Part A Expenditures Report

OMB Number (0915-0318) Expiration date (XX/XX/201X)

FYXX RWHAP Part A Expenditures Report

	Current FY	Carryover	Total
1. RWHAP Part A Formula Award Amount			
2. RWHAP Part A MAI Award Amount			
3. RWHAP Part A Supplemental Award Amount			
4. Total RWHAP Part A Funds			

	RWHAP	Part A Formula Aw	ard Amount			RWI	HAP F	Part A	MAI A	ward		ppler	IAP Part <i>F</i> nental Aw .mount		Aggre Tot							
	Current FY		Carryover To		Total	Total Current FY								t Carryo ver		Tot al	Curr			Tot al		
	\$	%	\$	%	\$	\$	%	\$	%	\$	\$	%		\$	\$							
Non-Services																						
a. Clinical Quality Management																						
b. Administration																						
Non-services Subtotal																						
c. Core Medical Services																						
d. Support Services																						
Total Service Expenditures																						
Total Expenditures (Service + Non-service)																						

		RWHAP	Part A Formula Aw	ard Amount			RWI		Part A Amou		ward		RWHAP Part A Supplemental Award Amount			Aggregate Total	
		Current FY		Carryover		Total	Curr			ryo er	Tot al	Curr			Tot al		
		\$	%	\$	%	\$	\$	%	\$	%	\$	\$	%		\$	\$	%
Ì	Core Medical Services																

a. AIDS Drug Assistance Program (ADAP) Treatments								
b. AIDS Pharmaceutical Assistance								
c. Early Intervention Services (EIS)								
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								
I. Outpatient /Ambulatory Health Services								
m. Substance Abuse Outpatient Care								
1. Core Medical Services Total								
Support Services								
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								
I. Referral for Health Care and Support Services								
m. Rehabilitation Services								

n. Respite Care								
o. Substance Abuse Services (residential)								
2. Support Services Total								
3. Total Service Expenditures								

	RWHAP Part A Award	Expenditures	Balance	
1. RWHAP Part A Formula Award Amount				
2. RWHAP Part A Formula Carryover Amount				
3. RWHAP Part A MAI Award Amount				
4. RWHAP Part A MAI Carryover Amount				
5. RWHAP Part A Supplemental Award				
3. Total				- valida

Recipient received waiver for core medical services requirement.

<-- display for PO only. Checkbox disabled when recipient did not select the 75% checkbox

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