RSR 2023 Grantee forms

General Information

The data shown below are pre-populated from the HRSA Electronic Handbooks (EHBs). Please verify that the information shown below is accurate. A field with an asterisk before it is a required field. NOTE: Updating the information in the RSR Recipient Report does not update your information in the EHBs. You must revise your agency's information in the EHBs as well.

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1. Official Mailing Address:

* a. Street: ▮▮▮▮▮▮▮▮

* b. City: Lansing

* c. State: MI

* d. Zip Code: 48933 - ____

2. Organization Identification:

* a. EIN: ▮▮▮▮▮▮

* b. UEI: ▮▮▮▮▮▮▮

3. Contact information of person responsible for this submission:

* a. Name: ▮▮▮▮▮▮

* b. Title: Data Manager/Departmental Analyst

* c. Phone: ▮▮▮▮▮

Extension:

d. Fax: ▮▮▮▮▮

* e. Email: ▮▮▮▮▮▮▮

Cancel   Save

Program Information

This item lists all of the agencies that had a contract with your organization during the reporting period. Verify the list is accurate. If a provider is missing, revise your list of contracts by selecting the "Search Contracts" link under the Manage Contracts heading in the left menu. If a provider listed will not submit a RSR Provider Report for the reporting period, select the checkbox in the Exempt column and enter a justification for the exemption in the text box that is displayed. NOTE: The exempt checkbox may only be selected if the organization's Provider Report is in "Not Started" or "Working" status.

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Warning	Reg Code	Provider Name	Exempt	Exemption Justification
+	93741	ARAB COMMUNITY CENTER FOR ECONOMIC AND SOCIAL SERVICES	☐	
+	47112	BERRIEN COUNTY HEALTH DEPARTMENT	☐	
+	76506	BRONSON HEALTH FOUNDATION	☑	Do not see clients. Provide human breast milk via mail.
+	22368	CARES	☐	
+	19068	CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT	☐	
+	40024	CITY OF DETROIT-HEALTH DEPARTMENT	☐	
+	61503	COMMUNITY HEALTH AWARENESS GROUP	☐	
+	66115	COUNTY OF INGHAM	☐	
+	81505	DEAFCAN	☐	
+	7279	GREAT LAKES BAY HEALTH CENTERS FKA HEALTH DELIVERY, INC.	☐	
+	51510	HEALTH EMERGENCY LIFELINE PROGRAM (HELP)	☐	
+	61511	HENRY FORD HEALTH SYSTEM	☐	
+	90234	KENT COUNTY HEALTH DEPARTMENT	☐	
+	30615	LAKELAND MEDICAL SERVICES	☐	
+	72378	LANSING AREA AIDS NETWORK	☐	
+	42379	MARQUETTE DISTRICT HEALTH DEPARTMENT	☐	
+	16890	MATRIX HUMAN SERVICES	☐	
+	72381	MERCY HEALTH PARTNERS - HACKLEY CAMPUS	☐	
+	72383	MICHIGAN DENTAL PROGRAM	☐	
+	30075	MICHIGAN HEALTH AND HUMAN SERVICES	☐	
+	82388	MUNSON MEDICAL CENTER	☐	
+	19694	OAKLAND INTEGRATED HEALTHCARE NETWORK	☐	
+	70302	REGENTS OF THE UNIVERSITY OF MICHIGAN	☐	
+	52366	SACRED HEART REHABILITATION CENTER, INC.	☐	

Edit Contract Details (Contract ID ▮▮▮▮)

Edit Contract

A field with an asterisk *before it is a required field.

Funding Organization Information

The name and core grant number shown below are pre-populated from the HRSA Electronic Handbooks (EHBs). You must correct any errors in this data in the EHBs.

Recipient Name: ███████████████████

Federal Award Identification Number: ████████

Organization ID: ████

Recipient Organization Information

The data shown below are pre-populated from the agency's profile. If the data are incorrect, the agency's profile must be updated in the EHBs or the Ryan White HIV/AIDS Program (RWHAP) Services Report (RSR) Web Application System. If your subrecipient receives RWHAP funds directly from the U.S. Department of Health & Human Services (HHS), their profile must be updated in the EHBs. If your subrecipient does NOT receive RWHAP funds directly from the HHS, their data must be updated in the RSR Web Application System.

Organization Name: ████████████████████████

Address: ██████████████████

Phone Number: ████████

Employer Identification Number: ████████

UEI:

Organization ID: ████

Registration Code: ████

Number of Service Delivery Sites: 0

Provider Profile Information

The data shown below are pre-populated from this agency's most recent RSR submission. If the data are incorrect, the agency's data may be updated in the RSR Web Application System.

