



# FY 2023 & FY 2024 Reporting Requirements Overview

Ryan White HIV/AIDS Program Part A

*April 4, 2024*

**Division of Metropolitan HIV/AIDS Programs**  
HIV/AIDS Bureau (HAB)

**Vision: Healthy Communities, Healthy People**



# HRSA's HIV/AIDS Bureau (HRSA HAB) Vision and Mission

## Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

## Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



# DMHAP Core Values

Division of Metropolitan HIV/AIDS Programs



Promote access to and retention in high quality treatment and support services for people with HIV in metro areas

## Innovation

We openly give & receive thoughtful feedback in our exchange of information to stakeholders & colleagues for greater understanding.

## Diversity

We strive to understand & invite other points of view by valuing differences in people, experiences, & perspectives.

## Accountability

We take responsibility for our words, actions, & performance.

## Respect

We treat others how they would like to be treated with empathy, honesty, transparency, & integrity.

## Communication

We foster creative thinking to initiate change, encourage a passion for seeking solutions, & provide a safe place to try new things.

# FY 2023-2024 Reporting Requirements Overview

## FY 2023 Reporting Requirements

- a. Annual Progress Report
- b. Federal Financial Report (FFR) and Final Unobligated Balance Report (UOB) and Carryover Request

## Program Terms Report

- a. Expenditure Report
- b. Consolidated List of Contracts
- c. Allocations Report

## FY 2024 Reporting Requirements

- a. Program Submission
- b. Estimated Unobligated Balance (UOB) and Estimated Carryover Request

## Upcoming Submission Requirements



# FY 2023 Reporting Requirements



# FY 2023 Reporting Requirements

## Annual Progress Report

1. Programmatic Narrative
2. Final FY 2023 Service Category Plan and HIV Care Continuum Services Tables
3. FY 2023 Women, Infants, Children and Youth (WICY) Expenditures Report

## Expenditures Report



# Annual Progress Report

## Programmatic Narrative

1. Program Successes and Challenges
2. Planning Council/Planning Body (PC/PB) Activities
3. Subrecipient Monitoring Update
4. Early Identification of Individuals with HIV/AIDS (EIIHA) Update
5. Subpopulations of Focus Update
6. Integrated HIV Prevention and Care Plan Update



# Annual Progress Report

## Subrecipient Monitoring Update

1. Describe monitoring activities within the jurisdiction conducted during the last budget period.
2. Include the number of visits and completed.
3. Provide the number of corrective action plans and explain trends in findings.
4. Indicate any improvements or changes made in the monitoring process.





# Annual Progress Report

## Integrated HIV Prevention and Care Plan Update

1. Detail activities within the jurisdiction describing the processes used to measure progress
2. Describe how you provided updates and solicited and used feedback from PC/PB and stakeholders on the progress of the Integrated Plan
3. Indicate the updates, if any, made to the plan



# Annual Progress Report

## Subpopulations of Focus

1. Provide viral suppression rates with a narrative describing any improvement in outcomes
2. Describe how MAI services met the needs of the subpopulations of focus
3. Describe challenges and how they were addressed



# Annual Progress Report

## Service Category Plan Table

Submit an updated Ryan White HIV/AIDS Program (RWHAP) Part A and MAI Service Category Plan Table, with estimates submitted in the FY 2023 Program Submission.

1. Report actual spending, service utilization, and outcomes data
2. Provide an explanation of variance(s) exceeding 20%, including how variances impacted:
  - a. Expenditures
  - b. Unduplicated clients
  - c. Service units



# Annual Progress Report

## Service Category Plan Table

Part A Service Category Plan Table												
Service Categories	FY 2023 Estimated (Input from approved submission)					FY 2023 Actual						
	Priority #	Allocated Amount	Unduplicated Clients	Service Unit Definition	Service Units	Expended Amount	Variance %	Unduplicated Clients	Variance %	Service Units	Variance %	Average Cost per Service Unit
<b>Core Medical Services</b>												
AIDS Drug Assistance Program (ADAP) Treatment												#DIV/0!
AIDS Pharmaceutical Assistance (LPAP)												#DIV/0!
Early Intervention Services												#DIV/0!
Health Insurance Premium & Cost Sharing Assistance												#DIV/0!
Home & Community Based Health Service												#DIV/0!
Home Health Care												#DIV/0!
Hospice												#DIV/0!
Medical Case Management (Incl. Treatment Adherence)												#DIV/0!
Medical Nutrition Therapy												#DIV/0!
Mental Health Services												#DIV/0!
Oral Health Care												#DIV/0!
Outpatient/ Ambulatory Health Services												#DIV/0!
Substance Abuse Outpatient Care												#DIV/0!
<b>CORE MEDICAL TOTAL</b>		\$ -				\$ -						
<b>Support Services</b>												



