



MAIL TO:
P.O. Box 272
El Paso, TX 79943

OR

HAND DELIVER TO:
333 N. Oregon, 2nd floor
El Paso, TX

CONTACT:
Veronica Garcia
(915)309-0547

Grant Progress Report

Please complete and return this signed form (original) **and** one (1) copy to report on your funded project's progress. Border AIDS Partnership will not consider renewed funding to any previously funded project/organization that has not completed a final progress report on a prior grant award.

GRANT INFORMATION

Project
Name

Grant
Title

Award
Amount

Grant
Type

Award
Date

GRANTEE INFORMATION

Name

Website

Address

City

State

Zip

CONTACT PERSON INFORMATION

Name

Email

Title

Phone

Type **Final Report**

Due Date **Jan. 12, 2017**

EVALUATION NARRATIVE

Project Goals and Objectives

1. Please describe progress in accomplishing Project Goal(s).

Project Goal(s):

Progress:

a.

a.

b.

b.

d.

d.

e.

e.

2. Please describe progress in accomplishing Project Objective(s).

Project Objective(s):

Progress:

a.

a.

b.

b.

c.

c.

d.

d.

3. Briefly describe the project's most significant Outcomes, based on proposed Goals and Objectives.

4. Please describe how funding from the Border AIDS Partnership has helped your organization achieve these Outcomes.

12. Is the number of people served in the previous question a duplicated or unduplicated count?

13. Ethnic Identity:

COUNT	COUNT
Hispanic/Latin@	Asian/Pacific Islander
African American/ Black/Caribbean	Caucasian/White
Native American	Other

14. Gender Identity:

COUNT	COUNT
Women	Transgender/ Genderqueer/ Two-Spirit
Men	

15. Age:

COUNT	COUNT
Teens (13-19)	Adults (45-54)
Young Adults (20-24)	Adults (55-64)
Adults (25-34)	Senior (65-up)
Adults (35-44)	

16. Infection Status:

COUNT	COUNT
HIV negative	Unknown
HIV positive	

17. Sexual Orientation (self-reported):

COUNT	COUNT
Lesbian/Gay/ Homosexual	Straight/ Heterosexual
Bisexual	Other

18. High-Risk Factor(s) (self-reported):

Intravenous drug use	Currently/previously incarcerated
Sex work	

By signing below, I certify that I have reviewed this report and that the information contained in it is true and correct to the best of my knowledge.

CEO/Executive Director

Date

Printed Name & Title