

**Part A & MAI Expenditures Report**

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

<b>Section B: Award Information</b>	<b>Current FY</b>	<b>Carryover</b>	<b>Total</b>
1. Part A Grant Award Amount			\$0
2. MAI Grant Award Amount			\$0
<b>3. Total Part A Funds</b>	\$0	\$0	\$0

<b>Section C: Expenditure Categories</b>	<b>PART A AWARD</b>						<b>MAI AWARD</b>						<b>PART A + MAI TOTAL AWARD</b>	
	<b>CURRENT FY</b>		<b>PRIOR FY CARRYOVER</b>		<b>PART A TOTAL</b>		<b>CURRENT FY</b>		<b>PRIOR FY CARRYOVER</b>		<b>MAI TOTAL</b>		<b>Amount</b>	<b>Percent</b>
	<b>Amount</b>	<b>Percentage</b>	<b>Amount</b>	<b>Percent</b>	<b>Amount</b>	<b>Percent</b>	<b>Amount</b>	<b>Percentage</b>	<b>Amount</b>	<b>Percent</b>	<b>Amount</b>	<b>Percent</b>		
<b>1. Core Medical Services Subtotal<sup>1</sup> (see CHECKLIST)</b>	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
a. Outpatient /Ambulatory Health Services		--		--	\$0	--		--		--	\$0	--	\$0	--
b. AIDS Drug Assistance Program (ADAP) Treatments		--		--	\$0	--		--		--	\$0	--	\$0	--
c. AIDS Pharmaceutical Assistance (local)		--		--	\$0	--		--		--	\$0	--	\$0	--
d. Oral Health Care		--		--	\$0	--		--		--	\$0	--	\$0	--
e. Early Intervention Services		--		--	\$0	--		--		--	\$0	--	\$0	--
f. Health Insurance Premium & Cost Sharing Assistance		--		--	\$0	--		--		--	\$0	--	\$0	--
g. Home Health Care		--		--	\$0	--		--		--	\$0	--	\$0	--
h. Home and Community-based Health Services		--		--	\$0	--		--		--	\$0	--	\$0	--
i. Hospice Services		--		--	\$0	--		--		--	\$0	--	\$0	--
j. Mental Health Services		--		--	\$0	--		--		--	\$0	--	\$0	--
k. Medical Nutrition Therapy		--		--	\$0	--		--		--	\$0	--	\$0	--
l. Medical Case Management (incl. Treatment Adherence)		--		--	\$0	--		--		--	\$0	--	\$0	--
m. Substance Abuse Services - outpatient		--		--	\$0	--		--		--	\$0	--	\$0	--
<b>2. Support Services Subtotal</b>	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
a. Case Management (non-Medical)		--		--	\$0	--		--		--	\$0	--	\$0	--
b. Child Care Services		--		--	\$0	--		--		--	\$0	--	\$0	--
c. Emergency Financial Assistance		--		--	\$0	--		--		--	\$0	--	\$0	--
d. Food Bank/Home-Delivered Meals		--		--	\$0	--		--		--	\$0	--	\$0	--
e. Health Education/Risk Reduction		--		--	\$0	--		--		--	\$0	--	\$0	--
f. Housing Services		--		--	\$0	--		--		--	\$0	--	\$0	--
g. Legal Services		--		--	\$0	--		--		--	\$0	--	\$0	--
h. Linguistics Services		--		--	\$0	--		--		--	\$0	--	\$0	--
i. Medical Transportation Services		--		--	\$0	--		--		--	\$0	--	\$0	--
j. Outreach Services		--		--	\$0	--		--		--	\$0	--	\$0	--
k. Psychosocial Support Services		--		--	\$0	--		--		--	\$0	--	\$0	--
l. Referral for Health Care/Supportive Services		--		--	\$0	--		--		--	\$0	--	\$0	--
m. Rehabilitation Services		--		--	\$0	--		--		--	\$0	--	\$0	--
n. Respite Care		--		--	\$0	--		--		--	\$0	--	\$0	--
o. Substance Abuse Services - residential		--		--	\$0	--		--		--	\$0	--	\$0	--
p. Treatment Adherence Counseling		--		--	\$0	--		--		--	\$0	--	\$0	--
<b>3. Total Service Expenditures</b>	\$0	--	\$0	--	\$0	--	\$0	--	\$0	--	\$0	--	\$0	--
<b>4. Non-services Subtotal</b>	\$0	--	\$0	--	\$0	--	\$0	--	\$0	--	\$0	--	\$0	--
a. Clinical Quality Management <sup>2</sup> (see CHECKLIST)		--		--	\$0	--		--	\$0	--	\$0	--	\$0	--
b. Grantee Administration <sup>3</sup> (see CHECKLIST)		--		--	\$0	--		--	\$0	--	\$0	--	\$0	--
<b>5. Total Expenditures</b>	\$0	--	\$0	--	\$0	--	\$0	--	\$0	--	\$0	--	\$0	--

<b>Section D: Award &amp; Expenditure Summary</b>	<b>Award</b>	<b>Expenditure</b>	<b>Balance</b>
1. Part A	\$0	\$0	\$0
2. Part A MAI	\$0	\$0	\$0
<b>3. Total</b>	\$0	\$0	\$0

<b>FOR OFFICE USE ONLY:</b>
<input type="checkbox"/> Grantee received waiver for 75% core medical services requirement.

**Part A & MAI Expenditures Report CHECKLIST**

~ Enter Name of Grantee Here ~

Please check the following before submitting your report!	Part A Award	MAI Grant Award	Combined Total
<b>1</b> 75% of your combined awards must be spent on core medical services. When reporting Core Medical Services, the percentages in Section C, Row 1 under PART A AWARD and MAI AWARD columns do not necessarily need to be 75% as long as the COMBINED TOTAL column percentage meets the required minimum 75%. The exception to this requirement is only for those grantees that requested, and were approved by HRSA, for an FY 2010 Part A Core Medical Services Waiver.			<b>0.0%</b>
<b>2</b> You may not spend more than 5% or 3 million dollars (whichever is smaller) on clinical quality management. Use the percentages and figures to the right to help determine if this requirement is met.	-- \$0	-- \$0	
<b>3</b> You may not spend more than 10% on grantee administration. These percentages should not be more than 10%.	<b>0.0%</b>	<b>0.0%</b>	