|  |
| --- |
| **FY20 RWHAP Ending the HIV Epidemic Initiative Award Allocations Report** |
|  |
| ***Section A: Identifying Information*** | Detailed instructions for completing and submitting your report can be downloaded from the HRSA Electronic Handbook: https://grants.hrsa.gov/webexternal/Login.asp |
| ~ Enter Name of Recipient Here ~ |
| ~ Enter Preparer's Name Here ~ |
| ~ Enter Preparer's Phone Number Here ~ |
| ~ Enter Preparer's Email Address Here ~ |
|  |
| ***Section B: Award Information*** | ***Current FY*** | 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 XXXX-XXXX. Public reporting burden for this collection of information is estimated to be X.X 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.    |
| 1. Total Initiative Award |  |
| ~~2. MAI Grant Award Amount~~ |  |
| ~~3. Part A Supplemental Award Amount~~ |  |
| **~~4. Total Part A Grant Funds~~** | **~~$0~~** |
|  |
| ***Section C: Allocation Categories*** | **Initiative Award** | **~~2. MAI Award~~** | **~~4. Combined Total~~** |
|
| Amount | Percentage | ~~Amount~~ | ~~Percentage~~ | ~~Amount~~ | ~~Percentage~~ |
| **1. Initiative Service Subtotal[[1]](#endnote-1)** | **$0** | **0.00%** | **~~$0~~** | **~~0.00%~~** | **~~$0~~** | **~~0.00%~~** |
| **2. Core Medical Services Subtotal** |  |  |  |  |  |  |
| a. AIDS Drug Assistance Program (ADAP) Treatments |   | - - |  | ~~- -~~ | ~~$0~~ | ~~- -~~ |
| b. AIDS Pharmaceutical Assistance (LPAP) |   | - - |  | ~~- -~~ | ~~$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 (incl. 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** | **0.00%** | **~~$0~~** | **~~0.00%~~** | **~~$0~~** | **~~0.00%~~** |
| 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 Allocations** | **$0** | **- -** | **~~$0~~** | **~~- -~~** | **~~$0~~** | **~~- -~~** |
| **4. Non-services Subtotal** | **$0** | **- -** | **~~$0~~** | **~~- -~~** | **~~$0~~** | **~~- -~~** |
| a. Clinical Quality Management[[2]](#endnote-2) |   | - - |  | ~~- -~~ | ~~$0~~ | ~~- -~~ |
| b. Recipient Administration[[3]](#endnote-3) |   | - - |  | ~~- -~~ | ~~$0~~ | ~~- -~~ |
| c. Initiative Infrastructure [[4]](#endnote-4) |  |  |  |  |  |  |
| d. Planning and Evaluation[[5]](#endnote-5) |  |  |  |  |  |  |
| **5. Total Allocations (Service + Non-service)4 (see CHECKLIST)** | **$0** | **- -** | **~~$0~~** | **~~- -~~** | **~~$0~~** | **~~- -~~** |
|   |   |   |  |  |  |  |
| ~~ Recipient received waiver for 75% core medical services requirement~~. |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
| Footnotes:to services being provided. Initiative services are services and activities that do not fit neatly within the RWHAP service categories (e.g., linkage to care). These services may be innovative and creative with a focus on ending the HIV epidemic. Initiative Services are costs associated with a broader approach to addressing HIV in the community than exists in services authorized by the RWHAP legislation. For example, the only requirement for determining eligibility is that the individual has an HIV diagnosis. There is no requirement that individuals served are low-income or that initial eligibility is documented prior Clinical Quality Management may not exceed 5% of the Initiative award Recipient Administration may not exceed 10% of the Initiative award. Infrastructure are costs associated with the development and expansion of data systems. It may include technical assistance on the type, design, and building of new data systems, bridging existing systems to achieve data integration, improving data entry to decrease burden and increase accuracy, training of staff and providers on collecting and using data, and employing experts to provide accurate and in-depth data analysis. Administration and planning and evaluation costs combined should not exceed 15 percent of the total award. Planning and evaluation are costs associated with stakeholder engagement and process and outcome evaluation activities  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |

1. [↑](#endnote-ref-1)
2. [↑](#endnote-ref-2)
3. [↑](#endnote-ref-3)
4. [↑](#endnote-ref-4)
5. |  |
| --- |
| **FY20 RWHAP Ending the HIV Epidemic Performance Based Award Allocations Report** |
|  |
| ***Section A: Identifying Information*** | Detailed instructions for completing and submitting your report can be downloaded from the HRSA Electronic Handbook: https://grants.hrsa.gov/webexternal/Login.asp |
| ~ Enter Name of Recipient Here ~ |
| ~ Enter Preparer's Name Here ~ |
| ~ Enter Preparer's Phone Number Here ~ |
| ~ Enter Preparer's Email Address Here ~ |
|  |
| ***Section B: Award Information*** | ***Current FY*** | 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 XXXX-XXXX. Public reporting burden for this collection of information is estimated to be X.X 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.    |
| 1. Total Initiative Performance Based Award |  |
| ~~2. MAI Grant Award Amount~~ |  |
| ~~3. Part A Supplemental Award Amount~~ |  |
