Form Approved

OMB No: 0920-New

Exp. Date: XX/XX/XXXX

Evaluation of Enhancing HIV Prevention Communication and

Mobilization Efforts through Strategic Partnerships

**Attachment 3f**

**Partnership Activities Form**

Public reporting burden of this collection of information is estimated to average 25 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)

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| **Partnership Activities Form** | | | | | |
| **Organization**: Organization Name  **Begin date**: Click here to enter a date.  **End date:**  Click here to enter a date.  **Partnership type:** Choose an item.  **If an unfunded partner, is your organization affiliated with the Business Response to AIDS (BRTA) initiative?** Choose an item.  **If a funded partner, are you a part of Partnering and Communicating Together to Prevent HIV (PACT)?** Choose an item. | | | | | |
| **Point of contact**: Name | | | | | |
| **Email**: Email Address | | | **Phone:** Please include area code. | | |
| **EVENT** | | | | | |
| **Event:** Name of Event | | **Event location:** (If applicable) City, State, Zipcode | | | |
| **Approximate attendance:** How many people were there?  **Event type:** Choose an item. | | | |
| **Description:**  Please provide a description of the event. Please describe the audience and key highlights . | | | | | |
| **Were HIV tests administered?** Choose an item.  **Number of HIV tests administered:** Click here to enter text.  **Number of preliminary positives:**  Click here to enter text. | | | | | |
| **Did other partners (internal or external), chapters or affiliates of your organization, or sponsors have a role or help in this activity? If yes, list all involved:** | | | | | |
| **Materials Distributed** | | | | | |
| **Were any materials distributed?** | | | | | |
| **If yes, please select campaign, materials type and enter quantities below:**  **Campaign:** Choose an item. **Materials Type:** Choose an item. **Quantity:** Click here to enter text.  **Campaign:** Choose an item. **Materials Type:** Choose an item. **Quantity:** Click here to enter text.  **Campaign:** Choose an item. **Materials Type:** Choose an item. **Quantity:** Click here to enter text.  **Campaign:** Choose an item. **Materials Type:** Choose an item. **Quantity:** Click here to enter text.  **Campaign:** Choose an item. **Materials Type:** Choose an item. **Quantity:** Click here to enter text.  **Campaign:** Choose an item. **Materials Type:** Choose an item. **Quantity:** Click here to enter text.  **Campaign:** Choose an item. **Materials Type:** Choose an item. **Quantity:** Click here to enter text.  **Other Materials:**  Please describe any other materials used and the corresponding quantities.  **Please select distribution channel(s) (check all that apply):**  Funded Partner  Unfunded Partner  Participant Network  CDC and CDC-INFO  Bulk Order  Event  Conference  Gay Pride Event  CDC Contractor  Internet  **Receiving organization name:** Click here to enter text.    **Receiving organizations type:** Choose an item.  **If there are more than one receiving organization types, please list here:** Click here to enter text. | | | | | |
| **INTERNET AND SOCIAL MEDIA** | | | | | |
| **Internet:**  **Did this event involve Internet ads?** Choose an item.  **Website URL:**  Click here to enter text. | | | |  | |
| **Number of Internet Ads Placed:** Click here to enter text.  **Internet Ad Impressions:** Click here to enter text.  **Clicks from Online Advertisements** Click here to enter text. | | | |
| **Social Media:**  **Did this event involve social media?** Choose an item.  **If yes, please check all social media platforms used:**  Blogs  Twitter  Facebook  YouTube  Flickr  Instagram  Other  **If other, explain:** Please provide as much detail as possible. | | | | | |
| **Facebook**  **Page Name:**  **Date:** Click here to enter a date.  **Post:** Click here to enter text.  **Likes:** Click here to enter text.  **Shares:** Click here to enter text.  **Comments:** Click here to enter text. | **Twitter**  **Account Name:**  **Date:** Click here to enter a date.  **Number of Tweets:** Click here to enter text.  **Number of Tweets on hashtag (#):**  Click here to enter text. | | | | **Blog or Other Social Media**  **Page Name:**  **Date:** Click here to enter a date.  **Post:** Click here to enter text.  **Likes:** Click here to enter text.  **Shares:** Click here to enter text.  **Comments:** Click here to enter text. |
| **MEDIA** | | | | | |
| **Was there media activity?** Choose an item.  **If there were multiple media activities, please list individually:**  **Media Activity # 1**  **Begin date:** Click here to enter a date.  **End date:** Click here to enter a date.  **What type of media?** Choose an item.  **Please select all media outlets that apply:**  Internet  TV  Print  Out-of-home  Radio  Other  **If other, explain:** Click here to enter text.  **Media Activity # 2**  **Begin date:** Click here to enter a date.  **End date:** Click here to enter a date.  **What type of media?** Choose an item.  **Please select all media outlets that apply:**  Internet  TV  Print  Out-of-home  Radio  Other  **If other, explain:** Please provide as much detail as possible.  **Media Activity # 3**  **Begin date:** Click here to enter a date.  **End date:** Click here to enter a date.  **What type of media?** Choose an item.  **Please select all media outlets that apply:**  Internet  TV  Print  Out-of-home  Radio  Other  **If other, explain:** Click here to enter text. | | | | | |
| **Media Value**  **Was the media donated?** Choose an item.  **Was the media paid?** Choose an item.  **What is the media value?** Click here to enter text. | | | | | |
| **Overall Comments:** Click here to enter text. | | | | | |

**Please complete form and submit to [CONTACT] by [TIME FRAME]**