# Annual Progress Report

## HIV Care Continuum Services Table

1. Submit an updated HIV Care Continuum Services Table including FY 2023 baseline data and actual outcomes
2. Provide comments for any stage with percentage change less than 1% or greater than 6%

*Information on the steps of the HIV care continuum using the HHS indicators is available on the [CDC website](#)*



# Annual Progress Report

## HIV Care Continuum Services Table

FY 2023 Baseline				
<b>Numerator:</b> Number of persons aged ≥13 years with diagnosed HIV infection in the jurisdiction at the end of the calendar year. Data Source: NHSS 202012 (Reference Source: Vol 34).	(Input from approved submission)	<b>Denominator:</b> Number of persons aged ≥13 years with HIV infection (diagnosed or undiagnosed) in the jurisdiction at the end of the calendar year. ****	[input number]	#VALUE!
FY 2023 Actual				Percentage Change from Baseline to Actual
<b>Numerator:</b> Number of persons aged ≥13 years with diagnosed HIV infection in the jurisdiction at the end of the calendar year. Data Source: NHSS 202012 (Reference Source: Vol 34).	(Input from approved submission)	<b>Denominator:</b> Number of persons aged ≥13 years with HIV infection (diagnosed or undiagnosed) in the jurisdiction at the end of the calendar year. ****	[input number]	#VALUE!
<b>Comments for any stage with percentage change less than 1% or greater than 6%:</b>	[input explanation]			



## Annual Progress Report

### WICY Expenditures Report

1. Legislation requires recipients use a proportionate amount of their grant dollars to provide services to women, infants, children, and youth (WICY) with HIV/AIDS
2. Recipients may use the provided WICY template to report these expenditures
3. CDC 2022 WICY data are included as a separate tab in the template



## FFR and Final UOB Report and Final Carryover Request

1. FFR (SF-425) due May 29, 2024
2. Final UOB Report and Final Carryover Request due June 28, 2024

**Note:** FY 2023 FFR will be due 90 days after the end of the budget year. FY 2023 Carryover Request will be due 30 days after the FFR due date





# Final UOB Report and Final Carryover Request

**Health Resources & Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Metropolitan HIV/AIDS Program  
Ryan White HIV/AIDS Program Part A Final Unobligated Balance Report and Final Carryover Request**

**Instructions:** This form provides a suggested format for reporting final Unobligated Balances (UOB) and final Carryover Requests. Section I contains sources of Unobligated Funds, Section II includes Reasons for Unobligated Funds, Section III includes Plans for use of the Carryover Funds, Section IV includes required signatures confirming the planned use of carryover funds. **See the "Instructions" tab for additional detail.**

Recipient Name:			Date:		
<b>Section I: Sources for Unobligated Funds Reported by Recipient</b>					
Fiscal Year and Source of Funds	Award Amount	Expenditures	UOB Amount	UOB %	Carryover Amount Requested
FY 2023 Part A Formula Funds			\$0	#DIV/0!	
FY 2022 Part A Carryover Funds to FY 2023			\$0	#DIV/0!	
FY 2023 Part A Supplemental Funds			\$0	#DIV/0!	
Part A SubTotal	\$0	\$0	\$0		\$0
FY 2023 MAI Formula Funds			\$0	#DIV/0!	
FY 2022 MAI Carryover Funds to FY 2023			\$0	#DIV/0!	
MAI SubTotal	\$0	\$0	\$0		\$0
<b>TOTAL PART A GRANT</b>	\$0	\$0	\$0		\$0
<b>FORMULA UOB PENALTY WAIVER</b>					
<i>If your FY 2023 Part A Formula Funds UOB percent is greater than 5%, did you receive an approved Formula UOB penalty waiver due to the impact of the COVID-19 pandemic for FY 2023? (select option from drop-down list in B20)</i>					
<b>Section II: Reasons for Unobligated Funds Reported by Recipient</b>					
			Reason(s) Funds Are Unobligated		





