**DATE:** September 24, 2019

**TO:** Quinn Hirsch, OMB Desk Officer

**FROM:** Lisa Wright-Solomon, HRSA Information Collection Clearance Officer

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**Request**: The Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB) requests approval for non-substantive changes to the Allocations and Expenditures Reports for a subset of recipients in Ryan White HIV/AIDS Program (RWHAP) Parts A and B (OMB #0915-0318, expires 7/31/2020). The data collection instruments currently consist of two documents: 1) Allocations Report and the 2) Expenditures Report.

**Purpose**: The purpose of these proposed non-substantive changes is to support both recipient monitoring and national analyses of Ending the HIV Epidemic (EHE) Initiative activities. Specifically, these modifications will allow HAB to understand how RWHAP recipients funded by the Initiative intend to use the funds soon after the cooperative agreement is awarded, and to capture and assess how Initiative funds are actually used.

The two proposed minor modifications would include: the addition of the new EHE Services service category with fields that will allow recipients to indicate what types of services are included in this service category; and a field to capture allocated/expended funds on Initiative Infrastructure development. These reports will be collected from Part A and Part B recipients receiving funding for EHE. Other minor changes include changes to report titles, wording and other labels.

**Time Sensitivity**: Congress requires collection of client-level data under the Ryan White HIV/AIDS Program legislation (originally passed in 1990 as the Ryan White Care Act, and amended in 1996, 2000, 2006, and 2009)[[1]](#footnote-1). The Ryan White HIV/AIDS Program Allocation and Expenditure Forms (A&E Reports), in conjunction with the Consolidated List of Contractors (CLC), enables HAB to monitor and track the use of grant funds for compliance with program and grants policies and requirements under the statute. By regulation, recipients are required to submit financial reports annually to HRSA and the A&E Reports and the CLC are HAB’s mechanism to implement that requirement.

Recipients funded under EHE will be required to report financial data to HRSA at the beginning (Allocations Report) and at the end of their grant cycle (Expenditures Report). Recipients funded under Parts A and B and the EHE are required to report information about their service provider contracts in the CLC.

The forms will continue to require recipients to report on how funds are allocated and spent on core medical and support services for RWHAP clients, and on various program components, such as administration, planning and evaluation, and quality management. The type of information collected on the Allocations Report is the same as the information that is collected on the Expenditures Report. Allocations Reports are typically due to HRSA within 90 days of the award. Because EHE funds are anticipated to be awarded on March 1, 2020, recipients will need to be able to submit Allocations Reports by June 1, 2020, and will need an Allocations Report template available prior to that date. The first report tracks the allocation of the award at the beginning of the award cycle and the second report tracks actual expenditures (including carryover dollars) at the end of the award cycle.

**Burden:** It is anticipated that the revisions included herein will not impact reporting burden on RWHAP and EHE award recipients.

**PROPOSED CHANGES FOR THE RYAN WHITE HIV/AIDS PROGRAM Allocations and Expenditures Reports DATA:**

Page 1

* Name of the report
* Set formulas

Section B

* Removed Minority AIDS Initiative (MAI) line
* Renumbered items
* Renamed lines

Section C

* Deleted Total
* Renamed total column
* Renamed columns
* Added new service line for EHE Initiative Services
* Added new line in non-service section for Planning and Evaluation and a line for infrastructure
* Updated footnotes

Section D

* Removed MAI

**All proposed changes are indicated with tracked changes in the attached documents.**

Attachment: A & E Report EHE Initiative Mock Up

1. EHE Initiative activities were granted increased authority under the Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq.) [↑](#footnote-ref-1)