

FY17 RWHAP Part C Expenditures Report

Section A: Identifying Information
~ Enter Name of Recipient 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](#)

Section B: Reporting FY Award Information
1. Part C Grant Award Amount

Section C: Expenditure Categories	REPORTING FY		PRIOR FY CARRYOVER		TOT
	Amount	Percent	Amount	Percent	Amount
1. Core Medical Services Subtotal (See Legislative Requirements)	\$0	0%	\$0	0%	\$0
a. AIDS Drug Assistance Program (ADAP) Treatments		--		--	\$0
b. AIDS Pharmaceutical Assistance (CPAP)		--		--	\$0
c. Early Intervention Services		--		--	\$0
d. Health Insurance Premium & Cost Sharing Assistance		--		--	\$0
e. Home and Community-based Health Services		--		--	\$0
f. Home Health Care		--		--	\$0
g. Hospice		--		--	\$0
h. Medical Case Management (including Treatment Adherence Services)		--		--	\$0
i. Medical Nutrition Therapy		--		--	\$0
j. Mental Health Services		--		--	\$0
k. Oral Health Care		--		--	\$0
l. Outpatient /Ambulatory Health Services		--		--	\$0
m. Substance Abuse Outpatient Care		--		--	\$0
2. Support Services Subtotal	\$0	0%	\$0	0%	\$0
a. Child Care Services		--		--	\$0
b. Emergency Financial Assistance		--		--	\$0
c. Food Bank/Home-Delivered Meals		--		--	\$0
d. Health Education/Risk Reduction		--		--	\$0
e. Housing		--		--	\$0
f. Linguistics Services		--		--	\$0
g. Medical Transportation		--		--	\$0
h. Non-Medical Case Management Services		--		--	\$0
i. Other Professional Services		--		--	\$0
j. Outreach Services		--		--	\$0
k. Psychosocial Support Services		--		--	\$0
l. Referral for Health Care and Support Services		--		--	\$0
m. Rehabilitation Services		--		--	\$0
n. Respite Care		--		--	\$0
o. Substance Abuse Services - residential		--		--	\$0
3. Total Service Expenditures	\$0	--	\$0	--	\$0
4. Non-services Subtotal	\$0	--	\$0	--	\$0
a. Clinical Quality Management (see Legislative Requirements)		--		--	\$0
b. Recipient Administration (see Legislative Requirements)		--		--	\$0
5. Total Expenditures (Service + Non-service)	\$0	--	\$0	--	\$0

FOR OFFICE USE ONLY:

Recipient received waiver for 75% core medical services requirement.

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 number for this project is 0915-0318. Public reporting burden for this collection of information is estimated to be 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.

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Administration,

LEGISLATIVE REC

INSTRUCTIONS: Recipients and Project Officers should use the following table to determine Report which shows individual expenditures as a percentage of total expenditures, this tab

REQUIREMENT: At least 75% of your total award (less CQM and Recipient A

When reporting Core Medical Services expenditures, the Total in Section C, Row 1, Column F of the meet the 75% minimum requirement. The exception to this requirement is only for those recipient Core Medical Services Waiver.

To the right in red, is the percentage of your Current Fiscal Year Core Medical Services expenditure: Recipient Administrative expenditures (F15 / F45). Please check to make sure this percentage is 75

REQUIREMENT: Clinical Quality Management expenditures should be reasor

To the right in red, are your total CQM Expenditures (F47) which includes carryover dollars. Please are reasonable.

REQUIREMENT: No more than 10% of your total award can be spent on Reci

When reporting Recipient Administration expenses, the total (carryover included) must be 10% or l

To the right in red, is the maximum (Capped Amount) you can spend on Recipient Administration (f Administration expenditures (F48) which includes carryover dollars. Please check to make sure you not exceed your Capped Amount.

REQUIREMENTS CHECKLIST

Determine whether or not the following legislative requirements have been met. Unlike the Expenditure Report, this table shows expenditures as outlined in the Ryan White HIV/AIDS Treatment Extension Act of 2009.

Administration) must be spent on core medical services.		
Expenditure Report which includes carryover dollars, must include all requests that requested, and were approved by HRSA, for a Part C award.		
Percentage of Total Part C Award less the CQM and other administrative expenses is 0.0% or greater.	0.0%	

Capped Amount.		
Check to make sure your CQM Expenditures do not exceed the capped amount.	\$0	(CQM Expenditures)

Recipient Administration.		
Check to make sure your Recipient Administration expenditures do not exceed the capped amount.	\$0	(Capped Amount)
Check to make sure your Recipient Administration expenditures do not exceed 10% (0.10) of your Total Recipient Administration expenditures.	\$0	(Admin Expenditures)