

**Care and Treatment Division
Ryan White Part A MAI Annual Narrative Report Template**

Organization: Click here to enter text.

Grant #: Click here to enter text.

Grant Program: Part A 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.

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

Describe how MAI services implemented during the grant year addressed the needs of the 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.

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: addressing the needs of the subpopulations of focus, identifying 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: addressing the needs of the subpopulations of focus, identifying 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.](#)

REMEDIATION / 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

Provide a summary of any additional substantive information to report.

[Click here to enter text.](#)