

Expenditures Report

UT8HA33 - XXX

Budget Year: 3/1/2021 - 2/28/2022

Report ID: XXX

Report Status: Review

Last Modified Date: 09/07/2022 01:29 PM

| Recipient Information |
|----------------------------------|
| Official Mailing Address: XXXXX |
| EIN: XXXX |
| UEI: XXXX |
| Preparer's Name: John Smith |
| Preparer's Title: Grants Analyst |
| Preparer's Phone: XXX-XXX-XXXX |
| Preparer's Fax: |
| Preparer's Email: XXXX@XXX.com |

| Budget Year Award Information | |
|-------------------------------|---|
| EHE Grant Award Amount | 0 |
| EHE Approved Carryover Amount | 0 |
| Total EHE Initiative Funds | 0 |

| EHE Program Total | | | | | | |
|---|--------------------|----------|--------------|----------|----------|----------|
| | Prior FY Carryover | | Reporting FY | | Total | |
| | Amount | Percent | Amount | Percent | Amount | Percent |
| Non-Services | | | | | | |
| a. Clinical Quality Management | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Recipient Administration | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Initiative Infrastructure ¹ | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Planning and Evaluation ² | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-services Subtotal | 0 | 0 | 0 | 0 | 0 | 0 |
| e. EHE Initiative Services | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Core Medical Services | 0 | 0 | 0 | 0 | 0 | 0 |
| g. Support Services | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Service Expenditures | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Expenditures (Service + Non-service) | 0 | 0 | 0 | 0 | 0 | 0 |

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| EHE Expenditure Categories | | | | | | |
|--|--------------------|--------------|--------------|--------------|------------|--------------|
| | Prior FY Carryover | | Reporting FY | | Total | |
| | Amount | Percent | Amount | Percent | Amount | Percent |
| EHE Initiative Services | | | | | | |
| 1. Ending the HIV Epidemic Initiative Services³ | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% |
| Core Medical Services | | | | | | |
| 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) | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% |
| 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 | 2.84% | \$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% |
| 2. Core Medical Services Total | \$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 | 0.00% |
| 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% |

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| EHE Expenditure Categories | | | | | | |
|--|--------------------|--------------|--------------|--------------|------------|--------------|
| | Prior FY Carryover | | Reporting FY | | Total | |
| | Amount | Percent | Amount | Percent | Amount | Percent |
| 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% |
| 3. Support Services Total | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% |
| 4. Total Service Expenditures | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% |

| EHE Award and Expenditure Summary | | | |
|-----------------------------------|------------|-------------|------------|
| | Award | Expenditure | Balance |
| 1.EHE Award Amount | \$0 | \$0 | \$0 |
| 2. EHE Approved Carryover Amount | \$0 | \$0 | \$0 |
| 3. Total | \$0 | \$0 | \$0 |

¹ Infrastructure are costs associated with the development and expansion of data systems. It may include technical assistance on the type, design, and building of new data systems, bridging existing systems to achieve data integration, improving data entry to decrease burden and increase accuracy, training of staff and providers on collecting and using data, and employing experts to provide accurate and in-depth data analysis.

² Planning and evaluation are costs associated with stakeholder engagement and process and outcome evaluation activities.

³ EHE Initiative Services are costs associated with a broader approach to addressing HIV in the community than exists in services authorized by the RWHAP legislation. For example, the only requirement for determining eligibility is that the individual has an HIV diagnosis. There is no requirement that individuals served are low-income or that initial eligibility is documented prior to services being provided. Initiative services are services and activities that do not fit neatly within the RWHAP service categories (e.g., linkage to care). These services may be innovative and creative with a focus on ending the HIV epidemic

Expenditures Report

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Legislative Requirements Checklist

No more than 5% of your total award or \$3 million (whichever is smaller) can be spent on Clinical Quality Management.

When reporting Clinical Quality Management expenses, the Current FY totals for Part A AWARD and MAI AWARD columns do not necessarily need to meet this requirement as long as the combined total meets the 5% or \$3 million (whichever is smaller) requirement.

Below is the maximum (Capped Amount) you can spend on Clinical Quality Management (the lesser of Total Part A Funds for Current FY * 05 or \$3 million) as well as the amount of Current Fiscal Year dollars spent (CQM Expenditures) on Clinical Quality Management (Current FY Clinical Quality Management for Part A + Current FY Clinical Quality Management for MAI). Please check to make sure your Expenditures do not exceed your Capped Amount.

| Expenditures | Amount |
|-----------------------------|--------|
| Capped Amount | 0 |
| Clinical Quality Management | 0 |

No more than 10% of your total award can be spent on Recipient Administration.

When reporting Recipient Administration expenses, the Current FY totals for Part A and MAI Recipient Administration expenses do not necessarily need to meet this requirement as long as the combined total meets the 10% or less requirement.

Below is the percentage of your Current Fiscal Year Recipient Administration expenditures divided by your Total Part A Award. Please check to make sure this percentage is not greater than 10%.

| 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 Ending the HIV Epidemic initiative grant 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 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

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Submission Components

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