

## FY17 RWHAP Part C Allocations 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 ~

Detailed instructions for completing and submitting your report c

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

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

**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 control 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.

## LEGISLATIVE REC

**INSTRUCTIONS:** Recipients and Project Officers should use the following table to determine Report which shows individual allocations as a percentage of total allocations, this table shows HIV/AIDS Treatment Extension Act of 2009.

### **REQUIREMENT: At least 75% of your total award (less CQM and Recipient Administration)**

When reporting Core Medical Services expenses, the amount in Section C, Row 1, Column B of the report must meet the requirement. The exception to this requirement is only for those recipients that requested, and were granted, a Waiver.

To the right in red, is the percentage of your Core Medical Services allocations divided by your Total allocations (B14 / B44). Please check to make sure this percentage is 75% or greater.

### **REQUIREMENT: Clinical Quality Management allocations must be reasonable**

To the right in red, is the percentage allocated for Clinical Quality Management (B46). Please check to make sure this percentage is 10% or greater.

### **REQUIREMENT: No more than 10% of your total award can be spent on Recipient Administration**

When reporting Recipient Administration allocations, the total must be 10% or less than the award allocations (B47) as a percentage of your award. Please check to make sure your Recipient Administration allocations do not exceed 10% of your total award.

### **REQUIREMENT: The entire grant award must be allocated.**

The amount you list in Section B must match the amount on your NOA and you are required to allocate the entire grant award. If the amount does not equal zero, you must adjust your report accordingly.

## REQUIREMENTS CHECKLIST

Determine whether or not the following legislative requirements have been met. Unlike the Allocations table, this table shows allocations as a percentage of award for specific categories as outlined in the Ryan White

### Allocation Report must be spent on core medical services.

Allocation Report must meet the 75% minimum  
and be approved by HRSA, for a Part C Core Medical Services

0.0%

Allocation Report must be spent on core medical services.  
Total Part C Award less the CQM and Recipient Administration

3.

Check to make sure your CQM Allocations are reasonable.

0.0%

### Recipient Administration.

Allocation amount. To the right in red is your Recipient Administration  
Allocation. Recipient administration allocations do not exceed 10%.

0.0%

Allocate this entire amount. If this amount to the right in red

\$0.0