

**FY 2008 Part C Allocations Report OMB No. 0915-xxxx Expiration Date:**

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

<b>Section B: FY 2008 Award Information</b>	
1. Part C Grant Award Amount	

<b>Section C: Allocations Categories</b>	<b>Amount</b>	<b>Percent</b>
<b>1. Core Medical Services Subtotal<sup>1</sup> (see CHECKLIST)</b>	<b>\$0</b>	<b>0%</b>
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		--
<b>2. Support Services Subtotal</b>	<b>\$0</b>	<b>0%</b>
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		--
<b>3. Total Service Allocations</b>	<b>\$0</b>	<b>--</b>
<b>4. Non-services Subtotal</b>	<b>\$0</b>	<b>--</b>
a. Clinical Quality Management Activities <sup>1</sup> (see CHECKLIST)		--
b. Grantee Administration <sup>2</sup> (see CHECKLIST)		--
<b>5. Total Allocations (Service + Non-service)<sup>4</sup> (see CHECKLIST)</b>	<b>\$0</b>	<b>--</b>

<b>FOR OFFICE USE ONLY:</b>
<input type="checkbox"/> Grantee received waiver for 5% clinical quality management activities.
<input type="checkbox"/> 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](#)

## CHECKLIST

Please check the following before submitting your report!

<b>1</b>	<b>75% of your award must be spent on core medical services.</b> After meeting the above two requirements, if this amount is <75%, you must adjust your report so that at least 75% of your grant award is allocated to core medical services.	<b>0.0%</b>
<b>2</b>	<b>You may not spend more than 5% on clinical quality management unless you have received a waiver from the Division of Community Based Programs.</b> If this percentage is more than 5% you must have received a waiver from the Division of Community Based Programs.	<b>0.0%</b>
<b>3</b>	<b>You may not spend more than 10% on grantee administration.</b> If this percentage is more than 10%, you must adjust your allocations accordingly.	<b>0.0%</b>
<b>4</b>	<b>You must allocate your entire award.</b> 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 allocations accordingly.	<b>\$0</b>

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