

## FY 2008 Part C Expenditures 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 ~

[NOTE: Detailed instructions for completing and submitting your](#)

### Section B: FY 2008 Award Information

1. Part C Grant Award Amount

<b>Section C: Expenditure Categories</b>	CURRENT FY		PRIOR FY CARRYOVER		TOTAL	
	Amount	Percent	Amount	Percent	Amount	Percent
<b>1. Core Medical Services Subtotal<sup>1</sup> (see CHECKLIST)</b>	\$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. Health Insurance Premium & Cost Sharing Assistance		--		--	\$0	--
f. Home Health Care		--		--	\$0	--
g. Home and Community-based Health Services		--		--	\$0	--
h. Hospice Services		--		--	\$0	--
i. Mental Health Services		--		--	\$0	--
j. Medical Nutrition Therapy		--		--	\$0	--
k. Medical Case Management (including Treatment Adherence)		--		--	\$0	--
l. Substance Abuse Services - outpatient		--		--	\$0	--
<b>2. Support Services Subtotal</b>	\$0	0%	\$0	0%	\$0	0%
a. Case Management (non-Medical)		--		--	\$0	--
b. Health Education/Risk Reduction		--		--	\$0	--
c. Linguistics Services		--		--	\$0	--
d. Medical Transportation Services		--		--	\$0	--
e. Outreach Services		--		--	\$0	--
f. Psychosocial Support Services		--		--	\$0	--
g. Referral for Health Care/Supportive Services		--		--	\$0	--
h. Rehabilitation Services		--		--	\$0	--
i. Respite Care		--		--	\$0	--
j. Treatment Adherence Counseling		--		--	\$0	--
<b>3. Total Service Expenditures</b>	\$0	--	\$0	--	\$0	--
<b>4. Non-services Subtotal</b>	\$0	--	\$0	--	\$0	--
a. Clinical Quality Management Activities <sup>1</sup> (see CHECKLIST)		--		--	\$0	--
b. Grantee Administration <sup>2</sup> (see CHECKLIST)		--		--	\$0	--
<b>5. Total Expenditures (Service + Non-service)</b>	\$0	--	\$0	--	\$0	--

#### FOR OFFICE USE ONLY:

- Grantee received waiver for 5% clinical quality management activities.
- Grantee received waiver for 75% core medical services requirement.

**FY 2008 Part C Expenditures Report Checklist**

OMB No. 0915-xxxx Expiration Date:

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 requirements below, this percentage should not be less than 75%.	<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> This percentage should not be more than 10%.	<b>0.0%</b>

[NOTE: Detailed instructions for completing and submitting your report can be downloaded from the HR](#)