

RWHAP Part B Supplemental Grant Award Amount	Need to add carryover box
RWHAP Part B Supplemental Approved Carryover Amount	
Total RWHAP Part B Supplemental Funds	

OMB Number 0915-0318

Expiration date 09/30/2023

	Total			
	Add Carryover Column	Award	Total	Percent
<b>1. RWHAP Part B Supplemental AIDS Drug Assistance Program Subtotal</b>				
a. ADAP Services				
b. Health Insurance to Provide Medications				
c. ADAP Access/Adherence/Monitoring Services				
<b>2. RWHAP Part B Supplemental Health Insurance Premium &amp; Cost Sharing Assistance</b>				
<b>3. RWHAP Part B Supplemental Home and Community-based Health Services</b>				
<b>4a. RWHAP Part B Supplemental HIV Care Consortia</b>				
<b>4b. RWHAP Part B Supplemental HIV Care Consortia/Administration</b>	Should be blacked out as carryover cannot be used for administration			
<b>5. RWHAP Part B Supplemental State Direct Services</b>				
<b>6. RWHAP Part B Supplemental Clinical Quality Management</b>	Should be blacked out as carryover cannot be used for CQM			
<b>7. RWHAP Part B Supplemental Recipient Planning &amp; Evaluation Activities</b>	Should be blacked out as carryover cannot be used for administration			
<b>8. Recipient Administration</b>	Should be blacked out as carryover cannot be used for administration			
<b>9. Column Totals</b>				

	Consortia	Direct Services
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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 Residential Services								
<b>2. Support Services Total</b>								
<b>3. Total Service Expenditures</b>								

<b>Core Medical Services Expenditures</b>	<b>Amount</b>	<b>Percentage (Amount / Total Service Expenditures)</b>
ADAP		
Health Insurance Premium & Cost Sharing Assistance		
Home-and Community-based Health Services		
State-Direct Services: Core Medical Services		
<b>Total Core Medical Services Expenditures</b>		
<b>Support Services Expenditures</b>	<b>Amount</b>	<b>Percent</b>
Consortia Services		
State-Direct Services: Support Services		
<b>Total Support Services Expenditures</b>		
<b>Total RWHAP Part B Supplemental Core Medical &amp; Support Services Expenditures</b>		

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 RWHAP Part B supplemental 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 09/30/2023. 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 2 hours 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)