

FY14 Part D 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 ~

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 FY Award Information
1. Part D Grant Award Amount

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

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