# RWHAP Part A Program Terms Report (PTR) and Expenditures Report

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RYAN WHITE HIV/AIDS PROGRAM (RWHAP)

HRSA HIV/AIDS BUREAU

APRIL 4, 2024





# Outline

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Accessing the PTR and Expenditures Reports

Completing the PTR

Completing the Expenditures Report

Validating and Submitting the PTR and Expenditures Report

# Instruction Manuals

FY24 RWHAP PART A PTR MANUAL



**RWHAP Part A  
Program Terms  
Report**

**FY2024 Instruction Manual**

Available soon on the [TargetHIV website](#)

FY23 RWHAP PART A EXPENDITURES  
REPORT MANUAL



**RWHAP Part A  
Expenditures  
Report**

**FY2023 Instruction Manual**

Available on the [TargetHIV website](#)

# Accessing the PTR and Expenditures Report

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# HRSA EHBs Access

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- RWHAP Part A PTR and Expenditures Report are both accessed through the HRSA EHBs
- Users need a HRSA EHBs account with access to their agency's grant
- For assistance with your Login.gov username or password, contact the Login.gov Support Team at (844) 875-6446 or [submit a help ticket online](#)
- For assistance with account permissions, contact the EHBs Customer Support Center at 1-877-464-4772

# HRSA EHBs Homepage

**HRSA Electronic Handbooks** Search [ ] Logout

Home | **Tasks** | Organization | **Grants** | Free Clinics | FQHC-LALs | Dashboards | Resources

**My Tasks**

- 9 All
- 3 Late
- 0 Due

**Grants Menu:**

- Submissions**
  - Work on Progress Report
  - Work on Performance Report
  - Work on Noncompeting Progress Reports
  - Work on Other Submissions**
- Requests**
  - Work on existing Prior Approval
  - Request New Prior Approval
  - Work on Existing Health Center H80 CIS
  - Request New Health Center H80 CIS
  - Manage HCCN PHCs
- Portfolio**
  - Add a Grant to My Portfolio
  - Work on a Grant in My Portfolio
  - View My Access Requests
- Users**
  - View Authorized Users
  - Authorize New Users
  - Approve Access Requests
- Scope**
  - Manage Sites
  - Manage Services
  - Manage Other Activities and Locations
- Applications**
  - Validate Grants.gov Applications
  - Allow Others to Work on My Applications
  - View My Applications
  - Search Funding Opportunities

**Favorites** Pin Favorites to Home Page

**Help** Getting Started in the EHBs

**Resources** > What's New

**Recently Accessed** Grant Other Submissions - F... 5 days ago

# Submissions-All Page

## Submissions - All

Not Completed Recently Completed All

### Search Filters:

#### Basic Search Parameters

Grant Number  (e.g. C80CS16989)  
(comma separated list)

Submission Name   
Like

Submission Tracking Number   
Like

Organization  All  
 City Health Department

Submission Deadline  Between   And    
(mm/dd/yyyy)

Submission Type  All  
 Financial Report  
 Noncompeting

#### Advanced Search Parameters

#### Display Options

Sort Method (Grid | Custom)



# Submissions-All Page

Submission  
Deadline  
(mm/dd/yyyy)

Between   And  

Submission Type

- All
- Financial Report
- Noncompeting

▶ Advanced Search Parameters

▼ Display Options



Sort Method (Grid | Custom)

Search Name:  [Save Parameters](#) [Search](#)


 [Export To Excel](#)

 [Search](#) |  [Saved Searches](#) ▼

◀ ▶ 1 2 3 4 ▶ Page size: 15 ▼ Go 55 items in 4 page(s)

