

TITLE I APPROVED ALLOCATION CATEGORIES
PRIMARY HEALTH CARE SERVICES
Ambulatory/Outpatient Medical Care (Primary & Specialty Care)
Early Intervention Services (Added in 2002)
Health Insurance Continuation
Home Health Care (Select from the 3 options below)
Home Health Care – Professional Care
Home Health Care – Paraprofessional Care
Home Health Care- Specialized Care
Hospice Services (In-home & Residential)
Inpatient Personnel Costs
Local Title I Pharmacy Assistance/Medications Program
Mental Health Services
Nutrition Counseling (Formerly nutritional services)
Oral Health Care (Formerly Dental Care)
Rehabilitation Services (Formerly Rehabilitation Care)
State Title II AIDS Drug Assistance Program Contribution
Substance Abuse Treatment (Select from the 2 options below)
Substance Abuse – Residential Services
Substance Abuse - Outpatient Services
Treatment Adherence Services
CASE MANAGEMENT
SUPPORT SERVICES
Buddy/Companion Services
Child Care Services
Child Welfare Services
Client Advocacy
Day or Respite Care for Adults
Developmental Assessment Services
Emergency Financial Assistance
Food Bank/Home Delivered Meals
Health Education/Risk Reduction
Housing Related Services
Housing Services
Legal Services
Outreach Services
Psychosocial Support Services
Referral to Health Care/Supportive Services
Service Related Capacity Development
Transportation
Other Support Service: (Define on the web-form)
PROGRAM SUPPORT ACTIVITIES
Capacity-Development (Not related to a specific service)
Program/Services Evaluation
Program/Services Planning
Other Program Support: (Define activity on MAI Report Format)

The categories listed here are consistent with CARE Act service categories that are approved under Title I. Grantees must use these approved categories.

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GRANTEE IDENTIFYING INFORMATION				
Grantee Name:	Denver, CO (*)	Prepared by:	John Doe (*)	E-Mail Address: jDoe@somewhere.us (*)
Report Date:	8/29/2006 (*)	Title:	Ryan White Program Director (*)	Telephone: 123-555-6780 (*)
Section I: Title I MAI FUNDING				Summary-Page 1
Fiscal year:	2007 (*)	Available Funds		
1. FY Title I MAI Award (*):		\$200,000.00		
2. MAI \$\$ Approved for Carryover from Prior Fiscal Year (*):		\$10,000.00		
3. Total Title I MAI Funds Available for use this FY (*):		\$210,000.00		
4. FY MAI funds to be used for grantee administration (*):	\$10,000.00	5.00%	Note: Calculated automatically (amount of FY award used for grantee administration divided by the FY MAI Award Amount excluding carryover), with internal check to insure the percentage does not exceed the legislatively mandated cap.	
Section II: PLANNED MAI-FUNDED SERVICES & ACTIVITIES				
5. Activity/Service Category	6a. Funds Budgeted for the service	6b. Percent Budgeted	7. Communities of Color To Be Served	8. Amount Budgeted for Each Group
5A. Medical	\$200,000.00	95.24%	Asian	
			American Indian or Alaskan Native	
			<input checked="" type="checkbox"/> Black or African American	\$120,000.00
			<input checked="" type="checkbox"/> Hispanic or Latino(a)	\$80,000.00
			Native Hawaiian/Other Pacific Islander	
			More than one race	
5b.			Asian	
			American Indian or Alaskan Native	
			Black or African American	
			Hispanic or Latino(a)	
			Native Hawaiian/Other Pacific Islander	
			More than one race	
Unreported				
9-Total Budget for Services/Activities	\$200,000.00	95.24%		
10a. Total Budget (Services + Grantee Admin)	\$210,000.00	100.00%	10b. Total Budget for All Services to All Client Groups (Less Grantee Admin)	\$200,000.00

Note: The Web- form will allow grantee users to enter as many services that will be (or were) funded for the fiscal year being reported. It will also generate percents and validate that amounts budgeted across all services add up to the total amount of MAI funds available that year.

