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**Guilford Community AIDS Partnership (GCAP)
End-of-Year Grant Reporting Form**

Organization/Agency Name _____
Project Name _____
City/State _____
Grant award year _____
Name of person completing form _____
Title of person completing form _____
Phone and e-mail _____

TELL US ABOUT YOUR ORGANIZATION/AGENCY

What is the budget of your entire organization? ___ Under \$250,000 ___ \$250,000 - \$500,000 ___ \$500,000 - \$1M ___ \$ over 1M	Classify the overall well-being of your agency at this time? ___ Financially and organizationally stable/ growing? ___ Struggling to maintain basic programs and services? ___ Growing in some areas, but cutting back in others ___ Other [please explain _____]
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1. Other than funding, what is most critical to the future success of your organization?
___ Technical assistance on effective interventions
___ Strategic planning
___ Strengthened organizational administrative and/or fiscal systems
___ Evaluation
___ Fundraising capacity
___ Board development
___ Other _____
2. Please identify the category that best describes the type of project supported by the grant from GCAP/NAF? [Choose one category only]
___ HIV/AIDS Prevention and education
___ Case Management/Coordination of Care
___ HIV testing and counseling
___ Primary medical care
___ Capacity Building/Technical Assistance [skip to question 9]
___ Support services
___ Policy advocacy [skip to question 9]
___ Other [be specific] _____

3. Please tell us the TOTAL number of persons served by your **funded project** during the period covered by this grant. If possible, please provide us with an unduplicated count of persons served and indicate this by checking the box below. If you cannot give a specific number, please estimate the number of persons served by your project. **Please do not leave this question blank if you give direct service.**

☐ Total number of Persons Served
☐ Unduplicated count

3B. Is this count of persons served an actual or estimate?

☐ Actual ☐ Estimate

4. Please tell us what percentage of persons served by your projects came from the following demographic categories during the period covered by this grant. We understand that it may be difficult for certain projects, particularly HIV education/prevention, to complete this section. Please do the best you can.

A. GENDER:

	Total number persons served	Percent of total served
Female		
Male		
Transgender		
Undetermined		
TOTALS	Total number __ actual __ estimate	Percent total 100%

B. ETHNICITY:

	Total number persons served	Percent of total served
African-American/Black Caribbean		
Asian/Pacific Islander		
Caucasian/White		
Hispanic/Latino		
Native American/American Indian		
Mixed Race		
Other [specify: _____]		
Undetermined		
TOTALS	Total number __ actual __ estimate	Percent total 100%

C. AGE:

	Total number persons served	Percent of total served
Children [age 3 – 12]		
Teens [age 13-19]		
Young Adults [age 20-24]		
Adults [age 25-59]		
Seniors [age 60 plus]		
All Age Groups		
Undetermined		
TOTALS	Total number __ actual __ estimate	Percent total 100%

D. INFECTION STATUS:

	Total number persons served	Percent of total served
HIV Negative		
HIV Positive		
Unknown or Undisclosed		
TOTALS	Total number __ actual __ estimate	Percent total 100%

E. SEXUAL ORIENTATION:

	Total number persons served	Percent of total served
Bi-Sexual		
Heterosexual		
Homosexual		
Undetermined		
TOTALS	Total number __ actual __ estimate	Percent total 100%

5. Are there other ways to characterize the **primary** group[s] served by this project? [**Check all that apply.**]

- | | |
|--|--|
| <input type="checkbox"/> General population | <input type="checkbox"/> Persons who are homeless |
| <input type="checkbox"/> Injection Drug users | <input type="checkbox"/> Other substance Abusers |
| <input type="checkbox"/> Commercial Sex workers | <input type="checkbox"/> Members of a Religious community |
| <input type="checkbox"/> MSM | <input type="checkbox"/> LGBT-identified people |
| <input type="checkbox"/> People living with HIV/AIDS | <input type="checkbox"/> People living with other disabilities |
| <input type="checkbox"/> Women | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Others [please specify] _____ | |
| <input type="checkbox"/> Incarcerated or formerly Incarcerated persons | |

6. How will this project continue after the completion of this grant fro GCAP/NAF?

7. Concisely describe the most significant outcome of the project. Include a description of achievements and challenges.

8. Please describe the projects primary challenges?

9. Were your project's outcomes different from what you expected? If so, how?

10. Please describe how this funding has helped your organization achieve these outcomes. This narrative may be shared with our funders and the public.

11. If you have compelling stories of impact [at an individual or community level] that can also be shared with our funders and the public, please describe below.

THANK YOU VERY MUCH!