Submission Name	Submission Type	Organization	Grant #	Tracking #	Reporting Period	Deadline	Submitted Date	Status	Options
<input type="text"/>	All ▼	All ▼	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	All ▼	
▶ FY 2023 Expenditures Report	Other Submissions	City Health Department	H89HA00000		03/01/2023 - 02/29/2024	05/29/2024		Not Started	 Start ▼
▶ FY 2024 Program Terms Report	Other Submissions	City Health Department	H89HA00000		03/01/2024 - 02/28/2025	06/27/2024		Not Started	 Start ▼

# Report Inbox

 **HRSA** | Electronic Handbooks Support | Logout

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Welcome | Recently Accessed | What's New | Guide Me ^

**NAVIGATION** << **Program Terms Report Inbox** Your session will expire in: **29:25**


**Inbox** ▾  
**PTR/Allocations Report Inbox**

**Manage Contracts** ▾  
[Search Contracts](#)

**Search** ▾  
[Search Reports](#)

#	Report ID ▲	Submission	Name	Grant Number	Budget Year	Modified Date	Status	Action	Comments	Action History
1		Program Terms Report	County Health Department	H89HA00000	03/01/2024 - 02/28/2025		Not Started	 Create	 Comment	 History

For help with EHBs contact the HRSA Help Desk by phone at 1-877-Go4-HRSA (1-877-464-4772) Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. Or use the [HRSA Electronic Handbooks Contact Center help request form](#) to submit your question online.  
For questions regarding data content and/or reporting requirements, please contact Data Support at 1-888-640-9356 or email to [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

**Logged in as:** GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter  
The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click .

# Completing the PTR

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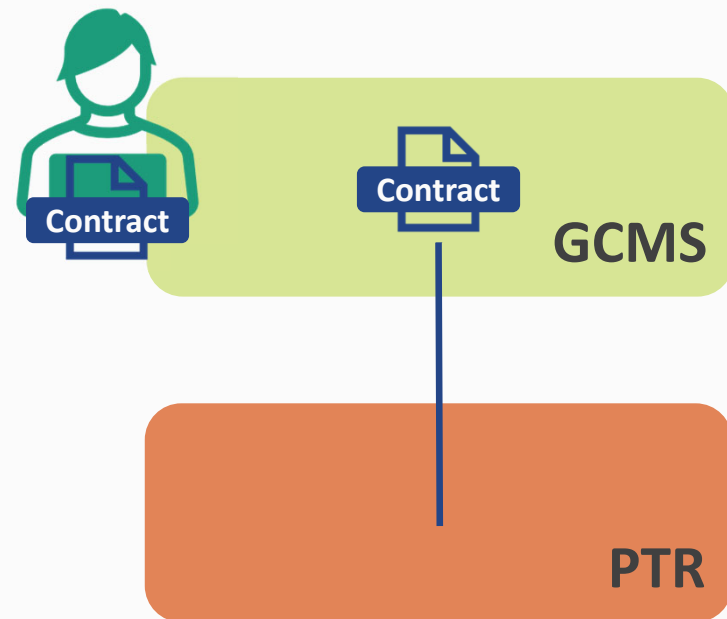
# PTR Background

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- All RWHAP Part A recipients must submit the PTR within 60 days of the release of their final Notice of Award (NoA)
- Recipients report on their planned allocation of FY24 funding (3/1/2024 – 2/28/2025)
- Once submitted, report is reviewed by recipient's project officer

# What is the GCMS?

- Grantee Contract Management System (GCMS)
- A data storage system for RWHAP contract information
- Multiple reports utilize the GCMS helping to decrease data entry burden
- The PTR automatically imports contract information from the GCMS



# The PTR and the GCMS

- Contracts are typically added to the GCMS during completion of the PTR
- Recipients must have a contract in the GCMS for each organization funded to provide services with their RWHAP Part A award
- Contract dates should align with the dates of your budget period
- Prior years' contracts cannot be reused

## Results

	Id	Funded By	Org ID	Organization Name	Reg Code	Reference	Start	End	Services	Funded Through	Funded Amount	Is Executed	Action
+	111111	H89HA00000	8888	RWHAP Part A Provider	88888		3/1/2023	2/29/2024	7		\$105,445.00	Yes	Edit/Remove Go
+	111112	H89HA00000	8888	RWHAP Part A Provider	88888		3/1/2024	2/28/2025	8		\$123,893.00	Yes	Edit/Remove Go