(*) denotes information pulled from the web form

A19: **Note:** *The Web- form will allow grantee users to enter as many services that will be (or were) funded for the fiscal year being reported. It will also generate percents and validate that amounts budgeted across all services add up to the total amount of MAI funds available that year.*

Title I FY 2006: MAI Report #1

Identifying Information	Grantee Name:	Denver, CO (*)
	Report Date:	8/29/2006 (*)
	Report prepared by:	John Doe (*)
	Phone:	123-555-6780 (*)
	E-mail address:	jDoe@somewhere.us (*)

Service Information

1. Service or Activity:	Medical (*)
2. ETHNIC or RACIAL COMMUNITY TO RECEIVE THIS SERVICE (Select only ONE minority community. If more than one minority community will receive this service, prepare a separate report for each of those communities.)	Black (*)
3. New, Continuing, or Expanded Effort	Continued (*)

Budget and Expenditure Information

	Budgeted:	4D. Spent
4A. FY MAI funds budgeted for this service to this client group:	\$113,000	Below, enter amount spent this FY:
4B. MAI carryover budgeted for this service to this client group:	\$7,000	
4C. Total MAI funds budgeted or spent for this service to this client group:	\$120,000	\$119,200

Service Units

5. Service Unit Name and Definition	One visit - Professional, diagnostic and therapeutic services rendered by MD, PA, or NP in office based setting	
6. Record of service units provided	Planned	Actual
	600	596

Record of Clients Served

	Planned	Actual
7A. Total Unduplicated Number of Clients	150	155
7B. Total Unduplicated Number of Women	50	48
7C. Total Unduplicated Number of Infants	0	0
7D. Total Unduplicated Number of Children	2	2
7E. Total Unduplicated Number of Youth	15	12

(*) Denotes information pulled automatically from the web-form

Planned Outcomes

8A. PLANNED CLIENT LEVEL OUTCOMES: Define from one to three planned outcomes measures to be tracked for this service. (Reminder: outcome measures should be consistent with HRSA guidance on selecting outcomes and indicators summarized and cited in the MAI Reporting Instructions)	Target Percent
Planned Outcome #1 and Indicator(s): At a minimum, 70 percent of clients served will achieve improved or stable CD4 counts by the end of the reporting period.	70
----- Planned Outcome #2 and Indicator(s):	
----- Planned Outcome #3 and Indicator(s):	
8B. REVISED PLANNED CLIENT LEVEL OUTCOMES: If any planned outcome measures were redefined during the year, enter the revised outcome measure definitions. (Reminder: outcome measures should be consistent with HRSA guidance on selecting outcomes and indicators summarized and cited in the MAI Reporting Instructions)	Target Percent
Planned Outcome #1 and Indicator(s):	
----- Planned Outcome #2 and Indicator(s):	
----- Planned Outcome #3 and Indicator(s):	

Year-End Outcome Results

9A. Narrative Description of Outcomes Achieved	Documented Evidence for Target Population			
	9B. No. of Clients Served in Target Population	9C. No. of Clients Achieving Outcome	9D. Percent	9E. Was Outcome Met, Exceeded, Not Met?
Narrative Description for, Outcome #1: Of 155 clients served with more than one CD4 count during the reporting period, 85 (55%) had improved CD4 counts, 33 (21%) maintained stable CD4 counts, and 37 (24%) had a decline in their CD4 count. This was an improvement over last year when 35% of clients had improved CD4 counts and another 40% had stable CD4 counts.	155	118	76%	Exceeded
Narrative Description for Outcome #2:				

Narrative Description for Outcome #3:				
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Title I FY 2006: MAI Report #2

Identifying Information	Grantee Name:	Denver, CO (*)
	Report Date:	8/29/2006 (*)
	Report prepared by:	John Doe (*)
	Phone:	123-555-6780 (*)
	E-mail address:	jDoe@somewhere.us (*)

Service Information

1. Service or Activity:	Medical (*)
2. ETHNIC or RACIAL COMMUNITY TO RECEIVE THIS SERVICE (Select only ONE minority community. If more than one minority community will receive this service, prepare a separate report for each of those communities.)	Hispanic (*)
3. New, Continuing, or Expanded Effort	Continued (*)

Budget and Expenditure Information

	Budgeted:	4D. Spent
4A. FY MAI funds budgeted for this service to this client group:	\$77,000	Below, enter amount spent this FY:
4B. MAI carryover budgeted for this service to this client group:	\$3,000	
4C. Total MAI funds budgeted or spent for this service to this client group:	\$80,000	\$80,000

Service Units

5. Service Unit Name and Definition	One visit - Professional, diagnostic and therapeutic services rendered by MD, PA, or NP in office based setting	
6. Record of service units provided	Planned	Actual
	400	402

Record of Clients Served

	Planned	Actual
7A. Total Unduplicated Number of Clients	100	105
7B. Total Unduplicated Number of Women	20	21
7C. Total Unduplicated Number of Infants	0	0
7D. Total Unduplicated Number of Children	4	3
7E. Total Unduplicated Number of Youth	10	11

