**Form Approved**

**OMB No. 0920-New**

**Expiration Date 00/00/2014**

HIV/AIDS Awareness Day Programs

**Attachment # 5: National Asian & Pacific Islander HIV/AIDS Awareness Day**

**Evaluation Report**

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

Banyan Tree Project Event Summary

|  |  |  |  |
| --- | --- | --- | --- |
| **Hosting/Planning Organization** | | | |
| Host Agency Name:       Website: | | | |
| Address: | | | |
| Contact Person:       Phone Number:       E-mail: | | | |
| List Collaborating Agencies/Health Departments: | | | |
| **Event Information** | | | |
| Name of Event:       Date: | | | |
| Location/Address: | | | |
| Type of Event: (Check all that apply) | Blog Postings /Web-based  Community/Panel Discussion  Film Screening  Fundraising  Health or Street Fair/Festival  HIV Testing  Performing/Visual Arts | | Presentation/Training/ /Workshop  Press Conference/Briefing  Proclamation  Athletics/Sports  Other(specify): |
| Detailed Description of Event: | | | |
| **Participant Information** | | | |
| Approximate # in attendance:       Age Groups: | | | |
| Race/Ethnicity:  (Check all that apply) | All Asian African-American Latino  Middle Eastern/Arab Native American/Alaskan Native  Native Hawaiian  Pacific Islander White | | |
| Behavioral Risk Group:  (Check all that apply) | All HIV+ MSM IDU Women  Transgender Unspecified Other, specify: | | |
| **Other** | | | |
| If HIV Testing provided, # of HIV Tests:       or # of Referrals: | | | |
| Did you send out a press release for your event?: Yes No  Media Coverage (check all that apply): N/A Television Radio Newspapers Online/Blogs  List Stations, Newspapers, Websites, etc.:  Calculate circulation/readership/no. of viewers (if possible): | | | |
| Materials:(Check all that apply) | Chapbooks  Educational Materials Pens Pledges  Posters PSA T-shirts Other: | | |
| **Successes/Challenges:** Describe with regard to both planning and implementation. Please use complete sentences. | | | |
| **Successes:** | | | |
| **Challenges:** | | | |
| **Attachments:**  (Please attach to this Form | | Blogs/Articles/Etc… Outreach Materials (Flyers, etc…)  Photos Presentation/Training Guides Press Releases  Other: | |