

**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:** 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.

**Grants Management Specialist:** 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 OVER THE GRANT YEAR**

**Provide a detailed summary of the services and activities your organization delivered in support of the Ending the HIV Epidemic pillars: Treat, Respond, and Engage**

Click here to enter text.

**Describe whether the program activities implemented during the grant year differed from your original program plan or design. If so, explain what changed, and why the changes were made.**

Click here to enter text.

**ACCOMPLISHMENTS OVER THE GRANT YEAR**

**Describe at least three program accomplishments related to one or more of the following areas: identifying previously undiagnosed individuals, engaging people who were out of care, improving retention in care, and enhancing health outcomes.**

Click here to enter text.

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

**Describe at least three program challenges related to one or more of the following areas: identifying previously undiagnosed individuals, engaging people who were out of care, improving retention in care, and enhancing health outcomes.**

Click here to enter text.

**Describe 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 customers, average length of time on wait list, and the longest period of time for any customers 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 those actions.**

Click here to enter text.

**CAPACITY BUILDING ASSISTANCE**

**Provide a summary of all capacity-building assistance received during the grant year that strengthened your program design, implementation, and evaluation activities.**

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 HIV care continuum outcomes for customers served by your organization:**

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

Click here to enter text.