

## Project (Work) Plan



**Ryan White HIV/AIDS Program Part B** 

## **For Subrecipients**

Name Agency Submitting Plan:
Point of Contact for Correspondences:
Mailing Address:
Email:
Phone:

Fax:

In the tables below, please summarize what will be done in the indicated program year for the activity/activities for which your organization is submitting proposal for funding. Activities must be as outlined in the RFA narrative, Section 2: Grant Application Component. Add lines as needed.

Goal 1: Objective 1	Core Services-HIP & Cost Sharing Assistance	
Activities	What will be done	
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing)
Strategy:		
Activity 1		
Activity 2		
Activity 3		
Goal 1: Objective 2	Core Services-Medical Nutrition Therapy	
Activities	What will be done	
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing)
Strategy:		
Activity 1		
Activity 2		
Activity 3		

Goal 1: Objective 3	Core Services- Medical Case Management (MCM)	
Activities	What will be done	
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing)
Strategy:		
Activity 1		
Activity 2		
Activity 3		
Goal 1: Objective 4	Core Services-Substance Abuse (Outpatient)	
Activities		will be done
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing)
Strategy:	IEARI	Responsible 1 arty, Start Date, and Completion Date (Of Ongoing)
Strategy.		
Activity 1		
Activity 2		
Activity 3		
Goal 1: Objective 5	Core Services-Oral Health (Gap Filling)	
Activities	What will be done	
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing)
Strategy:		
Activity 1		
Activity 2		

Activity 3

oal 1: Objective	e 6 Core Services-MCM Travel		
ctivities		What will be done	
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing	
trategy:			
Activity 1			
Activity 2			
Activity 3			
Goal 2: Objective	e 1 Support Services-Nonmedical Case Management		
		What will be done	
Goal 2: Objective	Support Services-Nonmedical Case Management  YEAR 1	What will be done  Responsible Party, Start Date, and Completion Date (Or Ongoing	
Goal 2: Objective			
oal 2: Objective			
coal 2: Objective			

Activities	What will be done	
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing)
Strategy:		
Activity 1		
Activity 2		

Activity 3		
Goal 2: Objective 3	Support Services-Food Bank/Home-Delivered Meals	
Activities	What will be done	
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing)
Strategy:		
Activity 1		
Activity 2		
Activity 3		
Goal 2: Objective 4	Support Services-Linguistic Services	
Activities	What	will be done
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing)
Strategy:		
Activity 1		
Activity 2		
Activity 3		
Goal 2: Objective 5	Support Services-Medical Transportation	
Activities	What	will be done
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing)
Strategy:		
Activity 1		

Activity 2		
Activity 3		
Goal 2: Objective 6	Support Services-Psychosocial Support	
Activities	What will be done	
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing)
Strategy:		
Activity 1		
Activity 2		
Activity 3		
Goal 2: Objective 7	Support Services-Travel	
Activities	What	will be done
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing)
Strategy:		
Activity 1		
Activity 2		
Activity 3		
Activity 3		
Goal 2: Objective 8	Support Services-Other	
Activities	Support Services-Other  What will be done	
Activities		
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing)
Strategy:		

Activity 1		
Activity 2		
Activity 3		
Goal 3: Objective 1		
Activities	What will be done	
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing)
Strategy:		
Activity 1		
Activity 2		
Activity 3		
Goal 3: Objective 2		
Activities	What	will be done
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing)
Strategy:		
Activity 1		
Activity 2		
Activity 3		
Goal 3: Objective 3		
Activities	What	will be done
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing)

Strategy:		
Activity 1		
Activity 2		
Activity 3		
Goal 3: Objective 4		
Activities	What will be done	
	YEAR 1	Responsible Party, Start Date, and Completion Date (Or Ongoing)
Strategy:		
Activity 1		
Activity 2		

Activity 3