

Expenditures Report

H12HA26XXX-XXX

Budget Year: 8/1/2021 - 7/31/2022

Report ID: XXX

Report Status: Submitted

Last Modified Date: 10/28/2022 11:57 AM

Recipient Information
Official Mailing Address: XXX
EIN: XXX
UEI: XXX
Preparer's Name: XXX
Preparer's Title: XXX
Preparer's Phone: XXX
Preparer's Fax: XXX
Preparer's Email: XXX

Budget Year Award Information	
1. RWHAP Part D Recipient Award Amount	\$0
2. RWHAP Part D Approved Carryover Amount	\$0

Part D Program Total						
	Prior FY Carryover		Reporting FY		Total	
	Amount	Percent	Amount	Percent	Amount	Percent
Non-Services						
a. Clinical Quality Management	\$0	0.00%	\$966	0.00%	\$0	0.00%
b. Administrative	\$0	0.00%	\$0	0.00%	\$0	0.00%
c. Indirect Costs	\$0	0.00%	\$0	0.00%	\$0	0.00%
Non-services Subtotal	\$0	0.00%	\$0	0.00%	\$0	0.00%
d. Core Medical Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
e. Support Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
Total Service Expenditures	\$0	0.00%	\$0	0.00%	\$0	0.00%
Total Expenditures (Service + Non-service)	\$0	0.00%	\$0	100.00%	\$0	0.00%
Total Remaining Unobligated Funds					\$0	

Part D Expenditure Categories						
	Prior FY Carryover		Reporting FY		Total	
	Amount	Percent	Amount	Percent	Amount	Percent
Core Medical Services						

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a. AIDS Drug Assistance Program Treatments	\$0	0.00%	\$0	0.00%	\$0	0.00%
b. AIDS Pharmaceutical Assistance	\$0	0.00%	\$0	0.00%	\$0	0.00%
c. Early Intervention Services (EIS)						
d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	\$0	0.00%	\$0	0.00%	\$0	0.00%
e. Home and Community-Based Health Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
f. Home Health Care	\$0	0.00%	\$0	0.00%	\$0	0.00%
g. Hospice	\$0	0.00%	\$0	0.00%	\$0	0.00%
h. Medical Case Management, including Treatment Adherence Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
i. Medical Nutrition Therapy	\$0	0.00%	\$0	0.00%	\$0	0.00%
j. Mental Health Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
k. Oral Health Care	\$0	0.00%	\$0	0.00%	\$0	0.00%
l. Outpatient/Ambulatory Health Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
m. Substance Abuse Outpatient Care	\$0	0.00%	\$0	0.00%	\$0	0.00%
1. Core Medical Services Subtotal	\$0	0.00%	0	0.00%	\$0	0.00%
Support Services						
a. Child Care Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
b. Emergency Financial Assistance	\$0	0.00%	\$0	0.00%	\$0	0%
c. Food Bank/Home Delivered Meals	\$0	0.00%	\$0	0.00%	\$0	0.00%
d. Health Education/Risk Reduction	\$0	0.00%	\$0	0.00%	\$0	0.00%
e. Housing	\$0	0.00%	\$0	0.00%	\$0	0.00%
f. Linguistic Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
g. Medical Transportation	\$0	0.00%	\$0	0.00%	\$0	0.00%
h. Non-Medical Case Management Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
i. Other Professional Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
j. Outreach Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
k. Psychosocial Support Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
l. Referral for Health Care and Support Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
m. Rehabilitation Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
n. Respite Care	\$0	0.00%	\$0	0.00%	\$0	0.00%
o. Substance Abuse Services (residential)	\$0	0.00%	\$0	0.00%	\$0	0.00%
2. Support Services Subtotal	\$0	0.00%	\$0	0.00%	\$0	0.00%
3. Total Service Expenditures	\$0	0.00%	\$0	0.00%	\$0	0.00%

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Legislative Requirements Checklist

Clinical Quality Management expenditures should be reasonable.

To the right is your total CQM Expenditures which includes carryover dollars. Please check to make sure your CQM Expenditures are reasonable.

	\$0
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No more than 10% of your total award can be spent on Administrative.

When reporting Administrative expenses, the total (carryover included) must be 10% or less than the award amount.

Expenditures	Amount
Capped Amount	\$0
Admin Expenditures	\$0

Public Burden Statement:

The purpose of this data collection system is to collect allocations/expenditures information regarding Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, D grant funding. HAB will use these data to show the impact of RWHAP funding on the care and treatment of people with HIV in the United States. 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 4 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

File Upload

H12HA26263 - ACADIANA CARES INC

Budget Year: 8/1/2021 - 7/31/2022

Report Status: Submitted

Report ID: 123255

Last Modified Date: 10/28/2022 11:57 AM

Submission Components

Document Name	Description	Uploaded File	Size	Date Attached
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