

# 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	
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Section A: Planned Funding by Program Component	Total RWHAP Part B Supplemental Program Award	
	Amount	Percent
<b>1. RWHAP Part B Supplemental AIDS Drug Assistance Program Subtotal</b>	\$0	--
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 for Low Income Individuals</b>		--
<b>3. RWHAP Part B Supplemental Home and Community-Based Health Services</b>		--
<b>4a RWHAP Part B Supplemental HIV Care Consortia (Provide detail in Section B)</b>	\$0	--
<b>4b. RWHAP Part B Supplemental HIV Care Consortia Administration</b>	\$0	--
<b>5. RWHAP Part B Supplemental State Direct Services (Provide detail in Section B)</b>	\$0	--
<b>6. RWHAP Part B Supplemental Clinical Quality Management<sup>1</sup></b>		--
<b>7. RWHAP Part B Supplemental Recipient Planning &amp; Evaluation Activities<sup>2</sup></b>		--
<b>8. Recipient Administration<sup>2</sup></b>		--
<b>9. Total RWHAP Part B Supplemental Program Funding Amounts</b>	\$0	0.00%

Section B: Breakdown for Consortia and	Consortia <sup>3</sup>	Direct	Combined
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State Direct Services Final Funding			Services		Total	
	Amount	Percent	Amount	Percent	Amount	Percent
<b>1. Core Medical Services Sub-total</b>	\$0	--	\$0	--		
a. AIDS Drug Assistance Program (ADAP) Treatments						
b. AIDS Pharmaceutical Assistance (LPAP)		--		--		
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>	\$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)		--		--		
<b>3. Total Funding Amounts</b>	\$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.**

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