

**Group-Level Intervention (HE/RR)
– Intervention Plan –
Jurisdiction Aggregate Form**

Date: _____

Complete a <i>separate</i> form for each primary population served by this type of intervention			
<p>[1] Jurisdiction ID: _____</p> <p>[2] Intended number of group-level interventions (GLIs) this form describes: _____</p>	<p>Risk 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.]</p>	<p>[3] Primary Population</p> <p><input type="radio"/> MSM <input type="radio"/> MSM/IDU <input type="radio"/> IDU <input type="radio"/> Heterosexual <input type="radio"/> Mother with/at risk for HIV <input type="radio"/> General Public</p>	<p>[3b] Sub-Population (optional)</p> <p><input type="checkbox"/> Alcohol/Non-IDU abuse <input type="checkbox"/> Homeless <input type="checkbox"/> Sex Workers <input type="checkbox"/> Prisoner/Detained <input type="checkbox"/> Female Partners of MSMs <input type="checkbox"/> Female Partners of IDUs <input type="checkbox"/> Other (specify) _____</p>
			<p>[4] Secondary Population (only if applicable)</p> <p><input type="radio"/> MSM <input type="radio"/> MSM/IDU <input type="radio"/> IDU <input type="radio"/> Heterosexual <input type="radio"/> Mother with/at risk for HIV <input type="radio"/> General Public</p>

[5] Intended 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 Social Service Agency _____	
CBO-Non-Minority Board _____	Local Health Department _____	Research Center _____	Other (please specify) _____	
Faith Community _____	Other Government _____	Individual _____		
Community Planning Group _____	Other Collaborative Group _____			
Total				_____

[6a] Intended clients served (M=male; F=female; T=transgender; U=unknown)	<14 years				14-19 years				20-29 years				30-39 years				40-49 years				50+ years				Not targeted by age				TOTAL
	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	
<i>American Indian or Alaska Native</i>																													
<i>Asian</i>																													
<i>Black or African American</i>																													
<i>Native Hawaiian or Other Pacific Islander</i>																													
<i>White</i>																													
<i>More Than One Race</i>																													
<i>Race Not Targeted/Other</i>																													
TOTAL																													

§ The minimum data required for this report are the totals contained in the double-lined boxes at the far right end of the table above. Completing the other cells is optional but encouraged.

THE FOLLOWING INFORMATION IS OPTIONAL THE INTERVENTION PLAN

**Group-Level Intervention—Intervention Plan
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[9] Intervention Characteristics and Objectives

Goal(s)
a)
b)
Outcome and Process Objectives:
a)
b)
c)
d)
e)
f)
g)

Intended Number of Referrals: (Complete all that apply; enter # in space).			
STD Clinics		Government/Entitlement Programs	
HIV Counseling & Testing		Job Skills/Acquisition	
Tuberculosis Clinics		Counseling/Social Services	
Drug/Alcohol Assessment/Treatment		Financial Assistance	
Family Planning		Food/Clothing	
Mental Health		Housing/Shelter	
HIV Early Detection		HIV Partner Notification	
Medical Services		Case Management	
Dental Services			

Intended Number of HIV Prevention Materials/Items Distributed: Complete all that apply; enter the number in space.	
Condoms	
Safe Sex Kits	
Promotional Items	
Bleach Kits/Safer Injection Kits	
Brochures/Informational Materials, Etc.	
Other _____	

Evaluation System:

Type of Evaluation: [check all that apply]
<input type="checkbox"/> Process Evaluation
<input type="checkbox"/> Outcome Evaluation
<input type="checkbox"/> Impact Evaluation
<input type="checkbox"/> Other _____

Evaluator: [check all that apply]
<input type="checkbox"/> Project Supervisory Staff
<input type="checkbox"/> Project Implementation Staff
<input type="checkbox"/> Outside Evaluator
<input type="checkbox"/> Other _____

Proposed Implementation System: Monitoring and Evaluation

Monitoring System
Key elements of the monitoring system:
WHO: What type of staff will monitor the project?
HOW: How and how often will monitoring data be collected?
WHERE: Where will monitoring data be collected?

CONTINUE WITH OTHER COLORED SHEETS IF PROPOSED PROJECT HAS OTHER TYPES OF INTERVENTIONS INVOLVED.