FORM C-3: PERFORMANCE MEASURES – GROUP LEVEL EBIS

EBI Performance Measures Table	
Group-Level Interventions (ONE PAGE PER GLI. Double click on the grey box, then click "checked" to select the intervention)	
Brother to Brother Enhancing Motivation Skills	Safety Counts SISTA
Healthy Relationships Hot, Healthy and Keeping it up Partners in Prevention Partners in Prevention Women's Edition	Turning Point VOICES/VOCES WiLLOW "see community plan
Tartiers in Trevention Women's Edition	(http://www.dshs.state.tx.us/hivstd/Planning_Profiles/default.shtm) and final, approved work plan (Exhibit A)."
Please fill in your Priority Populations	Enter numbers below
Objective A: A minimum of (number) clients will finish the intervention by August 31, 2010.	
Objective B: A minimum of (number) (priority population) clients will finish the intervention by August 31, 2010.	
(Population #1:)	
(Population #2:)	
(Population #3:)	
Objective C: The organization will implement the complete cycle of the intervention a minimum of (number) times by August 31, 2010.	

FORM C-3: PERFORMANCE MEASURES GUIDELINES – GROUP LEVEL EBIS

Complete FORM C-3, if applicable, for **each** group level intervention for which you are funded.

For Objective A, enter the total number of clients that will finish the intervention by the end of the contract term. Finish means attends all sessions.

For Objective B, of the total number of clients that will finish the intervention in Objective A, please provide the number of clients that will finish the intervention by priority population.

For Objective C, please enter the minimum number of times the complete cycle of the intervention will be conducted by the end of the contract term.