

Care and Treatment Division
Ryan White Part B
Monthly Narrative Report
GY36

Organization: [Click here to enter text.](#)

Grant #: [Click here to enter text.](#)

Grant Program: **Ryan White Part B**

Month/Quarter/Year:

Name of Submitter: [Click here to enter text.](#)

Date of Submission:

Program Officer: [Click here to enter text.](#)

Grant Monitor: [Click here to enter text.](#)

MONTHLY PERFORMANCE SUMMARY

Total Customers Served This Month: (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								

If service targets were not met, please explain?

[Click here to enter text.](#)

CAREWare submission: YES NO

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EXPENDITURES/FISCAL REPORT

Invoice Submitted: YES NO
Over- or Under-Spending: YES NO

If yes to over- or under-spending, explain by line item in the budget, and include plan to address.
Click here to enter text.

PROGRAM IMPLEMENTATION PROGRESS TO DATE

Please separate the program narrative by service categories and describe activities provided for positive and PrEP-eligible customers.

Provide a narrative response for each section below for the overall Part B program.

1. Linkage to Care Navigation
2. Rapid Initiation of PrEP
3. Treatment Adherence and Retention Strategies
4. Customer Re-engagement and Recapture Efforts

Red Carpet/Rapid ART (OAHS subrecipients ONLY)

Describe progress in implementation of Red Carpet/Rapid ART and any challenges.

CHALLENGES TO SERVICE DELIVERY

Describe any challenges to service delivery and include plans for addressing them.
Click here to enter text.

PERSONNEL

Any changes in personnel this month? YES NO
If yes, please complete the information below.

Include contact information (name, title, email, and telephone) for each new staff person.

REMEDICATION / CORRECTIVE ACTION

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Include updates regarding any open remediation/corrective actions, as needed.

TECHNICAL ASSISTANCE

Describe requests for technical assistance, if any.

HIV CASE REPORTS

Provide the number of HIV-positive cases reported to the Department of Health during this month.

Were any of these seroconversions? If yes, how many?

ADDITIONAL INFORMATION

Report on any additional significant information not already included in this report.