the budget period, including the number of customers, average length of time on the waitlist, and the longest period of time for any customer on the list.

Click here to enter text.

**REMEDIATION / CORRECTIVE ACTION**

If there were any open remediation/corrective actions during the budget period, 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 budget period. \_\_\_\_\_

How many of these cases reported during the budget period were seroconversions? \_\_\_\_\_\_

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.