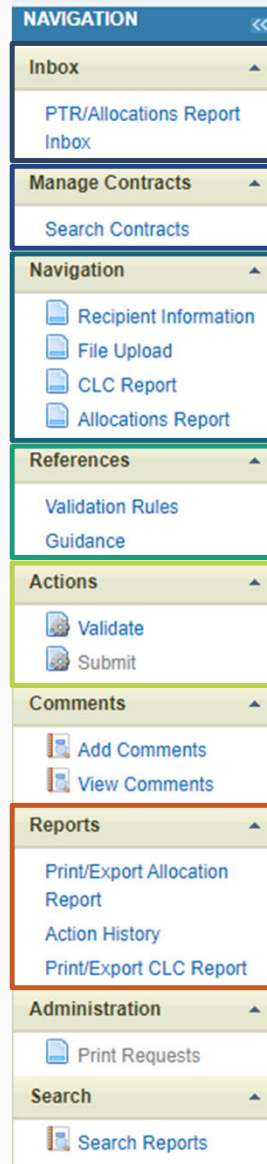
# Additional GCMS Resources



- For additional assistance entering contracts in the GCMS, please see the [GCMS Manual](#) and the [Completing the GCMS webinar](#) available on the TargetHIV website

# Navigation Panel

- Use the Navigation panel on the left side of the screen to navigate throughout the report and complete all report actions



Navigate to the PTR Inbox

Navigate to the GCMS

Access the various sections of the PTR


Access the Validation Rules and RWHAP Part A PTR Instructions documents

Validate and submit the PTR

Export and print the CLC and Allocations Report (needed for the Program Submission)



# Recipient Information

 **HRSA** Electronic Handbooks Support Logout

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**NAVIGATION** << **Program Terms Report** Your session will expire in: 29:40

**Inbox** ▾  
[PTR/Allocations Report](#)  
[Inbox](#)

**Manage Contracts** ▾  
[Search Contracts](#)

**Navigation** ▾  
[Recipient Information](#)  
[File Upload](#)  
[CLC Report](#)  
[Allocations Report](#)

**References** ▾  
[Validation Rules](#)  
[Guidance](#)

**Actions** ▾  
[Validate](#)  
[Submit](#)

**Comments** ▾  
[Add Comments](#)

**▼ H89HA00000 : City Health Department**

<b>Report ID:</b> 123456	<b>Status:</b> Working	<b>Due Date:</b> 5/29/2024 11:59:58 PM
<b>Budget Year:</b> 3/1/2024 - 2/28/2025	<b>Last Modified Date:</b> 3/18/2024 4:09:14 PM	<b>Last Modified By:</b> user@cityhealth.gov
<b>Access Mode:</b> ReadWrite	<b>UEI:</b> AB1C2DEF3GH	

**Recipient 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 on this page does not update your information in the EHBs. You must revise your agency's information in the EHBs as well.

**1. Official Mailing Address:**

* a. Street:	<input type="text" value="888 5th Street"/>
* b. City:	<input type="text" value="City"/>
* c. State:	<input type="text" value="ST"/>
* d. Zip Code:	<input type="text" value="12345-6789"/>

**2. Organization Identification:**

# Recipient Information

Validation Rules  
Guidance

**Actions**

- Validate
- Submit

**Comments**

- Add Comments
- View Comments

**Reports**

- Print/Export Report
- Action History

**Search**

- Search Reports

b. City:

\* c. State:

\* d. Zip Code:

**2. Organization Identification:**

a. EIN:

b. UEI:

**3. Contact information of person responsible for this submission:**

\* a. Name:


b. Title:

\* c. Phone:

d. Fax:

\* e. E-mail:

