## **Part A Expenditures Report**

## OMB Number (0915-0318) Expiration date (XX/XX/201X)

## FYXX RWHAP Part A Expenditures Report

	Current FY	Carryover	Total
1. RWHAP Part A Formula Award Amount			
2. RWHAP Part A MAI Award Amount			
3. RWHAP Part A Supplemental Award Amount			
4. Total RWHAP Part A Funds			

	RWHAP	Part A Formula Aw	ard Amount			RWI	HAP P	Part A	MAI A	ward	Sı	ppler	AP Part A nental Aw mount		Aggre Tot	
	Current FY		Carryover		Total	Curr F			rryo er	Tot al	Curi F			Tot al		
	\$	%	\$	%	\$	\$	%	\$	%	\$	\$	%		\$	\$	
Non-Services																
a. Clinical Quality Management																
b. Administration																
Non-services Subtotal																
c. Core Medical Services																
d. Support Services																
Total Service Expenditures																
Total Expenditures (Service + Non-service)																

	RWHAP	Part A Formula Aw	ard Amount			RWI		Part A Amou		ward		ippler	IAP Part A mental Aw mount		Aggre Tot	
	Current FY		Carryover		Total	Curr F			ryo er	Tot al	Curr F			Tot al		
	\$	%	\$	%	\$	\$	%	\$	%	\$	\$	%		\$	\$	%
Core Medical Services																

a. AlSD Drug Assistance Program (ADAP)   Image: Constraint of the services (EIS)   Image: Constraint of the service (EIS)   Image: Constraint of the services (EI
c. Early Intervention Services (EIS)   Image: Constraint of the services of the se
d. Health Insurance Premium & Cost Sharing Assistance for Low Income Individuals   Image: Cost Sharing For Low Income Individuals   Image: Cost Sharing   Image: Cost
Assistance for Low Income IndividualsIII
ServicesImage: Services<
g. HospiceImage: Constraint of the constr
h. Medical Case Management (including Treatment Adherence Services)   Image: Constraint of the
Treatment Adherence Services)Image: Constraint of the const
j. Mental Health ServicesImage: Service Servi
k. Oral Health Care   Image: Comparison of the comparison
I. Outpatient /Ambulatory Health Services   Image: Substance Abuse Outpatient Care   Image: Substan
m. Substance Abuse Outpatient Care   Image: Care of the ca
1. Core Medical Services Total Image: Constraint of the services Total
Support Services
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
I. Referral for Health Care and Support Services

n. Respite Care								
o. Substance Abuse Services (residential)								
2. Support Services Total								
3. Total Service Expenditures								

	RWHAP Part A Award	Expenditures	Balance	
1. RWHAP Part A Formula Award Amount				
2. RWHAP Part A Formula Carryover Amount				
3. RWHAP Part A MAI Award Amount				
4. RWHAP Part A MAI Carryover Amount				
5. RWHAP Part A Supplemental Award				
3. Total				- valida

C Recipient received waiver for core medical services requirement.

[] I, <PO First Name> <PO Last Name>, confirm that the Core Medical Services waiver as reported by the recipient is correct <-- display for PO only. Checkbox disabled when recipient did not select the 75% checkbox

Public Burden Statement: The purpose of this data collection system is to collect aggregate data on the number of new and existing clients, and clients who have been out of care treated with EHE initiative funding. HAB will use these data to show the impact of the increased funding on reducing new HIV infections, identifying new HIV infections, engaging clients in care and treatment. 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 control number. The OMB control number for this information collection is 0915-0318 and it is valid until XX/XX/202X. This information collection is mandatory (through 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.). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov