

FY 2020 PCHP Tri-Annual Progress Report (TAPR) Form

FY20PCHP Tri-Annual Progress Report (TAPR)
Due In: | Section Status:

▶ (Reporting Period: 3/1/2020 - 6/30/2021)
▶ Resources ↗

Fields with * are required

*** 1. Project Status**

Not Started

Less than or equal to 50% Complete

Greater than 50% and Less than 100% Complete

Completed

*** 2. Please provide a status update and describe success and lessons learned on the activities supported with this funding in the following areas. Identify what activities have been completed, are in progress, and/or are planned with this funding:**

2a. PrEP Prescribing and PrEP Use Status – Check one:

Completed

In Progress

Planned

Maximum 2000 characters (with spaces)

2b. Outreach Status – Check one:

Completed

In Progress

Planned

Maximum 2000 characters (with spaces)

2c. Testing Status – Check one:

Completed

In Progress

Planned

Maximum 2000 characters (with spaces)

2d. Workforce Development Status – Check one:

Completed

In Progress

Planned

Maximum 2000 characters (with spaces)

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

Yes

No

If 'No', please describe. For changes that impact your approved budget, provide detail by cost category.

Maximum 2000 characters (with spaces)

*** 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?**

Yes

No

If 'Yes', please describe.

Maximum 2000 characters (with spaces)

* 5. Complete the following Uniform Data System (UDS) data:	Comments Please specify (maximum 300 characters):
5a. Report the number of health center visits during which an HIV test was performed from 3/1/2020 to the end of the current reporting period, regardless of funding source.	<input style="width: 50px;" type="text"/>
5b. Report the number of patients tested for HIV from 3/1/2020 to the end of the current reporting period, regardless of funding source.	<input style="width: 50px;" type="text"/>
5c. Report the number of patients with a documented HIV test performed between the ages of 15 and 65 years, from 3/1/2020 to the end of the current reporting period, regardless of funding source.	<input style="width: 50px;" type="text"/>
5d. Report the number of new HIV diagnoses made, from 3/1/2020 to the end of the current reporting period, regardless of funding source.	<input style="width: 50px;" type="text"/>
5e. Report the number of patients newly diagnosed with HIV who were seen for follow up treatment within 30 days of diagnosis, from 3/1/2020 to the end of the current reporting period, regardless of funding source.	<input style="width: 50px;" type="text"/>
5f. Report the number of HIV negative patients who received a PrEP prescription from 3/1/2020 to the end of the current reporting period, regardless of funding source.	<input style="width: 50px;" type="text"/>

▶ 6. Attachment(s) (attach other documents as needed or as instructed by the awarding Federal Agency): (Maximum 5) Attach File

No documents attached