# Recipient Information

Support Logout

Home Tasks Organizations Grants Dashboards Free Clinics FQHC-LALs Resources

Welcome Recently Accessed What's New Guide Me

**NAVIGATION** << Search

**Inbox** >

- PTR/Allocations Report
- Inbox

**Manage Contracts** >

- Search Contracts

**Navigation** >

- Recipient Information**
- File Upload
- CLC Report
- Allocations Report

**References** >

- Validation Rules
- Guidance

**Actions** >

- Validate
- Submit

**Comments** >

- Add Comments

**Program Terms Report** Your session will expire in: 29:40

**H89HA00000 : City Health Department**

<b>Report ID:</b> 123456	<b>Status:</b> Working	<b>Due Date:</b> 5/29/2024 11:59:58 PM
<b>Budget Year:</b> 3/1/2024 - 2/28/2025	<b>Last Modified Date:</b> 3/18/2024 4:09:14 PM	<b>Last Modified By:</b> user@cityhealth.gov
<b>Access Mode:</b> ReadWrite	<b>UEI:</b> AB1C2DEF3GH	

**Recipient Information**

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**1. Official Mailing Address:**

- \* a. Street:
- \* b. City:
- \* c. State:
- \* d. Zip Code:

**2. Organization Identification:**

# File Upload

NAVIGATION << Program Terms Report Your session will expire in: 29:42

Search

Inbox ▲

PTR/Allocations Report Inbox

Manage Contracts ▲

Search Contracts

Navigation ▲

Recipient Information

**File Upload**

CLC Report

Allocations Report

References ▲

Validation Rules

Guidance

Actions ▲

Validate

Submit

Comments ▲

**H89HA00000 : City Health Department**

Report ID: 123456      Status: Working      Due Date: 5/29/2024 11:59:58 PM

Budget Year: 3/1/2024 - 2/28/2025      Last Modified Date: 3/18/2024 4:09:14 PM      Last Modified By: user@cityhealth.gov

Access Mode: ReadWrite      UEI: AB1C2DEF3GH

**File Upload**

Document Name	Description	Size	Part	Budget Year	Action
FY 2024 RWHAP Part A PTR Instructions.docx	FY 2024 Part A (H89) PTR Instructions	43.02 KBs	Part A	3/1/2024 - 2/28/2025	<a href="#">View</a>

**No required file uploads for the RWHAP Part A PTR**

To upload a primary component of your report, select the "Upload" link in the Action column. If you would like to submit a supplemental document to complete your submission, select the "Upload Supplemental Document" button below. Please note that you will be unable to upload files larger than 29MB.

[Create Compressed Zip File](#) ?

No records to display.

# CLC Report

**NAVIGATION** <<

Search

**Inbox** ^

[PTR/Allocations Report Inbox](#)

**Manage Contracts** ^

[Search Contracts](#)

**Navigation** ^

[Recipient Information](#)

[File Upload](#)

**CLC Report**

[Allocations Report](#)

**References** ^

[Validation Rules](#)

[Guidance](#)

**Actions** ^

[Validate](#)

[Submit](#)

**Comments** ^

## Program Terms Report

Your session will expire in: **29:37**

**H89HA00000 : City Health Department**

### Consolidated List of Contractors

Review the list of your organization's contracts for the fiscal year. If a contract is missing, look for the missing contract by selecting the "Search Contracts" link under the Manage Contracts heading in the left menu.

Warning	Id	Funded By	Organization	Reference	Start	End	Services	Funded Through	Is Executed	Amount
<input type="checkbox"/>	111111	H89HA00000	City Health Department		3/1/2024	2/28/2025	6		No	\$1,400,000.00
<input type="checkbox"/>	111112	H89HA00000	Local Hospital		3/1/2024	2/28/2025	2		No	\$500,000.00
<input type="checkbox"/>	111113	H89HA00000	Regional Clinic		3/1/2024	2/28/2025	3		No	\$700,000.00
<input type="checkbox"/>	111114	H89HA00000	Food Bank Support		3/1/2024	2/28/2025	3		No	\$300,000.00

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For questions regarding data content and/or reporting requirements, please contact Data Support at 1-888-640-9356 or email to [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com)

# Contract Synchronization

**NAVIGATION** <<

Search

**Inbox** ▲

PTR/Allocations Report  
Inbox

**Manage Contracts** ▲

Search Contracts

**Navigation** ▲

Recipient Information  
File Upload  
**CLC Report**  
Allocations Report

**References** ▲

Validation Rules  
Guidance

**Actions** ▲

Validate  
Submit

**Comments** ▲

## Program Terms Report

Your session will expire in: **29:37**



### Warning:

The program information displayed below does not match the program information in the Grantee Contract Management system (GCMS). Click the provider name listed in blue font below or select the icon in the "Warning" column below to review the updates for each provider and, if correct, synchronize the information. To synchronize program information across all providers, click the "Synchronize All" button. Please note that the synchronization process updates data for both the CLC Report and Allocation Report.

