OMB Number (0915-0318)

Expiration date (09/30/2023)

**Part B X08 Allocations Report**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FYXXXX RWHAP Part B Supplemental Program Award Allocations Report** | | | | |
|  | | | | |
| **Recipient Name** |  | | | |
| **Preparer Name** |  | | | |
| **Preparer Phone Number** |  | | | |
|  |  |  |  |  |
| **FY XXXX RWHAP Part B Supplemental Program Award** |  |  |  |  |
|  |  |  |  |  |
| **Section A: Planned Funding by Program Component** | **Total FY XXXX RWHAP Part B Supplemental Program Award** | |  |  |
|  |  |
| **Amount** | **Percent** |  |  |
| **1. RWHAP Part B Supplemental AIDS Drug Assistance Program Subtotal** | **$0** | **- -** |  |  |
| a. ADAP Services |  | - - |  |  |
| b. Health Insurance to Provide Medications |  | - - |  |  |
| c. ADAP Access/Adherence/Monitoring Services |  | - - |  |  |
| **2. RWHAP Part B Supplemental Health Insurance Premium & Cost Sharing Assistance for Low Income Individuals** |  | **- -** |  |  |
| **3. RWHAP Part B Supplemental Home and Community-based Health Services** |  | **- -** |  |  |
| **4 RWHAP Part B Supplemental HIV Care Consortia (Provide detail in Section B)** | **$0** | **- -** |  |  |
| **5. RWHAP Part B Supplemental State Direct Services (Provide detail in Section B)** | **$0** | **- -** |  |  |
| **6. RWHAP Part B Supplemental Clinical Quality Management 1** |  | **- -** |  |  |
| **7. RWHAP Part B Supplemental Recipient Planning & Evaluation Activities2** |  | **- -** |  |  |
| **8. Recipient Administration2** |  | **- -** |  |  |
| **9. Total RWHAP Part B Supplemental Program Funding Amounts** | **$0** | **0.00%** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Section B: Breakdown for Consortia and State Direct Services Final Funding** | **Consortia3** | | **Direct Services** | |
| **Amount** | **Percent** | **Amount** | **Percent** |
| **10. Core Medical Services Sub-total** | **$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 |  | - - |  | - - |
| **11. Support Services Sub-total** | **$0** | **- -** | **$0** | **- -** |
| 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 Services |  | - - |  | - - |
| 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) |  | - - |  | - - |
| **12. Total Funding Amounts** | **$0** | **- -** | **$0** | **- -** |
|  |  |  |  |  |
| **(1) May not exceed 5% of the FY XXXX RWHAP Part B Supplemental Program award, or $3 million, whichever amount is smaller.** | | | | |
| **(2) May not use more than 10% of the FY XXXX RWHAP Part B Supplemental Program award for either Planning and Evaluation or Recipient Administration; additionally, the combined costs for these two categories may not exceed 15% of the FY XXXX RWHAP Part B Supplemental award.** | | | | |
| **(3) All services in this column are considered Support Services.** | | | | |