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| **Applicant Name:** | **Attachment B: Ending the HIV Epidemic** | | | |
| **RFA ID# HAHSTA\_EtHE\_02.12.21** | **Submission Date:** | | | |
| **Service Category:** | Submitted by: | | | |
| **Service Category Budget $** | Telephone # | | | |
| **GOAL 1:** | | | | |
| Measurable Objectives/Activities: | | | | |
| **Process Objective #1:*****[Example: By December 31, 2008, provide 200 acupuncture sessions for participants*** | | | | |
| Key activities needed to meet this objective: | | Start Date/s: | Completion Date/s: | Key Personnel (Title) |
|  | |  |  |  |
| **Process Objective #2:** | | | | |
| Key activities needed to meet this objective: | | Start Dates: | Completion Dates: | Key Personnel (Title) |
|  | |  |  |  |
| **Process Objective #3:** | | | | |
| Key activities needed to meet this objective: | | Start Dates: | Completion Dates: | Key Personnel (Title) |
|  | |  |  |  |

**Please duplicate as needed for each Program Goal. A workplan is required for each proposed service category under this application.**