

# Part B Coronavirus Aid, Relief and Economic Security (CARES) Act Allocations Report

## FYXX Ryan White HIV/AIDS Program (RWHAP) Part B CARES Act (X7C) Allocations Report

<b>Section A: Identifying Information</b>
~ Enter Name of Recipient Here ~
~ Enter Preparer's Name Here ~
~ Enter Preparer's Phone Number Here ~
~ Enter Preparer's Email Address Here ~


<b>Section A: Part B CARES Act Allocations by Program Component</b>	<b>Total RWHAP Part B CARES Act Funds</b>	
	<i>Amount</i>	<i>Percentage</i>
<b>1. Part B CARES Act AIDS Drug Assistance Program Subtotal</b>	\$0	--
a. ADAP Services		--
b. Health Insurance to Provide Medications		--
c. ADAP Access/Adherence/Monitoring Services		--
<b>2. Part B CARES Act Health Insurance Premium &amp; Cost Sharing Assistance for Low Income Individuals</b>		--

3. Part B CARES Act Home and Community-based Health Services		--
4a. Part B CARES Act HIV Care Consortia	\$0	--
4b. Part B CARES Act HIV Care Consortia Administration <sup>2</sup>		--
5. Part B CARES Act State Direct Services	\$0	--
6. Part B CARES Act Clinical Quality Management <sup>3</sup>		--
7. Part B CARES Act Recipient Planning & Evaluation Activities <sup>4</sup>		--
8. Part B CARES Act Recipient Administration <sup>4</sup>		--
9. Column Totals	\$0	0.00%
10.Total Part B CARES Act Allocations <sup>5</sup>	\$0	

Section B: Breakdown of RWHAP Part B CARES Act Funds allocated to Core Medical and Support Service	RWHAP Part B CARES Act Funds					
	1. Consortia		2. Direct services		3.Total	
	Amount	Percentage	Amount	Percentage	Amount	Percentage
1. Core Medical Services Sub-total	\$0	--	\$0	--	\$0	--
a. AIDS Drug Assistance Program (ADAP) Treatments						
b. AIDS Pharmaceutical Assistance		--		--		--
c. Early Intervention Services		--		--		--
d. Health Insurance Premium & Cost Sharing Assistance for Low Income Individuals						
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 Sub-total</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 Services Allocations</b>	\$0	- -	\$0	- -	\$0	- -

Footnotes:

- (1) The total services amounts will automatically be calculated based on the details you provide in Section D, column 1 or 2 or 3.
- (2) Consortia/Emerging Communities Administration, Planning and Evaluation costs may not exceed 10% of their respective total funds.
- (3) Clinical Quality Management may not exceed 5% of the Part B X7C award, or 3 million, whichever amount is smaller.
- (4) Planning & Evaluation or Recipient Administration may not exceed 10% of the Part B X07 award. Additionally, the combined costs for these two categories may not exceed 15% of the Part B X7C award.
- (5) This amount must equal the recipient's total Part B X7C award.

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 09/30/2020. 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](mailto:paperwork@hrsa.gov)