## FY 2008 Part A & MAI Allocations Report

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. Combined Total	
Section C. Anocation Categories	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 <sup>2</sup> (see CHECKLIST)					\$0	
b. Grantee Administration <sup>3</sup> (see CHECKLIST)					\$0	
5. Total Allocations (Service + Non-service) <sup>4 (see CHECKLIST)</sup>	\$0		\$0		\$0	

Filename: Untitled

## FY 2008 Part A & MAI Allocations Report CHECKLIST OMB No. 0915-xxxx Expiration Date:

~ Enter Name of Grantee Here ~

	Please check the following before submitting your report!	Part A Award	MAI Grant Request / Award	Total
1	<b>75% of your combined awards must be spent on core medical services.</b> 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 <b>COMBINED</b> <i>Total</i> (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 requirment 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 amounts is more than \$3,000,000 you must go back and adjust your report 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 report 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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