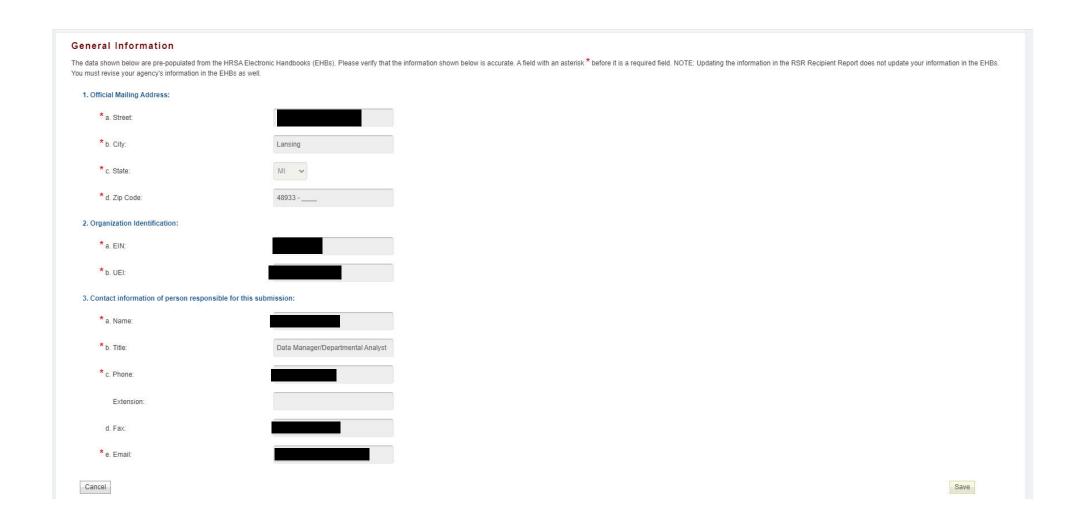
#### RSR 2023 Grantee forms

Public Burden Statement: 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 project is 0906-0039, and the expiration date is 12/31/2024. Public reporting burden for this collection of information is estimated to average 51 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.

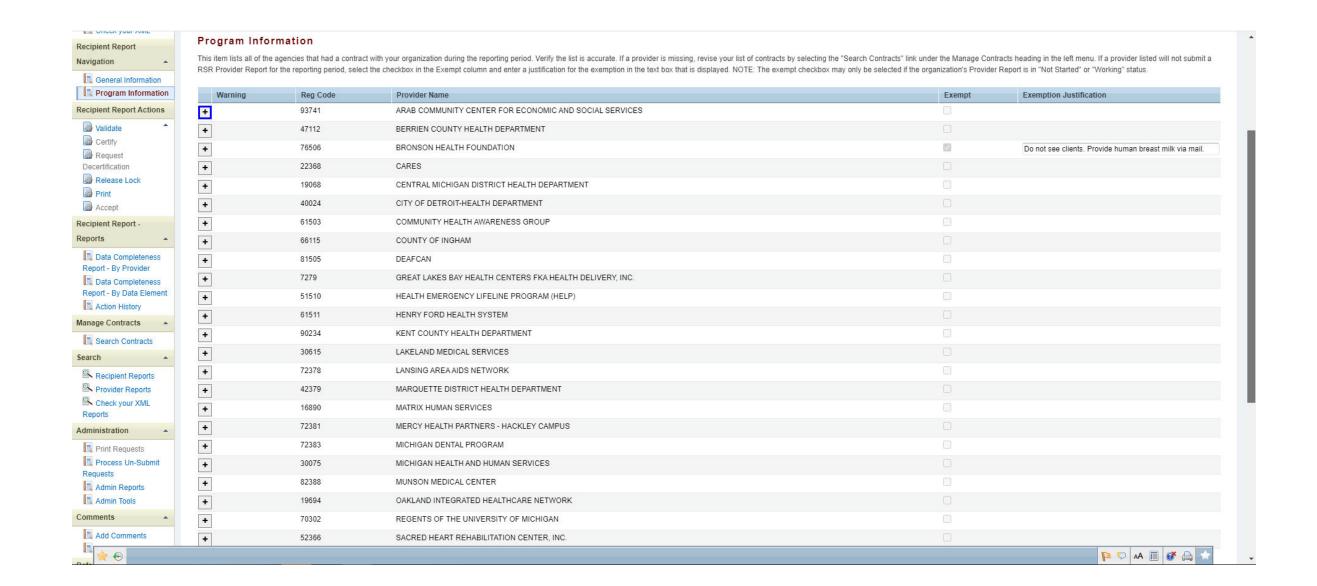
#### General Information

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.



# **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.



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 provid	er, administrative agent, or lead agency under this contract?
1. No 2. Yes	

<sup>\* 6.</sup> Is this agency a subcontractor or second-level provider?

## Service Information

* 7. Does this a	agency provide direct client services?
1. () 2. (iii)	
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

7. Quality management

Other fiscal services
 Technical assistance
 Capacity development

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	Income and	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: 2/20/2024

## 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 ser should not include carryover funds or RWHAP-rel		ih RWHAP or RWHAP-related expenditures (Progr	am Income and Pharmaceutical Rebates). For eac	ch service category funded through RWHAP, enter	_	ne award amount should reflect the current year and
* Your changes will not be saved until you select t	the "Save" button on the contract details page.				D	one updating 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
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						

■ 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

<sup>\*</sup> Your changes will not be saved until you select the "Save" button on the contract details page.