Part A & MAI Allocations Table

| Section A: Identifying Information |
|--|
| \sim Enter Name of Grantee Here \sim |
| ~ Enter Preparer's Name Here ~ |
| ~ Enter Preparer's Phone Number Here ~ |
| ~ Enter Preparer's Email Address Here ~ |

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 B: Reporting Year Award Information | |
|---|-----|
| 1. Part A Grant Award Amount | |
| 2. MAI Grant Request / Award Amount | |
| 3. Total Part A Funds | \$0 |

| Section C: Allocation Categories | 1. Part A Award | | 2. MAI Award | | 3. Combined Total | |
|---|-----------------|------------|--------------|------------|-------------------|------------|
| occuon o. Anocaton outegones | Amount | Percentage | Amount | Percentage | Amount | Percentage |
| 1. Core Medical Services Subtotal ^{1 (see CHECKLIST)} | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% |
| 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. Early Intervention Services | | | | | \$0 | |
| f. Health Insurance Premium & Cost Sharing Assistance | | | | | \$0 | |
| g. Home Health Care | | | | | \$0 | |
| h. Home and Community-based Health Services | | | | | \$0 | |
| i. Hospice Services | | | | | \$0 | |
| j. Mental Health Services | | | | | \$0 | |
| k. Medical Nutrition Therapy | | | | | \$0 | |
| l. Medical Case Management (incl. Treatment Adherence) | | | | | \$0 | |
| m. Substance Abuse Services - outpatient | | | | | \$0 | |
| 2. Support Services Subtotal | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% |
| a. Case Management (non-Medical) | | | | | \$0 | |
| b. Child Care Services | | | | | \$0 | |
| c. Emergency Financial Assistance | | | | | \$0 | |
| d. Food Bank/Home-Delivered Meals | | | | | \$0 | |
| e. Health Education/Risk Reduction | | | | | \$0 | |
| f. Housing Services | | | | | \$0 | |
| g. Legal Services | | | | | \$0 | |
| h. Linguistics Services | | | | | \$0 | |
| i. Medical Transportation Services | | | | | \$0 | |
| j. Outreach Services | | | | | \$0 | |
| k. Psychosocial Support Services | | | | | \$0 | |
| l. Referral for Health Care/Supportive Services | | | | | \$0 | |
| m. Rehabilitation Services | | | | | \$0 | |
| n. Respite Care | | | | | \$0 | |
| o. Substance Abuse Services - residential | | | | | \$0 | |
| p. Treatment Adherence Counseling | | | | | \$0 | |
| 3. Total Service Allocations | \$0 | | \$0 | | \$0 | |
| 4. Non-services Subtotal | \$0 | | \$0 | | \$0 | |
| a. Clinical Quality Management ² (see CHECKLIST) | | | | | \$0 | |
| b. Grantee Administration ³ (see CHECKLIST) | | | | | \$0 | |
| 5. Total Allocations (Service + Non-service) ^{4 (see CHECKLIST)} | \$0 | | \$0 | | \$0 | |

Part A & MAI Allocations Report CHECKLIST

~ Enter Name of Grantee Here ~

| | Please check the following before submitting your report! | Part A Award | MAI Grant Request / Award | Total |
|---|---|--------------|------------------------------|-------|
| 1 | 75% of your combined awards must be spent on core medical services. When reporting Core Medical Services allocations, the percentages for the Part A Award (Row 1, Column 1) and the MAI Award (Row 1, Column 2) do not necessarily need to be 75% as long as the COMBINED Total (Row 1, Column 3) meets the required minimum 75%. If the percentage to the right is less than 75%, you must adjust your allocations so that at least 75% of your combined award amounts (Part A Award + MAI Award) are allocated for Core Medical Services. The exception to this requirment is only for those grantees that requested, and were approved by HRSA, for an FY 2009 Part A Core Medical Services Waiver. | | | 0.0% |
| 2 | You may not spend more than 5% or 3 million dollars (whichever is smaller) on clinical quality management. If either of these percentages is more than 5% or the amounts is more than \$3,000,000 you must go back and adjust your report accordingly. | \$0 | \$0 | |
| 3 | You may not spend more than 10% on grantee administration. If either of these percentages is more than 10%, you must adjust your report accordingly. | 0.0% | 0.0% | |
| 4 | You must allocate your entire award. The total allocations in Section C (Row 5, Column 3) should equal the total amount of funds expected to be available as shown in Section B. | | | |

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