

Grantee Name
Grantee Award # (ex. U87/CCU123456)
Program Announcement # (ex. PA 04010)
Project Year (ex. 05/15/04 – 05/14/05)

CDC Assistance Programs
HIV Program Review Panel

Panel Chair Summary Sheet

Panel Chair Name: _____

As chair of the HIV Program Review Panel, I have submitted the following items to the HIV Program Review Panel for review and indicate below the panel's approval/disapproval for use:

	Approve	Disapprove	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Panel Chair Signature: _____

Date Signed: _____