(*) Denotes information pulled from the web-form

Planned Outcomes

8A. PLANNED CLIENT LEVEL OUTCOMES: Define from one to three planned outcomes measures to be tracked for this service. (Reminder: outcome measures should be consistent with HRSA guidance on selecting outcomes and indicators summarized and cited in the MAI Reporting Instructions)	Target Percent
Planned Outcome #1 and Indicator(s): At a minimum, 70 percent of clients served will achieve improved or stable CD4 counts by the end of the reporting period.	70
----- Planned Outcome #2 and Indicator(s):	
----- Planned Outcome #3 and Indicator(s):	
8B. REVISED PLANNED CLIENT LEVEL OUTCOMES: If any planned outcome measures were redefined during the year, enter the revised outcome measure definitions. (Reminder: outcome measures should be consistent with HRSA guidance on selecting outcomes and indicators summarized and cited in the MAI Reporting Instructions)	Target Percent
Planned Outcome #1 and Indicator(s):	
----- Planned Outcome #2 and Indicator(s):	
----- Planned Outcome #3 and Indicator(s):	

Year-End Outcome Results

9A. Narrative Description of Outcomes Achieved	Documented Evidence for Target Population			
	9B. No. of Clients Served in Target Population	9C. No. of Clients Achieving Outcome	9D. Percent	9E. Was Outcome Met, Exceeded, Not Met?
Narrative Description for, Outcome #1: Of 105 clients served with more than one CD4 count during the reporting period, 68 (65%) had improved CD4 counts, 13 (12%) maintained stable CD4 counts, and 24 (23%) had a decline in their CD4 count. This was an improvement over last year when 20% of clients had improved CD4 counts and another 40% had stable CD4 counts.	105	81	77%	Exceeded
Narrative Description for Outcome #2:				

(*) Denotes information pulled from the web-form

Narrative Description for Outcome #3:				
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Grantee Name: Denver, CO (*)
Fiscal Year: 2007 (*)
Report Date: 8/29/2006 (*)
Prepared by: John Doe (*)
Title: Ryan White Program Director (*)
E-mail Address: jDoe@somewhere.us (*)
Telephone: 123-555-6780 (*)

FY Title I MAI Award: 200,000.00
MAI \$\$ Approved for Carryover from prior Fiscal Year: 10,000.00
FY MAI funds to be used for grantee administration: 10,000.00

(*) denotes information pulled from the web form

1.Name of EMA: Denver, CO (*)
2. Report Date: 8/29/2006 (*)
3. Report prepared by: John Doe (*)
4 E-mail address: jDoe@somewhere.us (*)
5. Total Funds Available: \$210,000.00
6. Grantee Administration: \$10,000.00
7. Funds for Services: \$200,000.00

Fiscal Year:

Telephone:

Funds Budgeted on Each Report Format			
Report #	Report Name	Service/Allocation Category	Budgeted Amount
#1	Medical-Black	Medical (*)	\$120,000.00
#2	Medical-Hispanic	Medical (*)	\$80,000.00
Total Budget & Expenditures for ALL Services			\$200,000.00

(*) denotes information pulled from the web form

2007 (*)

123-555-6780 (*)

Funds Spent	Percent of Funds	Number Clients Served
\$119,200.00	99.33%	155
\$80,000.00	100.00%	105
\$199,200.00	99.60%	260

Report#	Report N	Service or Effort (Ne	Race/Ethn	Planned B	Planned F	Planned M	Planned T
#1	Medical-BI	Medical (*)	Continued Black (*)	113000	7000	120000	
#2	Medical-Hi	Medical (*)	Continued Hispanic (*)	77000	3000	80000	

Amount S	Amount s	Service U	Planned r	Actual rec	Planned T	Planned T	Planned T	Planned T
119200	One visit -		600	596	150	50	0	2
80000	One visit -		400	402	100	20	0	4

Planned T	Final Tota	Final Tot	Final Tota	Final Tota	Final Tota	Planned C	Target Pe	Planned C
15	155	48	0	2	12	Planned O	70	Planned O
10	105	21	0	3	11	Planned O	70	Planned O

Target P	Planned C	Target P	Revised P	Revised T	Revised P	Revised T	Revised P	Revised T
	Planned O		Planned O		Planned O		Planned O	
	Planned O		Planned O		Planned O		Planned O	

Narrative	No. of Cli	No. of CI	Percent	Was Outc	Narrative	No. of Cli	No. of CI	Percent
Narrative	155	118	0.76129	Exceeded	Narrative [
Narrative	105	81	0.771429	Exceeded	Narrative [

Was Outcome Met, Exceeded, Not Met?	Percent	No. of CI	No. of Cli	Narrative	Narrative
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1. FY 2006 Title I MAI Award: 200000
2. MAI \$\$ Approved for Carryover from Prior Fiscal Year: 10000

3.Total Title I MAI Funds Available for use in FY:
210000

FY 2006MAI Funds to be Used for Grantee Administration
10000

Percent of FY 2006 MAI Funds to be Used for Grantee Administration
5.00%