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 ~	
\sim Enter Preparer's Phone Number Here \sim	
~ 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 /	1. Part A Award		2. MAI Award		3. Total	
Section C. Anocation Calegones	Amount	Percentage	Amount	Percentage	Amount	Percentage	
1. Core Medical Services Subtotal ^{1 (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 <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 amount is more than \$3,000,000 you must go back and adjust your allocations accordingly.	0.0% \$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.			

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