

RSR 2023 Grantee forms

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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:	<input type="text" value="██████████"/>
* b. City:	<input type="text" value="Lansing"/>
* c. State:	<input type="text" value="MI"/>
* d. Zip Code:	<input type="text" value="48933 - ____"/>

2. Organization Identification:

* a. EIN:	<input type="text" value="██████████"/>
* b. UEI:	<input type="text" value="██████████"/>

3. Contact information of person responsible for this submission:

* a. Name:	<input type="text" value="██████████"/>
* b. Title:	<input type="text" value="Data Manager/Departmental Analyst"/>
* c. Phone:	<input type="text" value="██████████"/>
Extension:	<input type="text"/>
d. Fax:	<input type="text" value="██████████"/>
* e. Email:	<input type="text" value="██████████"/>

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.

- Check your XML
- Recipient Report
- Navigation
 - General Information
 - Program Information
- Recipient Report Actions
 - Validate
 - Certify
 - Request
 - Decertification
 - Release Lock
 - Print
 - Accept
- Recipient Report - Reports
 - Data Completeness Report - By Provider
 - Data Completeness Report - By Data Element
 - Action History
- Manage Contracts
 - Search Contracts
- Search
 - Recipient Reports
 - Provider Reports
 - Check your XML Reports
- Administration
 - Print Requests
 - Process Un-Submit Requests
 - Admin Reports
 - Admin Tools
- Comments
 - Add Comments

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



Edit Contract Details (Contract ID [REDACTED])

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: [REDACTED]
Federal Award Identification Number: [REDACTED]
Organization ID: [REDACTED]

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: [REDACTED]
Address: [REDACTED]
Phone Number: [REDACTED]
Employer Identification Number: [REDACTED]
UEI: [REDACTED]
Organization ID: [REDACTED]
Registration Code: [REDACTED]
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	--	--	--	--
Total			--	--	--	--

Created by: [Redacted]

Created date: 11/20/2023

Last modified by: [Redacted]

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.

Done updating services *

* 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
AIDS Pharmaceutical Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Oral Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Early Intervention Services (EIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home and Community-Based Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Medical Nutrition Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Medical Case Management, including Treatment Adherence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Substance Abuse Outpatient Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
AIDS Drug Assistance Program Treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

4 Service Category: Support Services						
Non-Medical Case Management Services	<input type="checkbox"/>					
Child Care Services	<input type="checkbox"/>					
Emergency Financial Assistance	<input type="checkbox"/>					
Food Bank/Home Delivered Meals	<input type="checkbox"/>					
Health Education/Risk Reduction	<input type="checkbox"/>					
Housing	<input type="checkbox"/>					
Linguistic Services	<input type="checkbox"/>					
Medical Transportation	<input type="checkbox"/>					
Outreach Services	<input type="checkbox"/>					
Psychosocial Support Services	<input type="checkbox"/>					
Referral for Health Care and Support Services	<input type="checkbox"/>					
Rehabilitation Services	<input type="checkbox"/>					
Respite Care	<input type="checkbox"/>					
Substance Abuse Services (residential)	<input type="checkbox"/>					
Other Professional Services	<input type="checkbox"/>					

Done updating services *

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