Provider Type:	Other community-based service organization (CBO)
Section 330 Funding Received:	No
Ownership Type:	Private, nonprofit
Faith-based Organization:	No
Part of a real time electronic data network:	Unknown

Contract Information

* **1. Start Date:**

4/1/2023

* **2. End Date:**

3/31/2024

3. Contract Reference:

* **4. Contract Execution: Select "Yes" if the contract has been signed and executed.**

1. ○ No
2. ● Yes

* **5. Is this agency serving as a consortium, fiscal intermediary provider, administrative agent, or lead agency under this contract?**

1. ● No
2. ○ Yes

* **6. Is this agency a subcontractor or second-level provider?**

Service Information

* **7. Does this agency provide direct client services?**

    1. ○ No
    2. ● Yes

8. If applicable, select the administrative and technical services that are funded for this contractor.

    1. ☑ Planning or evaluation
    2. ☑ Administrative or technical support
    3. ☐ Fiscal intermediary support
    4. ☐ Other fiscal services
    5. ☐ Technical assistance
    6. ☐ Capacity development
    7. ☑ Quality management
    8. ☐ Other

9. If applicable, indicate the core medical and essential support services that are funded for this contract by selecting the "Update Services" button.

[Update Services]

Service Name	RWHAP Funding	RWHAP-Related Funding (Program Income and Pharmaceutical Rebates)	Consortia (Do not include Program Income and Pharmaceutical Rebates dollars)	Direct Service (Do not include Program Income and Pharmaceutical Rebates dollars)	Emerging Communities (Do not include Program Income and Pharmaceutical Rebates dollars)	Total
Outpatient/Ambulatory Health Services	☐	☑	--	--	--	--
Total			--	--	--	--

Created by: ▮▮▮▮▮▮▮▮▮▮▮
Created date: 11/20/2023
Last modified by: ▮▮▮▮▮▮▮▮▮
Last modified date: 2/29/2024

Services

Select the core medical and essential support services for this contract that are funded either through RWHAP or RWHAP-related expenditures (Program Income and Pharmaceutical Rebates). For each service category funded through RWHAP, enter a funding amount in the corresponding column. The award amount should reflect the current year and should not include carryover funds or RWHAP-related expenditures.

Services

Select the core medical and essential support services for this contract that are funded either through RWHAP or RWHAP-related expenditures (Program Income and Pharmaceutical Rebates). For each service category funded through RWHAP, enter a funding amount in the corresponding column. The award amount should reflect the current year and should not include carryover funds or RWHAP-related expenditures.

<div style="text-align:right">Done updating services *</div>

* Your changes will not be saved until you select the "Save" button on the contract details page.

Service Name	RWHAP Funding	RWHAP-Related Funding (Program Income and Pharmaceutical Rebates)	Consortia (Do not include Program Income and Pharmaceutical Rebates dollars)	Direct Service (Do not include Program Income and Pharmaceutical Rebates dollars)	Emerging Communities (Do not include Program Income and Pharmaceutical Rebates dollars)	Total
▲ Service Category: Core Medical Services						
Outpatient/Ambulatory Health Services	☐	☑				
AIDS Pharmaceutical Assistance	☐	☐				
Oral Health Care	☐	☐				
Early Intervention Services (EIS)	☐	☐				
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	☐	☐				
Home Health Care	☐	☐				
Home and Community-Based Health Services	☐	☐				
Hospice	☐	☐				
Mental Health Services	☐	☐				
Medical Nutrition Therapy	☐	☐				
Medical Case Management, including Treatment Adherence Services	☐	☐				
Substance Abuse Outpatient Care	☐	☐				
AIDS Drug Assistance Program Treatments	☐	☐				

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▲ **Service Category: Support Services**

Non-Medical Case Management Services	☐	☐			
Child Care Services	☐	☐			
Emergency Financial Assistance	☐	☐			
Food Bank/Home Delivered Meals	☐	☐			
Health Education/Risk Reduction	☐	☐			
Housing	☐	☐			
Linguistic Services	☐	☐			
Medical Transportation	☐	☐			
Outreach Services	☐	☐			
Psychosocial Support Services	☐	☐			
Referral for Health Care and Support Services	☐	☐			
Rehabilitation Services	☐	☐			
Respite Care	☐	☐			
Substance Abuse Services (residential)	☐	☐			
Other Professional Services	☐	☐			

[Done updating services] *

* Your changes will not be saved until you select the "Save" button on the contract details page.

Tuesday, July 2, 2024