



**City of Philadelphia**  
**Department of Public Health**  
**AIDS Activities Coordinating Office**  
**HIV Prevention Services Unit**

**PROGRAM PROGRESS REPORT**

Program/Activity

Report Period

Contract Period

AACO Funding for this Program

Funding Source

Report Submitted by

Section I – Goals

A.

B.

- 1.
- 2.
- 3.
- 4.
- 5.

Section II – Progress in Meeting Goals

A.

B. Enter goals stated in Section I-B of this report:

**Section III – Accomplishments**

A. Programmatic

A. Administrative

A. Fiscal

INSTRUCTIONAL TEMPLATE  
City of Philadelphia  
Department of Public Health  
AIDS Activities Coordinating Office  
HIV Prevention Services Unit

Risk Reduction  
PROGRAM PROGRESS REPORT  
AGENCY  
(Enter agency name)

Program/Activity  
(Enter name of program or activity  
for this contract)

Report Period  
(Enter month being reported on)

Contract Period  
(Enter start and end dates)

AACO Funding for this Program  
(Enter dollar amount of contract/s)

Funding Source  
(Enter source, indicate City, State, or  
Federal completing)

Report Submitted by  
(Enter name of individual  
responsible for the report)

Section I – Goals

- A. (Enter Section II part A of contract service provisions)
- A. (Enter goals that have been established with AACO Program Analyst)

1.	
2.	
3.	
4.	
5.	

Section II – Progress in Meeting Goals

- A. (Enter statistics for the month using the table/s provided)

Program Progress Report

A. Enter the goals stated in Section I-B of this report:

1. (Enter goal)
  - a. (Enter work statement/s)
  - b. (Enter progress and/or barriers to implementing work statement/s)
  
1. (Enter goal)
  - a. (Enter work statement/s)
  - b. (Enter progress and/or barriers to implementing work statement/s)
  
1. (Enter goal)
  - A a. (Enter work statement/s)
  - b. (Enter progress and/or barriers to implementing work statement/s)
  
1. (Enter goal)
  - a. (Enter work statement/s)
  - b. (Enter progress and/or barriers to implementing work statement/s)
  
1. (Enter goal)
  - a. (Enter work statement/s)
  - b. (Enter progress and/or barriers to implementing work statement/s)

Section III – Accomplishments (Enter overall accomplishments, excluding statistics mentioned in Section II A and achievements mentioned in Section II B):

A. Programmatic

A. Administrative

A. Fiscal

Section IV-Challenges (Enter overall challenges, excluding difficulties stated in Section II):

A. Programmatic

A. Administrative

A. Fiscal

Section V – Plan of Action to Meet Challenges in Section IV (Enter plan)

A. Programmatic

A. Administrative

A. Fiscal

Section VI – Collaboration

(Enter the number of referrals made to agencies of which you hold Letters of Agreement. Agencies with Letters of Agreement should become permanent entries.)

- Please footnote all changes that relate to the addition or deletion of agencies with which you hold Letters of Agreement.

A. Names of agencies with Letters of Agreement on file and numbers of referrals:

(Enter name of agency)

(Enter number of referrals)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

A. Other (specify):

(Enter name of agency)

(Enter number of referrals)

- 1.
- 2.
- 3.
- 4.
- 5.