FORM B: Group-Level Intervention (HE/RR)

Date: _____

OMB No. 0920-0497
Expiration Date: 04/30/2004

– Process Monitoring –
Jurisdiction Aggregate Form

[1] Jurisdiction ID: _____

[2] Number of group-level interventions (GLIs) this form describes: _____

Complete a *separate* form for *each* primary population served by this type of intervention

Risk Population	**[3] Primary Population**	**[4] Secondary Population**
Mark the risk population this form describes. If an intervention serves multiple risk populations, choose one primary and one secondary risk population. *[See instructions for distinguishing between primary and secondary risk populations.]*	❍ MSM ❍ MSM/IDU ❍ IDU ❍ Heterosexual ❍ Mother with/at risk for HIV ❍ General Public	❍ MSM ❍ MSM/IDU ❍ IDU ❍ Heterosexual ❍ Mother with/at risk for HIV ❍ General Public

[5] Statewide definitions or guidelines for GLIs:

[6] Number of GLIs for this risk population provided by the following types of agencies (total should equal number in [2] above):

CBO - Minority Board	_____	State Health Department	_____	Academic Institution	_____	Other Agency	_____
CBO - Non-Minority Board	_____	Local Health Department	_____	Research Center	_____	*(please specify)*	
Faith Community	_____	Other Government	_____	Individual	_____	_____	
						Total	_____

[7] Clients Served With CDC Funds § (M=male; F=female; T=transgender; U=unknown)	**≤ 19 years old**				**20 – 29 years old**				**30 + years old**				**Age data not available**				**TOTAL**
	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	
Hispanic or Latino																	
Not Hispanic or Latino																	
Ethnicity Unknown																	
TOTAL																	
American Indian or Alaska Native																	
Asian																	
Black or African American																	
Native Hawaiian or Other Pacific Islander																	
White																	
More Than One Race																	
Race Unknown																	

TOTAL																	

[9] Enter the number of clients receiving GLIs in each of the following settings:

Type of Setting					
CBO	_____	HIV Counseling & Testing	_____	Correction/Detention	_____
Community Setting	_____	STD Clinic	_____	School/Educational	_____
Clinic/Health Care Facility	_____	Drug Treatment Facility	_____	Other _____	_____

[10] In the table below, enter the number of people in the jurisdiction who received

- **only 1 session of an GLI,**
- **only 2 sessions, and**
- **3 or more sessions**

Number of Clients	Only 1	Only 2	3+

[8] Staffing and Expenditures

Number of full-time equivalent staff providing GLIs in the jurisdiction whose salaries are funded by CDC: _____

Number of volunteers providing GLIs in the jurisdiction: _____

CDC Announcement 99004 HIV prevention funds that were expended in carrying out all aspects of GLIs: $_____