FY 2020 Ending the HIV Epidemic - Primary Care HIV Prevention (PCHP) Awardees

Progress Reporting on Added FY 23 Funds
## Progress Report Requirement and Timeline

<table>
<thead>
<tr>
<th>REQUIREMENTS AND REPORTING TIMELINE</th>
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<tr>
<td>Period of Performance for First Semi-Annual Report</td>
<td>September 1, 2023 – January 31, 2024</td>
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</table>
| Progress Report Timeline | EHB Module opens February 1, 2024  
| | Reporting Deadline February 15, 2024 |
| Three Objectives of the PCHP award (overall) |  
| | • Increase the number of patients counseled and tested for HIV.  
| | • Increase the number of patients prescribed PrEP.  
| | • Increase the percentage of patients linked to HIV care and treatment within 30 days of diagnosis. |
| Four Focus Areas |  
| | • PrEP Prescribing  
| | • Outreach  
| | • Testing  
| | • Workforce Development  
| | • Note: Only report on the focus area(s) included in your work plan for FY23 funds. |
**Question 1: Project Status**

Choice:
1. Not Started
2. Less Than or equal to 50% Complete
3. Greater Than 50% and Less Than 100% Completed
4. Fully Implemented

**Question 2: Progress Assessment (Not Yet Started, Partially Implemented, and Fully Implemented)**

2. Outreach Status
3. Testing Status
4. Workforce Development Status

**Question 3: Are the implemented or planned activities described above and associated with the use of the funds consistent with your approved PCHP application?**

**Question 4: Are there or do you anticipate any issues or barriers in the use of the funding and/or implementing the planned activities consistent with your approved PCHP application?**
The first semi-annual progress report opens in EHB on February 1\textsuperscript{st} and will cover the activities that occurred between September 1, 2023, through January 31, 2024.

For Question 1 under Project Status, select the status option that best describes your progress with the funded activities.

For Question 2 under Progress Assessment, only report on the activities in the focus area(s) selected in your work plan.

If there are new or changed activities listed in the approved workplan that impact your approved budget, an updated budget by cost category must be included with your submission.
## Contact Information

<table>
<thead>
<tr>
<th>Topic</th>
<th>Contact</th>
</tr>
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<tbody>
<tr>
<td>Implementation challenges</td>
<td>Contact the PCHP Investments Team via the <a href="https://bphc.hrsa.gov/funding/funding-opportunities/primary-care-hiv-prevention">BPHC Contact Form</a>. To submit the form, click on the link above. Under <em>Funding</em> select <em>Supplemental Grant Award</em>, then select <em>PCHP</em>.</td>
</tr>
<tr>
<td>Budget conditions, carryover requests, and budgeting</td>
<td>Grants Management Specialist (GMS) listed on the NoA</td>
</tr>
<tr>
<td>EHBs support with condition responses or reporting</td>
<td>877-464-4772 (select option 1) or via the <a href="https://bphc.hrsa.gov/funding/funding-opportunities/primary-care-hiv-prevention">BPHC Contact Form</a></td>
</tr>
<tr>
<td>PCHP technical assistance webpage</td>
<td><a href="https://bphc.hrsa.gov/funding/funding-opportunities/primary-care-hiv-prevention">https://bphc.hrsa.gov/funding/funding-opportunities/primary-care-hiv-prevention</a></td>
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Questions & Answers
Thank You!

PCHP Investment Team

Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

BPHC Contact Form

bphc.hrsa.gov

Sign up for the Primary Health Care Digest