

NAME OF MSI _____

MSI HIV Demonstration Initiative Monthly Progress Report/Work Plan Update

Month Being Reported: _____

Date Report Submitted: _____

Goal 1: Increase awareness and knowledge of risk factors and prevention methods for HIV/AIDS transmission.

Objectives	Activities Planned to Meet Objectives	Staff/Partnership Member(s) Responsible	Start by: (month, yr)	Completed by: (month, year)	Deliverables or Major Milestones	Status (<i>Not started, On Time, Completed, Delayed</i>)

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