ANNUAL PLAN: WORKSHEET 1 – LIST OF HIV INTERVENTIONS

Agency Name: _____ **Dates covered:** _____

Grant Program: (*check only one*)
- ❑ AIDS Service Organizations
- ❑ AIDS Services and Education
- ❑ Community Collaboration
- ❑ High Risk Youth and Adults
- ❑ Prevention Case Management
- ❑ Faith Initiative
- ❑ Minority Projects
- ❑ MSM HIV Prevention

Agency type: (*check one only*)
- ❑ CBO – Minority Board
- ❑ CBO – Non-Minority Board
- ❑ State Health Department
- ❑ Local Health Department
- ❑ Other Government
- ❑ Academic Institution
- ❑ Research Center
- ❑ Faith Community
- ❑ Individual
- ❑ Other (_____)

INTERVENTION(S) THAT WILL BE IMPLEMENTED UNDER THE ABOVE GRANT	CHECK IF YOU WILL IMPLEMENT	HOW MANY OF EACH TYPE OF INTERVENTION WILL YOU IMPLEMENT? (indicate # and complete same # of worksheets.)
Counseling and Testing		
Counseling and Testing	❑	
Referral	❑	
Partner Counseling and Referral services	❑	
Other (specify)	❑	
Health Education/Risk Reduction		
Individual Level Intervention (ILI)	❑	
Prevention Case Management (PCM)	❑	
Community Level Intervention	❑	
Group Level Intervention (GLI)	❑	
OUTREACH:		
Basic Street/Community Outreach	❑	
Intensive Street/Community Outreach	❑	
Facilitative Street/Community Outreach	❑	
Collaborative Street/Community Outreach	❑	
Health Communication/Public Information		
Presentations/Lectures (ONLY LIST NUMBER OF TYPES/SERIES – NOT INDIVIDUAL SESSIONS)	❑	
Health/Community Fairs	❑	
Social Marketing	❑	
Mass Media	❑	
Hotlines	❑	
Clearinghouse	❑	

ANNUAL PLAN WORKSHEET 2a:
Counseling and Testing
Intervention Information Worksheet

Agency Name: _____ Intervention Name: _____

Target Population for this Intervention (From Workplan): _____ Process Objective for this Intervention (number): _____

Category (check one only)	Activities (check all that apply)	Setting	Targets for Intervention
☐ Counseling and Testing ☐ Referral ☐ Partner Counseling and Referral services ☐ Other _____	If Testing, which type: ☐ Blood test ☐ Alternate (Orasure) If Referrals, which are primary sites: ☐ STD clinic ☐ HIV counseling and testing ☐ Tuberculosis clinic ☐ Drug treatment ☐ Family planning ☐ Mental health ☐ HIV early intervention ☐ Other medical services ☐ Entitlement program ☐ Job skills / acquisition ☐ Prevention case management ☐ Individual-level counseling ☐ Group-level counseling ☐ Other _____	☐ Medical ☐ Workplace ☐ School ☐ Street ☐ Bars ☐ Community Center ☐ Church/faith ☐ Home ☐ Shelter ☐ Drug treatment ☐ Correctional ☐ Other: _____	**Risk Behaviors** — PRIMARY / SECONDARY MSM ☐ ☐ IDU ☐ ☐ MSM/IDU ☐ ☐ Heterosexual Contact ☐ ☐ Pregnant women (with/at risk of HIV) ☐ ☐ No specific targeted risk ☐ **Populations (check all that apply)** Racial/ethnic minorities ☐ Men who have sex with men ☐ Women ☐ Youth ☐ PWH/As ☐ Homeless ☐ Sex Workers ☐ Mentally Dysfunctional ☐ Inmates ☐ General Population ☐
Estimated number of: ____ HIV-infected clients ____ Partners identified ____ Partners notified ____ Partners counseled ____ Partners tested			

ESTIMATED NUMBER OF CLIENTS TO BE SERVED

	≤ 19 years old				20 – 29 years old				30 + years old				Age Data Not Available				TOTAL
	Male	Female	Trans-gender	Not Target.	Male	Female	Trans-gender	Not Target.	Male	Female	Trans-gender	Not Target.	Male	Female	Trans-gender	Not Target.	
American Indian or Alaskan Native																	
Asian																	
Black or African-American																	
Native Hawaiian/Other Pacific Isl.																	
White																	
Other																	
TOTAL RACE																	
Hispanic/Latino(a)																	
Non-Hispanic																	
TOTAL ETHNICITY																	

☆ *The minimum data required for this report are the totals contained in the shaded boxes at the far right end of the table above. Completing other cells is optional but encouraged.*

ANNUAL PLAN: WORKSHEET 2b:

Health Education/Risk Reduction
Intervention Information Worksheet

Agency Name: _____ Intervention Name: _____

Target Population for this Intervention (From Workplan): _____ Process Objective for this Intervention (number): _____

