Changes Summary T	able: Part A Expenditure Report Template
Current Reporting	Proposed Change
Award Information	
 Carryover column appears before the Current FY column 	- Change column order to: Carryover appears after Current FY
- Carryover	- Change text to: Prior FY Carryover
- 2. RWHAP Part A MAI Award Amount appeared	- Change row order to: 2. RWHAP Part A Supplemental Award Amount
before the 3.RWHAP Part A Supplemental Award Amount.	- 3. RWHAP Part A MAI Award Amount
RWHAP Part A Program Expenditure Totals	
 Previously, header title of the table was Part A Program Total 	- Change text to: RWHAP Part A Program Expenditure Totals
- RWHAP Part A Formula Award Amount and	- Combined columns and update titles: RWHAP Part A Formula and RWHAP
RWHAP Part A Supplemental Award Amount were presented in separate columns	Part A Supplemental Expenditure Amounts
- RWHAP Part A MAI Award Amount	- Change text to: RWHAP Part A MAI Expenditure Amounts
- Aggregate Total	- Change text to: Total RWHAP Part A Expenditure Amounts
 Previously, Prior FY Carryover column appeared before Reporting FY column 	- Change column order to: Prior FY Carryover appears after Reporting FY
- Reporting FY	- Change text to: Current FY
- Non-services Subtotal	- Change text to: Non-services Expenditures Subtotal
- Total Service Expenditures	- Change text to: Service Expenditures Subtotal
RWHAP Part A and MAI Service Category Expenditures	
 Previously, header title was Part A Expenditures Categories 	- Change text to: RWHAP Part A and MAI Service Category Expenditures
- RWHAP Part A Formula Award Amount and	- Combined columns and update title: RWHAP Part A Formula and RWHAP
RWHAP Part A Supplemental Award Amount	Part A Supplemental Expenditure Amounts
were presented in separate columns	
- RWHAP Part A MAI Award Amount	- Change text to: RWHAP Part A MAI Expenditure Amounts
- Aggregate Total	- Change text to: Total RWHAP Part A Expenditure Amounts
 Previously, Prior FY Carryover column appeared before Reporting FY 	- Change column order to: Prior FY Carryover appears after Reporting FY
- Reporting FY	- Change text to: Current FY

- g. Hospice	- Change text to: g. Hospice Services
- 1. Core Medical Services Total	- Change text to: 1. Core Medical Services Expenditures Subtotal
- 2. Support Services Total	- Change text to: 2. Support Services Expenditures Subtotal
- 3. Total Service Expenditures	- Change text to: 3. Service Expenditures Total
- Balance	- Change text to: Unobligated Balance
- Previously, the order of the Award and	- Change row order to:
Expenditures rows:	- 3. RWHAP Part A Supplemental Award
- 3. RWHAP Part A MAI Award Amount	- 4. RWHAP Part A MAI Award Amount
- 4. RWHAP Part A MAI Carryover Amount	- 5. RWHAP Part A MAI Carryover Amount
- 5. RWHAP Part A Supplemental Award	
Legislative Requirement Checklist	Changes in language for clarity (please see attached document)
- Previously, not available	- Added a requirement for Financial Officer/Designee signature to certify
	subrecipient aggregated administrative expenditures
	- Note: Users will have to enter the amount and sign before moving forward;
	otherwise, they will not be able to proceed to the next step.

The table below provides a summary of proposed changes to the RWHAP Part A Expenditures Report. A draft template of the report with is also provided below.

Part A Expenditures Report

Expenditures Report

Budget Period: 3/1/2020 -**Grant Number and Name:** 2/28/2021 11:59:59 PM **Last Modified**

Report Status: Accepted Date:

Contact Information of the Person Responsible for This Submission
Preparer's Name:
Preparer's Phone:
Preparer's Email:

	Award Information												
	Current FY	Prior FY Carryover	Total										
1. RWHAP Part A Formula Award Amount	\$0	\$0	\$0										
2. RWHAP Part A Supplementa	\$0		\$0										

l Award Amount			
3. RWHAP Part A MAI Award Amount	\$0	\$0	\$0
4. Total RWHAP Part A Funds	\$0	\$0	\$0

	RWHAP Part A Program Expenditure Totals														
	RWH	AP Part A Fo	rmula and Su Amoun		tal Exper	nditure	R	WHAP	Part A MAI	Expenditur	e Amount	s	Total RWHAP Part A Expenditure Amounts		
	Curre	ent FY	Prior FY Ca	arryover	7	Гotal	Current	t FY	Prior FY Ca	arryover	Total				
	Amount	Percent	Amount	Percent	Amou nt	Percent	Amount	Percer	nt Amount	Percent	Amount	Percent	Amount	Percent	
Non-Services															
a. Clinical Quality Management															

b.Administrat ion													
Non-services													
Expenditures Subtotal	\$0	0%	\$0	 \$0	0%	\$0	0%	\$0		\$0	0%	\$0	0%
c. Core													
Medical													
Services													
d. Support													
Services													
Service													
Expenditures	\$0	9%	\$0	 \$0	0%	\$0	0%	\$0		\$1	0%	\$0	0%
Subtotal													
Total													
Expenditures	\$0	0%	\$0	\$0	0%	\$0	0%	\$0	0%	\$0	0%	0	0%
(Service +	70	076	ŢŪ.	30	070	JU	076	70	076	JU	076		070
Non-service)													