| **~~4. Total Part A Grant Funds~~** | **~~$0~~** |
|  |
| ***Section C: Allocation Categories*** | **Initiative Award** | **~~2. MAI Award~~** | **~~4. Combined Total~~** |
|
| Amount | Percentage | ~~Amount~~ | ~~Percentage~~ | ~~Amount~~ | ~~Percentage~~ |
| **1. Initiative Service Subtotal1** | **$0** | **0.00%** | **~~$0~~** | **~~0.00%~~** | **~~$0~~** | **~~0.00%~~** |
| **2. Core Medical Services Subtotal** |  |  |  |  |  |  |
| a. AIDS Drug Assistance Program (ADAP) Treatments |   | - - |  | ~~- -~~ | ~~$0~~ | ~~- -~~ |
| b. AIDS Pharmaceutical Assistance (LPAP) |   | - - |  | ~~- -~~ | ~~$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 (incl. 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** | **0.00%** | **~~$0~~** | **~~0.00%~~** | **~~$0~~** | **~~0.00%~~** |
| 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 Allocations** | **$0** | **- -** | **~~$0~~** | **~~- -~~** | **~~$0~~** | **~~- -~~** |
| **4. Non-services Subtotal** | **$0** | **- -** | **~~$0~~** | **~~- -~~** | **~~$0~~** | **~~- -~~** |
| a. Clinical Quality Management2 |   | - - |  | ~~- -~~ | ~~$0~~ | ~~- -~~ |
| b. Recipient Administration 3 |   | - - |  | ~~- -~~ | ~~$0~~ | ~~- -~~ |
| c. Initiative Infrastructure 4 |  |  |  |  |  |  |
| d. Planning and Evaluation5 |  |  |  |  |  |  |
| **5. Total Allocations (Service + Non-service)4 (see CHECKLIST)** | **$0** | **- -** | **~~$0~~** | **~~- -~~** | **~~$0~~** | **~~- -~~** |
|   |   |   |  |  |  |  |
| ~~ Recipient received waiver for 75% core medical services requirement~~. |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
| Footnotes:(1) Initiative Services are costs associated with a broader approach to addressing HIV in the community than exists in services authorized by the RWHAP legislation. For example, the only requirement for determining eligibility is that the individual has an HIV diagnosis. There is no requirement that individuals served are low-income or that initial eligibility is documented prior to services being provided. Initiative services are services and activities that do not fit neatly within the RWHAP service categories (e.g., linkage to care). These services may be innovative and creative with a focus on ending the HIV epidemic. (2) Clinical Quality Management may not exceed 5% of the Initiative award.(3) Recipient Administration may not exceed 10% of the Initiative award. (4) Infrastructure are costs associated with the development and expansion of data systems. It may include technical assistance on the type, design, and building of new data systems, bridging existing systems to achieve data integration, improving data entry to decrease burden and increase accuracy, training of staff and providers on collecting and using data, and employing experts to provide accurate and in-depth data analysis.(5) Administration and planning and evaluation costs combined should not exceed 15 percent of the total award. Planning and evaluation are costs associated with stakeholder engagement and process and outcome evaluation activities. |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **FY20 RWHAP Ending the HIV Epidemic Initiative Expenditures Report** |
|  |
| ***Section A: Identifying Information*** |   |  |  | Detailed instructions for completing and submitting your report can be downloaded from the HRSA Electronic Handbook: https://grants.hrsa.gov/webexternal/Login.asp |  |  |  |  |
| ~ Enter Name of Recipient Here ~ |   |  |  |  |  |  |  |
| ~ Enter Preparer's Name Here ~ |   |   |  |  |  |  |  |  |
| ~ Enter Preparer's Phone Number Here ~ |   |   |  |  |  |  |  |  |
| ~ Enter Preparer's Email Address Here ~ |   |  |  |  |  |  |  |
|  |
| ***Section B: Award Information*** | **Current FY** | **Carryover** | **Total** |  | 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 1.5 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. |
| 1. Initiative Award Amount |  |  |  |  |
| 2. Initiative Performance Based Award Amount |  |  |  |  |
| ~~3. Part A Supplemental Award Amount~~ |  |  |  |  |
| **4. Total Initiative Funds** | **$0** | **$0** | **$0** |  |
|  |
|  | **Initiative Award** | **Performance Based Award** | **Initiative1 Total Award (includes carryover)** |
| ***Section C: Expenditure Categories*** | **CURRENT FY** | **PRIOR FY CARRYOVER** | **~~PART A TOTAL~~** | **CURRENT FY** | **PRIOR FY CARRYOVER** | **~~MAI TOTAL~~** |  |
|
| Amount | Percent | Amount | Percent | ~~Amount~~ | ~~Percent~~ | Amount | Percent | Amount | Percent | ~~Amount~~ | ~~Percent~~ | Amount | Percent |
| **1. Initiative Service Subtotal2** | **$0** | **0.00%** | **$0** | **0.00%** | **~~$0~~** | **~~0.00%~~** | **$0** | **0.00%** | **$0** | **0.00%** | **~~$0~~** | **~~0.00%~~** | **$0** | **0.00%** |
