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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ryan White Part A Implementation Plan**  **Program Terms Report  Annual Progress Report** | | | | | | | |
| **Grantee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fiscal Year\_\_\_\_\_\_** | | | | **Page \_\_\_\_\_\_ of \_\_\_\_ Pages** | | | |
|  | | | |  | | | |
| **Service Priority Name:** | | | | **Total Priority Expenditure:** | | | |
| **Service Priority Number:** | | **Part A Core Medical  Part A Support  MAI Core Medical  MAI Support** | | | | | |
| **Service Goal:** | | | | **Reference Current Comprehensive Plan:** | | | |
| **1. Objectives:**  List quantifiable time-limited objectives related to the service priorities listed above | **2. Service Unit Definition:**  Define the service unit provided | | **3. Quantity** | | **4. Time Frame:** Indicate the actual duration of activity relating to the objective listed | | **5. Funds:**  Provide the actual amount of funds expended for this service. |
| 3a) Number of people served | 3b) Total Number of service units provided |
| Start Date | End Date |
| a: |  | |  |  |  |  |  |
| b: |  | |  |  |  |  |  |
| c: |  | |  |  |  |  |  |
| d: |  | |  |  |  |  |  |
| e. |  | |  |  |  |  |  |
| **6. Select a minimum of two objectives and list planned client level outcomes tracked:** | | | | | | | |

**SAMPLE FORM**

**Ryan White Part A Implementation Plan**

**Program Terms Report  Annual Progress Report**

|  |  |  |  |  |  |  |  |  |
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| **Grantee Name:** | **Big City EMA** | **Fiscal Year:** | 2013 | **Page** | 7 | **of** | 15 | **Pages** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Service Priority Name:**  Medical Transportation Services | | | **Total Priority Allocation: $35,000** | | | |
| **Service Priority Number:** 9 | **Part A Core Medical  Part A Support  MAI Core Medical  MAI Support** | | | | | |
| **Service Goal:**  Improve health outcomes by ensuring transportation is available to any client needing assistance with transportation to access medical services. | | | **Reference Current Comprehensive Plan:**  **Section G. p. 25** | | | |
| **1. Objectives:**  List quantifiable time-limited objectives related to the service priorities listed above | **2. Service Unit Definition:**  Define the service unit to be provided | **3. Quantity** | | **4. Time Frame:** Indicate the duration of activity relating to the objective listed | | **5. Funds:**  Provide the actual amount of funds to be used to provide this service. |
| 3a) Number of people served | 3b) Total Number of service units provided |
| Start Date | End Date |
| a: By March 1, 2014, 100% of RW funded medical case management service providers will have bus passes available for distribution to clients requiring assistance with transportation to medical appointments | 1-day pass  7-day pass  30-day pass | 50  240  150 | 70  440  600 | 3/1/2013 | 2/28/2014 | $280  $3,520  $16,200  Total: $20,000 |
| b:By May 1, 2014, 100% of medical case management service providers will have taxi vouchers available for distribution to clients requiring assistance with transportation to medical appointments | One-way trip | 75 | 600 | 5/1/2013 | 2/28/2014 | $15,000 |
| **6. Select a minimum of two objectives and list planned client level outcomes to be tracked:**  Decrease in the percentage of clients who identify transportation as a barrier to accessing medical care from 70% to 30%. | | | | | | |