

FY 2008 Part A & MAI Expenditures Report

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 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 ~

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

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

FY 2008 Part A & MAI Expenditures 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 Award	Combined Total
1	<p>75% of your combined awards must be spent on core medical services. When reporting <i>Core Medical Services</i>, the percentages in Section C, Row 1 under PART A AWARD and MAI AWARD columns do not necessarily need to be 75% as long as the COMBINED TOTAL column percentage meets the required minimum 75%. 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.</p>			0.0%
2	<p>You may not spend more than 5% or 3 million dollars (whichever is smaller) on clinical quality management. Use the percentages and figures to the right to help determine if this requirement is met.</p>	0.0% \$0	0.0% \$0	
3	<p>You may not spend more than 10% on grantee administration. These percentages should not be more than 10%.</p>	0.0%	0.0%	

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