

FY2XXX RWHAP Part A Expenditures Report

Expenditures Report

Grant Number and Name:

**Budget Period: 3/1/2020 -
2/28/2021 11:59:59 PM
Last Modified
Date:**

Report Status: Accepted

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

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| | |

| 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 |

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| | | | |
|------------------------------------|------------|------------|------------|
| 1 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 | | | | | | | | | | | | | | |
|---|---|---------|--------------------|---------|--------|---------|--------------------------------------|---------|--------------------|---------|--------|---------|--|--|
| | RWHAP Part A Formula and Supplemental Expenditure Amounts | | | | | | RWHAP Part A MAI Expenditure Amounts | | | | | | Total RWHAP Part A Expenditure Amounts | |
| | Current FY | | Prior FY Carryover | | Total | | Current FY | | Prior FY Carryover | | Total | | | |
| | Amount | Percent | Amount | Percent | Amount | Percent | Amount | Percent | Amount | Percent | Amount | Percent | | |
| Non-Services | | | | | | | | | | | | | | |
| a. Clinical Quality Management | | | | -- | | | | | | -- | | | | |

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|---|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|--|
| 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 Subtotal | \$0 | 9% | \$0 | -- | \$0 | 0% | \$0 | 0% | \$0 | -- | \$1 | 0% | \$0 | 0% | |
| Total Expenditures (Service + Non-service) | \$0 | 0% | \$0 | | \$0 | 0% | \$0 | 0% | \$0 | 0% | \$0 | 0% | 0 | 0% | |

| RWHAP Part A and MAI Service Category Expenditures | | | | | | | | | | | | | | | |
|--|---|---------|--------------------|---------|--------|---------|--------------------------------------|---------|--------------------|---------|--------|---------|--|--|--------|
| | RWHAP Part A Formula and Supplemental Expenditure Amounts | | | | | | RWHAP Part A MAI Expenditure Amounts | | | | | | Total RWHAP Part A Expenditure Amounts | | |
| | Current FY | | Prior FY Carryover | | Total | | Current FY | | Prior FY Carryover | | Total | | | | |
| | Amount | Percent | Amount | Percent | Amount | Percent | Amount | Percent | Amount | Percent | Amount | Percent | | | Amount |
| Core Medical Services | | | | | | | | | | | | | | | |

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|--|--|--|--|----|--|--|--|--|--|----|--|--|--|--|
| a. AIDS Drug Assistance Program Treatments | | | | -- | | | | | | -- | | | | |
| b. AIDS Pharmaceutical 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 | | | | -- | | | | | | -- | | | | |

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|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| Adherence Services | | | | | | | | | | | | | | | | |
| i. Medical Nutrition Therapy | | | | -- | | | | | | | -- | | | | | |
| j. Mental Health Services | | | | -- | | | | | | | -- | | | | | |
| k. Oral Health Care | | | | -- | | | | | | | -- | | | | | |
| l. Outpatient /Ambulatory Health Services | | | | -- | | | | | | | -- | | | | | |
| m. Substance Abuse Outpatient Care | | | | -- | | | | | | | -- | | | | | |
| 1. Core Medical Services Expenditures Subtotal | \$0 | 0% | \$0 | -- | \$0 | 0% | \$0 | 0% | \$0 | 0% | \$0 | -- | \$0 | 0% | \$0 | 0% |
| Support Services | | | | | | | | | | | | | | | | |
| a. Child Care Services | | | | -- | | | | | | | -- | | | | | |
| b. Emergency Financial Assistance | | | | -- | | | | | | | -- | | | | | |
| c. Food Bank/Home | | | | -- | | | | | | | -- | | | | | |

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|--|--|--|--|----|--|--|--|--|--|----|--|--|--|--|
| Delivered Meals | | | | | | | | | | | | | | |
| d. Health Education/Risk Reduction | | | | -- | | | | | | -- | | | | |
| e. Housing | | | | -- | | | | | | -- | | | | |
| f. Linguistic Services | | | | -- | | | | | | -- | | | | |
| g. Medical Transportation | | | | -- | | | | | | -- | | | | |
| h. Non-Medical Case Management Services | | | | -- | | | | | | -- | | | | |
| i. Other Professional Services | | | | -- | | | | | | -- | | | | |
| j. Outreach Services | | | | -- | | | | | | -- | | | | |
| k. Psychosocial Support Services | | | | -- | | | | | | -- | | | | |
| l. Referral for Health Care and Support Services | | | | -- | | | | | | -- | | | | |
| m. Rehabilitation Services | | | | -- | | | | | | -- | | | | |

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|--|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|--|
| n. Respite Care | | | | -- | | | | | | | -- | | | | |
| o. Substance Abuse Services (residential) | | | | -- | | | | | | | -- | | | | |
| 2. Support Services Expenditures Subtotal | \$0 | 0% | \$0 | -- | \$0 | 0% | \$0 | 0% | \$0 | -- | \$0 | 0% | \$0 | 0% | |
| 3. Service Expenditures Total | \$0 | 0% | \$0 | 0% | \$0 | 0% | \$0 | 0% | \$0 | 0% | \$0 | 0% | \$0 | 0% | |

| | RWHAP Part A Award | Expenditures | Un-Obligated Balance |
|--|--------------------|--------------|----------------------|
| 1. RWHAP Part A Formula Award Amount | | | |
| 2. RWHAP Part A Formula Carryover Amount | | | |
| 3. RWHAP Part A Supplemental Award | | | |

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|--------------------------------------|------------|------------|------------|
| 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. | 0% |

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.

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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% |
|--|------------|-----------|

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.

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| Final Certification of Subrecipient Aggregate Administrative Expenditure Amount | \$ | 0% |
|--|-----------|-----------|

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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 XX/XX/XXXX. 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 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov