

FY14 Part A & MAI Allocations Report

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

Detailed instructions for completing and submitting your report can be downloaded from the HRSA Electronic Handbook: <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	
	Amount	Percentage	Amount	Percentage	Amount	Percentage
1. Core Medical Services Subtotal¹ (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	--

FOR OFFICE USE ONLY: <input type="checkbox"/> Grantee received waiver for 75% core medical services requirement.
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PUBLIC BURDEN STATEMENT: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number. The OMB control number for this project is 0915-0318. Public reporting burden for this collection of information is estimated to be 1.5 hours per response. These estimates include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments to HRSA Reports Clearance Officer, Health Resources and Services Administration, Room 10-33, 5600 Fishers Lane, Rockville, MD. 20857.

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 requirement is only for those grantees that requested, and were approved by HRSA, for a 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. <small>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.</small>	-- \$0	-- \$0	
3 You may not spend more than 10% on grantee administration. <small>If either of these percentages is more than 10%, you must adjust your report accordingly.</small>	0.0%	0.0%	
4 You must allocate your entire award. <small>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.</small>			

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