Category (check one only)	Setting	Frequency of Contact	Targets for Intervention	Primary Objective (check one only)
☐ Individual Level Intervention ☐ Prevention Case Management (PCM) ☐ Group Level Intervention ☐ Community Level Intervention **OUTREACH:** ☐ Basic Street/ Community Outreach ☐ Intensive Street/ Community Outreach ☐ Facilitative Street/ Community Outreach ☐ Collaborative Street/ Community Outreach	☐ Medical ☐ Workplace ☐ School ☐ Street ☐ Bars ☐ Community Center ☐ Church/faith ☐ Home ☐ Shelter ☐ Drug treatment ☐ Correctional ☐ Other: _____	Are there multiple components/ sessions for this intervention? ☐ Yes → how many? _____ ☐ No, single component How many times will this intervention be repeated in the year? _____ times ☐ Ongoing ☐ Don't know	**Risk Behaviors** — PRIMARY / SECONDARY MSM ☐ ☐ IDU ☐ ☐ MSM/IDU ☐ ☐ Heterosexual Contact ☐ ☐ Pregnant women (with/at risk of HIV) ☐ ☐ No specific targeted risk ☐ **Populations (check all that apply)** Racial/ethnic minorities ☐ Men who have sex with men ☐ Women ☐ Youth ☐ PWH/As ☐ Homeless ☐ Sex Workers ☐ Mentally Dysfunctional ☐ Inmates ☐ General Population ☐	☐ Increased awareness of HIV and AIDS ☐ New knowledge of AIDS and HIV transmission modes ☐ Changed attitudes or values ☐ Change in self-perception of risk ☐ Increased protective behaviors ☐ Maintenance of behaviors ☐ Reduction of risk behaviors ☐ Elimination of risk behaviors ☐ Other: _____

ESTIMATED NUMBER OF CLIENTS TO BE SERVED

	≤ 19 years old				20 – 29 years old				30 + years old				Age Data Not Available				TOTAL
	Male	Female	Trans-gender	Not Target.	Male	Female	Trans-gender	Not Target.	Male	Female	Trans-gender	Not Target.	Male	Female	Trans-gender	Not Target.	
American Indian or Alaskan Native																	
Asian																	
Black or African-American																	
Native Hawaiian/Other Pacific Isl.																	
White																	
Other																	
TOTAL RACE																	
Hispanic/Latino(a)																	
Non-Hispanic																	
TOTAL ETHNICITY																	

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ANNUAL PLAN: WORKSHEET 2c:
Health Communication/Public Information
Intervention Information Worksheet

Agency Name:_____ Intervention Name: _____

Target Population for this Intervention (From Workplan): _____ Process Objective for this Intervention (number): _____

Category (check one only)	Method	Frequency of Contact	Targets for Intervention	Primary Objective (check one only)
☐ Presentations/lectures ☐ Health/Community Fairs ☐ Social Marketing ☐ Mass Media ☐ Hotlines ☐ Clearinghouse	☐ Electronic media ☐ Print media ☐ Clearinghouse ☐ Other _____ **Partners: (# of)** ___ Individuals ___ Businesses ___ Agencies/ organizations ___ Media Outlets	How many times will this intervention be repeated in the year? _____ times ☐ Ongoing ☐ Don't know	**Risk Behaviors** PRIMARY SECONDARY MSM ☐ ☐ IDU ☐ ☐ MSM/IDU ☐ ☐ Heterosexual Contact ☐ ☐ Pregnant women (with/at risk of HIV) ☐ ☐ No specific targeted risk ☐ **Populations (check all that apply)** Racial/ethnic minorities ☐ Men who have sex with men ☐ Women ☐ Youth ☐ PWH/As ☐ Homeless ☐ Sex Workers ☐ Mentally Dysfunctional ☐ Inmates ☐ General Population ☐	☐ Increased awareness of HIV and AIDS ☐ New knowledge of AIDS and HIV transmission modes ☐ Changed attitudes or values ☐ Change in self-perception of risk ☐ Increased protective behaviors ☐ Maintenance of behaviors ☐ Reduction of risk behaviors ☐ Elimination of risk behaviors ☐ Other: _____

ESTIMATED NUMBER OF CLIENTS TO BE SERVED

	≤ 19 years old				20 – 29 years old				30 + years old				Age Data Not Available				TOTAL
	Male	Female	Trans-gender	Not Target.	Male	Female	Trans-gender	Not Target.	Male	Female	Trans-gender	Not Target.	Male	Female	Trans-gender	Not Target.	
American Indian or Alaskan Native																	
Asian																	
Black or African-American																	
Native Hawaiian/Other Pacific Isl.																	
White																	
Other																	
TOTAL RACE																	
Hispanic/Latino(a)																	
Non-Hispanic																	
TOTAL ETHNICITY																	

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