| **2. Core Medical Services Subtotal** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| a. AIDS Drug Assistance Program (ADAP) Treatments |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| b. AIDS Pharmaceutical Assistance (LPAP) |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| c. Early Intervention Services  |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| d. Health Insurance Premium & Cost Sharing Assistance  |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| e. Home and Community-based Health Services |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| f. Home Health Care  |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| g. Hospice  |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| h. Medical Case Management (incl. Treatment Adherence Services) |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| i. Medical Nutrition Therapy |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| j. Mental Health Services |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| k. Oral Health Care |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| l. Outpatient /Ambulatory Health Services |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| m. Substance Abuse Outpatient Care  |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| **2. Support Services Subtotal** | **$0** | **0.00%** | **$0** | **0.00%** | **~~$0~~** | **~~0.00%~~** | **$0** | **0.00%** | **$0** | **0.00%** | **~~$0~~** | **~~0.00%~~** | **$0** | **0.00%** |
| a. Child Care Services |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| b. Emergency Financial Assistance |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| c. Food Bank/Home-Delivered Meals |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| d. Health Education/Risk Reduction |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| e. Housing  |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| f. Linguistics Services |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| g. Medical Transportation  |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| h. Non-Medical Case Management Services  |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| i. Other Professional 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 | - - |
| **3. Total Service Expenditures** | **$0** | **- -** | **$0** | **- -** | **~~$0~~** | **~~- -~~** | **$0** | **- -** | **$0** | **- -** | **~~$0~~** | **~~- -~~** | **$0** | **- -** |
| **4. Non-services Subtotal** | **$0** | **- -** | **$0** | **- -** | **~~$0~~** | **~~- -~~** | **$0** | **- -** | **$0** | **- -** | **~~$0~~** | **~~- -~~** | **$0** | **- -** |
| a. Clinical Quality Management3  |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| b. Recipient Administration4  |   | - - |   | - - | ~~$0~~ | ~~- -~~ |   | - - |   | - - | ~~$0~~ | ~~- -~~ | $0 | - - |
| c. Initiative Infrastructure5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| d. Planning and Evaluation6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5. Total Expenditures4** | **$0** | **- -** | **$0** | **- -** | **~~$0~~** | **~~- -~~** | **$0** | **- -** | **$0** | **- -** | **~~$0~~** | **~~- -~~** | **$0** | **- -** |
|   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Section D: Award & Expenditure Summary*** | **Award**  | **Expenditure** | **Balance**  |  |  |  |  |  |  |  |  |  |  |  |
| **1. Initiative Award Amount** |  |  |  |  | **~~ Recipient received waiver for 75% core medical services requirement.~~** |  |  |  |  |  |
| **2. Initiative Performance Based Award Amount**  |  |  |  |  |  |  |  |  |  |
| **3. Total**  | **$0** | **$0** | **$0** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Footnotes:(1) This amount must equal the recipient's total Initiative and Initiative Performance Based award. (2) initiative Services are costs associated with a broader approach to addressing HIV in the community than exists in services authorized by the RWHAP legislation. For example, the only requirement for determining eligibility is that the individual has an HIV diagnosis. There is no requirement that individuals served are low-income or that initial eligibility is documented prior to services being provided. Initiative services are services and activities that do not fit neatly within the RWHAP service categories (e.g., linkage to care). These services may be innovative and creative with a focus on ending the HIV epidemic.(3) Clinical Quality Management may not exceed 5% of the Initiative award.(4) Recipient Administration may not exceed 10% of the Initiative award. (5) Infrastructure are costs associated with the development and expansion of data systems. It may include technical assistance on the type, design, and building of new data systems, bridging existing systems to achieve data integration, improving data entry to decrease burden and increase accuracy, training of staff and providers on collecting and using data, and employing experts to provide accurate and in-depth data analysis.(6) Administration and planning and evaluation costs combined should not exceed 15 percent of the total award. Planning and evaluation are costs associated with stakeholder engagement and process and outcome evaluation activities. |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

 [↑](#endnote-ref-5)