FY 2008 Part C Allocations Report

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

Section B: FY 2008 Award Information	
1. Part C Grant Award Amount	

Section C: Allocations Categories	Amount	Percent
1. Core Medical Services Subtotal¹ (see CHECKLIST)	\$0	0%
a. Outpatient /Ambulatory Health Services		
b. AIDS Drug Assistance Program (ADAP) Treatments		
c. AIDS Pharmaceutical Assistance (local)		
d. Oral Health Care		
e. Health Insurance Premium & Cost Sharing Assistance		
f. Home Health Care		
g. Home and Community-based Health Services		
h. Hospice Services		
i. Mental Health Services		
j. Medical Nutrition Therapy		
k. Medical Case Management (including Treatment Adherence)		
l. Substance Abuse Services - outpatient		
2. Support Services Subtotal	\$0	0%
a. Case Management (non-Medical)		
b. Health Education/Risk Reduction		
c. Linguistics Services		
d. Medical Transportation Services		
e. Outreach Services		
f. Psychosocial Support Services		
g. Referral for Health Care/Supportive Services		
h. Rehabilitation Services		
i. Respite Care		
j. Treatment Adherence Counseling		
3. Total Service Allocations	\$0	
4. Non-services Subtotal	\$0	
a. Clinical Quality Management Activities ¹ (see CHECKLIST)		
b. Grantee Administration ² (see CHECKLIST)		
5. Total Allocations (Service + Non-service) ^{4 (see CHECKLIST)}	\$0	

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 $\hfill \square$ Grantee received waiver for 5% clinical quality management activities.

☐ Grantee received waiver for 75% core medical services requirement.

NOTE: Detailed instructions for completing and submitting your report can be downloaded from the HRSA Electron

FY 2008 Part C Allocations Report Checklist

OMB No. 0915-xxxx Expiration Date:

	Please check the following before submitting your report!	
1	75% of your award must be spent on core medical services. After meeting the requirements below, if this percentage is less than 75%, you must adjust your report so that at least 75% of your grant award is allocated to core medical services.	0.0%
2	You may not spend more than 5% on clinical quality management unless you have received a waiver from the Division of Community Based Programs. If this percentage is more than 5% you must have received a waiver from the Division of Community Based Programs.	0.0%
3	You may not spend more than 10% on grantee administration. If this percentage is more than 10%, you must adjust your report accordingly.	0.0%
4	You must allocate your entire award. This amount will equal zero if you allocated the entire amount listed in Section B. The amount in Section B must match the amount on your NGA. If this amount does not equal zero, you must adjust your report accordingly.	\$0

NOTE: Detailed instructions for completing and submitting your report can be downloaded from the HR