RWH	AP Part A Fo	rmula and Su Amoun	upplemen			rice Catego		Part A MAI E	xpenditur	e Amount	s	Total RWHAP Part A Expenditure Amounts		
Curr	ent FY	Prior FY Ca	arryover	То	tal	Current	t FY	Prior FY Ca	rryover	То	tal			
Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percen	t Amount	Percent	Amount	Percent	Amount	Percen	

1	ı	1	1		l	I	I	I	I		I	I	I	1
a. AIDS Drug														
Assistance														
Program														
Treatments														
b. AIDS														
Pharmaceuti														
cal														
Assistance														
c. Early														
Intervention														
Services (EIS)														
d. Health														
Insurance														
Premium and														
Cost Sharing														
Assistance														
for Low-														
Income														
Individuals														
e. Home and														
Community-														
Based Health														
Services														
f. Home														
Health Care														
g. Hospice														
Services														
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	\$0	0%	\$0	 \$0	0%	\$0	0%	\$0	 \$0	0%	\$0	0%
Expenditures Subtotal												
Support Service	es											
a. Child Care Services												
b. Emergency Financial Assistance												
c. Food Bank/Home												

Delivered							
Meals							
d. Health Education/Ri sk Reduction							
e. Housing							
f. Linguistic Services							
g. Medical Transportatio n							
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.							
Rehabilitatio							
n Services							

n. Respite Care														
o. Substance														
Abuse														
Services														
(residential)														
2. Support														
Services	\$0	0%	\$0		\$0	0%	\$0	0%	\$0		\$0	0%	\$0	0%
Expenditures	Şυ	0/6	ŞU		30	0/0	Şυ	0%	ŞŪ		ŞŪ	0%	Şυ	070
Subtotal														
3. Service	ćo													
Expenditures	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%
Total														

	RWHAP Part A Award	Expendit ures	Un- Obligated Balance
1. RWHAP			
Part A			
Formula			
Award			
Amount			
2. RWHAP			
Part A			
Formula			
Carryover			
Amount			
3. RWHAP			
Part A			
Supplementa			
l Award			

The table below provides a summary of proposed changes to the RWHAP Part A Expenditures Report. A draft template of the report with is also provided below.

4. RWHAP Part A MAI Award			
Amount			
5. RWHAP			
Part A MAI			
Carryover			
Amount			
6. Total	\$0	\$0	\$0

Recipient received waiver for 75% core medical services requirement:

No

Legislative Requirement Checklist

Core Medical Services (CMS) Expenditure Requirement: At least 75% of your total service expenditures must be spent on core medical services (unless a Core Medical Services waiver has been approved).

When reporting CMS expenditures, the Total RWHAP Part A Expenditure Amounts for CMS must be at least 75% of Total Service Expenditures unless a CMS waiver was approved.

To the right is the percentage of your Current Fiscal Year (FY) CMS Expenditures divided by your Total Part A Formula, Supplemental, and MAI expenditures.

ი%

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

The table below provides a summary of proposed changes to the RWHAP Part A Expenditures Report. A draft template of the report with is also provided below.

When reporting CQM expenditures, the Total RWHAP Part A Expenditure Amounts for CQM must not exceed 5% of the total award amount or \$3 million (whichever is smaller).

Below is the maximum amount (Capped Amount) you can expend on CQM. The capped amount will be 5% of the total award or \$3 million, whichever is smaller. Please check to make sure your CQM expenditures do not exceed your Capped Amount.

Recipient Clinical Quality Management Capped Amount	\$0
Recipient Clinical Quality Management Expenditure Amount	\$0

Administration Expenditure Requirement: No more than 10% of your total award can be expended on recipient administration.

When reporting recipient administration expenditures, the Total RWHAP Part A Expenditure Amounts for Administration must not exceed 10% of the total award amount.

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%.

Recipient Administration Expenditure Amount	\$0	0%
Recipient Administration Expenditure Amount	ŞU	0%

Certification of Subrecipient Aggregate Administrative Expenditures

Certification that the actual amount of funds expended on administrative costs by subrecipients does not exceed 10% of the aggregate total of all HIV service dollars expended. The financial officer responsible for the RWHAP Part A funds must attest that the aggregate administrative expenditures is under the 10% administrative cap.

Final Certification of Subrecipient Aggregate Administrative	ć	0%
Expenditure Amount	Ş	U%

The table below provides a summary of proposed changes to the RWHAP Part A Expenditures Report. A draft template of the report with is also provided below.

I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts were for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)

X	
Financial Officer or Designee Signature	

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