**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 [ ] NoMedia Coverage (check all that apply): [ ] N/A [ ] Television [ ] Radio [ ] Newspapers [ ] Online/BlogsList 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:        |