

INTERIM PROGRESS REPORT (Project Narrative)

Reporting Period [Month 20XX through Month 20XX]

Public reporting burden of this collection of information is estimated to average 8 hours 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)

The purpose of the Interim Progress Report (IPR) is to summarize the program activities completed during Program Year X [Month 20XX – Month 20XX]. CDC uses this information to monitor your programmatic progress at the end of each fiscal year.

ORGANIZATION CONTACT INFORMATION					
Date	Click here to enter a date.				
Award Number:	List award number				
Organization Name:	List organization name				
Mailing Address:	List mailing address				
City:	List city	State	List state	Zip Code:	List zip code
Phone Number:	Please include area code.			Fax:	Please include area code.

Primary/ Secondary Contact	Title/Position	Name	Phone Number	Mobile Number	E-mail Address
Primary			Please include area code.	Please include area code.	List email address
Secondary			Please include area code.	Please include area code.	List email address

Target Audience Data	Race/Ethnicity	MSM (Y/N)	Heterosexual (Men/Women)	Age Range	Other
Primary	List race/ethnicity				
Secondary	List race/ethnicity				

Instructions:

For your IPR, please provide a response to all of the questions in each section below. You can type directly into this Word document, adding your response under each question. Your IPR is due to CDC no later than [MM/DD/YYYY]. Please send your completed report via email to your assigned project officer, [Name and contact information].

Section I: Strategies and Activities

In this section, please describe key successes, facilitators and barriers, and major achievements during the Program Year X funding period (MM/DD/YYYY through MM/DD/YYYY).

1. Please describe all activities that involved meeting your goals and objectives relative to [partner program objective]. If applicable, please describe the target audience (race, gender, age) and total number of the target audience reached by activities. Where possible, include data to support narrative.

Please describe the following in the narrative and include examples of key activities related to program objectives:

- i. In working towards achieving your objectives, please describe what made your efforts easier or harder.
- ii. What were your organization's major achievements during this period (MM/DD/YYYY through MM/DD/YYYY)? Include highlights of major activities, including a description of the audience reached (i.e. demographics), channels utilized, and dates.

2. Please describe all activities that involved meeting your goals and objectives relative to [partner program objective]. If applicable, please describe the target audience (race, gender, age) and total number of the target audience reached by activities. Where possible, include data to support narrative.

Please describe the following in the narrative and include examples of key activities related to program objectives:

- i. In working towards achieving your objectives, please describe what made your efforts easier or harder.
- ii. What were your organization's major achievements during this period (MM/DD/YYYY through MM/DD/YYYY)? Include highlights of major activities, including a description of the audience reached (i.e. demographics), channels utilized, and dates.

3. Please describe all activities that involved meeting your goals and objectives relative to [partner program objective]. If applicable, please describe the target audience (race, gender, age) and total number of the target audience reached by activities. Where possible, include data to support narrative.

Please describe the following in the narrative and include examples of key activities related to program objectives:

- i. In working towards achieving your objectives, please describe what made your efforts easier or harder.

- ii. What were your organization’s major achievements during this period (MM/DD/YYYY through MM/DD/YYYY)? Include highlights of major activities, including a description of the audience reached (i.e. demographics), channels utilized, and dates.
4. Please describe all activities that involved meeting your goals and objectives relative to [partner program objective]. If applicable, please describe the target audience (race, gender, age) and total number of the target audience reached by activities. Where possible, include data to support narrative.

Please describe the following in the narrative and include examples of key activities related to program objectives:

- i. In working towards achieving this objectives, please describe what made your efforts easier and/or harder.
- ii. What were your organization’s major achievements during this period (MM/DD/YYYY through MM/DD/YYYY)? Include highlights of major activities, including a description of the audience reached (i.e. demographics), channels utilized, and dates.

Section II: Board Governance and Organizational/Key Staff Changes
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In this section, please include any organizational and key staff changes.

1. Describe any key organizational changes that have occurred since the start of the funding period. Key changes include, but are not limited to, changes in board composition, key staff (e.g., administrative [Executive Director] and program [Program Coordinator/Director]), and organization name/location. If no changes were made, state “no changes made” below.
2. Are there currently any program staff vacancies? If yes, please list the position(s) and explain. Discuss your plan for filling the vacancy/vacancies.
3. If changes were made to your organizational/work plan, indicate the date (month/year) and briefly describe the changes.

Section III: Comments and Feedback

In this section, provide feedback on successes, innovative practices, and lessons learned.

1. Please describe any innovative practices used for your integration and/or mobilization activities. Innovative activities are those that were first employed during the current program year and were not used in previous program years.
2. Please describe any lessons learned during the program period. How will the lessons learned inform your HIV programs in the future?
3. How can we assist you in achieving the integration objectives? What additional technical assistance/support would be helpful in achieving your goals/objectives?
4. Please provide comments/feedback on the technical assistance/support received from CDC during this period (MM/DD/YYYY through MM/DD/YYYY). Include information on timeliness, appropriateness, and relevance of the technical assistance/support provided.