

FY 2008 Part A & MAI Allocations Report

OMB No. 0915-xxxx Expiration Date:

Section A: Identifying Information
~ Enter Name of Grantee Here ~
~ Enter Preparer's Name Here ~
~ Enter Preparer's Phone Number Here ~
~ Enter Preparer's Email Address Here ~

Detailed instructions for completing and submitting this report can be found in the Electronic Handbooks and downloaded from the web at <https://grants.hrsa.gov/webexternal/Login.asp>

Section B: FY 2008 Award Information	
1. Part A Grant Award Amount	
2. MAI Grant Request / Award Amount	
3. Total Part A Funds	\$0

Section C: Allocation Categories	1. Part A Award		2. MAI Award		3. Total	
	Amount	Percentage	Amount	Percentage	Amount	Percentage
1. Core Medical Services Subtotal¹ (see CHECKLIST)	\$0	0%	\$0	0%	\$0	0%
a. Outpatient /Ambulatory Health Services		--		--	\$0	--
b. AIDS Drug Assistance Program (ADAP) Treatments		--		--	\$0	--
c. AIDS Pharmaceutical Assistance (local)		--		--	\$0	--
d. Oral Health Care		--		--	\$0	--
e. Early Intervention Services		--		--	\$0	--
f. Health Insurance Premium & Cost Sharing Assistance		--		--	\$0	--
g. Home Health Care		--		--	\$0	--
h. Home and Community-based Health Services		--		--	\$0	--
i. Hospice Services		--		--	\$0	--
j. Mental Health Services		--		--	\$0	--
k. Medical Nutrition Therapy		--		--	\$0	--
l. Medical Case Management (incl. Treatment Adherence)		--		--	\$0	--
m. Substance Abuse Services - outpatient		--		--	\$0	--
2. Support Services Subtotal	\$0	0%	\$0	0%	\$0	0%
a. Case Management (non-Medical)		--		--	\$0	--
b. Child Care Services		--		--	\$0	--
c. Emergency Financial Assistance		--		--	\$0	--
d. Food Bank/Home-Delivered Meals		--		--	\$0	--
e. Health Education/Risk Reduction		--		--	\$0	--
f. Housing Services		--		--	\$0	--
g. Legal Services		--		--	\$0	--
h. Linguistics Services		--		--	\$0	--
i. Medical Transportation Services		--		--	\$0	--
j. Outreach Services		--		--	\$0	--
k. Psychosocial Support Services		--		--	\$0	--
l. Referral for Health Care/Supportive Services		--		--	\$0	--
m. Rehabilitation Services		--		--	\$0	--
n. Respite Care		--		--	\$0	--
o. Substance Abuse Services - residential		--		--	\$0	--
p. Treatment Adherence Counseling		--		--	\$0	--
3. Total Service Allocations	\$0	--	\$0	--	\$0	--
4. Non-services Subtotal	\$0	--	\$0	--	\$0	--
a. Clinical Quality Management ² (see CHECKLIST)		--		--	\$0	--
b. Grantee Administration ³ (see CHECKLIST)		--		--	\$0	--
5. Total Allocations (Service + Non-service)⁴ (see CHECKLIST)	\$0	--	\$0	--	\$0	--

CHECKLIST

~ Enter Name of Grantee Here ~

Please check the following before submitting your report!	Part A Award	MAI Grant Request / Award	Total
1 75% of your combined awards must be spent on core medical services. When reporting <i>Core Medical Services</i> allocations, the percentages for the <i>Part A Award</i> (Row 1, Column 1) and the <i>MAI Award</i> (Row 1, Column 2) do not necessarily need to be 75% as long as the COMBINED Total (Row 1, Column 3) meets the required minimum 75%. If the percentage to the right is less than 75%, you must adjust your allocations so that at least 75% of your combined award amounts (Part A Award + MAI Award) are allocated for Core Medical Services. The exception to this requirement is only for those grantees that requested, and were approved by HRSA, for an FY 2008 Part A Core Medical Services Waiver.			0.0%
2 You may not spend more than 5% or 3 million dollars (whichever is smaller) on clinical quality management. If either of these percentages is more than 5% or the amount is more than \$3,000,000 you must go back and adjust your allocations accordingly.	0.0%	0.0%	
3 You may not spend more than 10% on grantee administration. If either of these percentages is more than 10%, you must adjust your allocations accordingly.	0.0%	0.0%	
4 You must allocate your entire award. The total allocations in Section C (Row 5, Column 3) should equal the total amount of funds expected to be available as shown in Section B.			

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