

# FYXX Ryan White HIV/AIDS Program (RWHAP) Part B Coronavirus Aid, Relief and Economic Security (CARES) Act Expenditures Report

<b>FYXX RWHAP Part B CARES Act (X7C) Expenditures Report</b>
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	<b>Current FY</b>	<b>Carryover<sup>3</sup></b>	<b>Total</b>
<b>Total RWHAP Part B CARES Act Funds</b>			

Enter Recipient's Name	
Enter Preparer's Name	
Enter Preparer's Phone Number	

Enter FYXX RWHAP Part B CARES Act Award	
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Section A: Part B CARES Act Expenditures by Program Component	FYXX RWHAP Part B CARES Act Award				
	Current FY		Carryover <sup>3</sup>		Total
	\$	%	\$	%	\$
<b>1. RWHAP Part B CARES Act AIDS Drug Assistance Program Subtotal</b>	\$0	--	\$0	--	\$0
a. ADAP Services		--		--	
b. Health Insurance to Provide Medications		--		--	
c. ADAP Access/Adherence/Monitoring Services		--		--	
<b>2. RWHAP Part B CARES Act Health Insurance Premium &amp; Cost Sharing Assistance for Low Income Individuals</b>		--		--	
<b>3. RWHAP Part B CARES Act Home and Community-based Health Services</b>		--		--	
<b>4a. RWHAP Part B CARES Act HIV Care Consortia (Provide detail in Section B)</b>	\$0	--		--	
<b>4b. Part B CARES Act HIV Care Consortia Administration<sup>2</sup></b>					
<b>5. RWHAP Part B CARES Act State Direct Services (Provide detail in Section B)</b>	\$0	--		--	
<b>6. RWHAP Part B CARES Act Clinical Quality Management<sup>Footnote 1</sup></b>		--		--	
<b>7. RWHAP Part B CARES Act Recipient Planning &amp; Evaluation Activities<sup>Footnote 2</sup></b>		--		--	
<b>8. Part B CARES Act Recipient Administration<sup>Footnote 2</sup></b>		--		--	
<b>9. Total RWHAP Part B CARES Act Funding Amounts</b>	\$0	0.00%		--	\$0

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](mailto:paperwork@hrsa.gov)