

FY08 Part D Expenditures Report OMB No. 0915-xxxx Expiration Date:

| 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 you](#)

| Section B: FY 2008 Award Information | |
|---|--|
| 1. Part D Grant Award Amount | |

| Section C: Expenditure Categories | CURRENT FY | | PRIOR FY CARRYOVER | | TOTAL | |
|---|-------------------|----------------|---------------------------|----------------|---------------|----------------|
| | Amount | Percent | Amount | Percent | Amount | Percent |
| 1. Medical Services Subtotal | \$0 | 0% | \$0 | 0% | \$0 | 0% |
| a. Outpatient /Ambulatory Health Services | | -- | | -- | | -- |
| b. AIDS Pharmaceutical Assistance (local) | | -- | | -- | | -- |
| c. Oral Health Care | | -- | | -- | | -- |
| d. Home Health Care | | -- | | -- | | -- |
| e. Home and Community-based Health Services | | -- | | -- | | -- |
| f. Hospice Services | | -- | | -- | | -- |
| g. Mental Health Services | | -- | | -- | | -- |
| h. Medical Nutrition Therapy | | -- | | -- | | -- |
| i. Medical Case Management (including Treatment Adherence) | | -- | | -- | | -- |
| j. Substance Abuse Services - outpatient | | -- | | -- | | -- |
| 2. Support Services Sub-total | \$0 | 0% | \$0 | 0% | \$0 | 0% |
| a. Case Management (non-Medical) | | -- | | -- | | -- |
| b. Child Care Services | | -- | | -- | | -- |
| c. Pediatric Developmental Assessment / Early Intervention Services | | -- | | -- | | -- |
| d. Emergency Financial Assistance | | -- | | -- | | -- |
| e. Food Bank/Home-Delivered Meals | | -- | | -- | | -- |
| f. Health Education/Risk Reduction | | -- | | -- | | -- |
| g. Legal Services | | -- | | -- | | -- |
| h. Linguistics Services | | -- | | -- | | -- |
| i. Medical Transportation Services | | -- | | -- | | -- |
| j. Outreach Services | | -- | | -- | | -- |
| k. Permanency Planning | | -- | | -- | | -- |
| l. Psychosocial Support Services | | -- | | -- | | -- |
| m. Referral for Health Care/Supportive Services | | -- | | -- | | -- |
| n. Rehabilitation Services | | -- | | -- | | -- |
| o. Respite Care | | -- | | -- | | -- |
| p. Treatment Adherence Counseling | | -- | | -- | | -- |
| 3. Total Service Expenditures | \$0 | -- | \$0 | -- | \$0 | -- |
| 4. Non-services Subtotal | \$0 | -- | \$0 | -- | \$0 | -- |
| a. Clinical Quality Management Activities | | -- | | -- | | -- |
| b. Grantee Administration ¹ | | -- | | -- | | -- |
| c. Indirect Costs | | -- | | -- | | -- |
| 5. Total Expenditures | \$0 | -- | \$0 | -- | \$0 | -- |

(1) May not exceed 10% of Part D award.