[Health and Happiness Clinic \(Added\)](#)

**Synchronize All**

### ▶ H89HA00000 : City Health Department

### Consolidated List of Contractors

Review the list of your organization's contracts for the fiscal year. If a contract is missing, look for the missing contract by selecting the "Search Contracts" link under the Manage Contracts heading in the left menu.

	Warning	Id	Funded By	Organization	Reference	Start	End	Services	Funded Through	Is Executed	Amount
+		111111	H89HA00000	City Health Department		3/1/2024	2/28/2025	6		No	\$1,400,000.00
+		111112	H89HA00000	Local Hospital		3/1/2024	2/28/2025	2		No	\$500,000.00
+		111113	H89HA00000	Regional Clinic		3/1/2024	2/28/2025	3		No	\$700,000.00
+		111114	H89HA00000	Food Bank Support		3/1/2024	2/28/2025	3		No	\$300,000.00

# Allocations Report

- NAVIGATION** <<
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  - References**
    - Validation Rules
    - Guidance
  - Actions**
    - Validate
    - Submit
  - Comments**
    - Add Comments
    - View Comments
  - Reports**
    - Print/Export Report

## Program Terms Report

Your session will expire in: 29:42

### ▼ H89HA00000 : City Health Department

Report ID: 123456      Status: Working      Due Date: 5/29/2024 11:59:58 PM  
 Budget Year: 3/1/2024 - 2/28/2025      Last Modified Date: 3/18/2024 4:09:14 PM      Last Modified By: user@cityhealth.gov  
 Access Mode: ReadWrite      UEI: AB1C2DEF3GH

### Allocations Report

All fields are required.

**Public Burden Statement:** OMB Control Number (0915-0318) Valid Until 04/30/2026

#### Budget Year 03/01/2024 - 02/28/2025 Award Information

Budget Year Award Information	Award Amount
RWHAP Part A Formula Award Amount	<input type="text"/>
RWHAP Part A Supplemental Award Amount	<input type="text"/>
RWHAP Part A MAI Award Amount	<input type="text"/>
<b>Total RWHAP Part A Funds:</b>	\$0

#### RWHAP Part A Program Allocation Totals

	RWHAP Part A Formula and Supplemental Allocation Amounts		RWHAP Part A MAI Allocation Amounts		Total RWHAP Part A Allocation Amounts	
	Amount	Percent	Amount	Percent	Amount	Percent
<b>Non Services</b>						

# Award Information

Manage Contracts

Search Contracts

Navigation

- Recipient Information
- File Upload**
- CLC Report
- Allocations Report

References

- Validation Rules
- Guidance

Actions

## Allocations Report

All fields are required.

**Public Burden Statement:** OMB Control Number (0915-0318) Valid Until 04/30/2026

Budget Year 03/01/2024 - 02/28/2025 Award Information

Budget Year Award Information	Award Amount
RWHAP Part A Formula Award Amount	<input type="text"/>
RWHAP Part A Supplemental Award Amount	<input type="text"/>
RWHAP Part A MAI Award Amount	<input type="text"/>

### Three new validation errors:

- Check no. 241: Award amount entered for **RWHAP Part A Formula Award Amount (\$\$\$)** does not match the corresponding amount from Notice of Award (\$\$\$).
- Check no. 242: Award amount entered for **RWHAP Part A Supplemental Award Amount (\$\$\$)** does not match the corresponding amount from Notice of Award (\$\$\$).
- Check no. 243: Award amount entered for **RWHAP Part A MAI Award Amount (\$\$\$)** does not match the corresponding amount from Notice of Award (\$\$\$).



# RWHAP Part A Program Allocation Totals

Validate

Submit

Comments

Add Comments

View Comments

Reports

Print/Export Report

Action History

Search

Search Reports

Total RWHAP Part A Funds: \$0

RWHAP Part A Program Allocation Totals

	RWHAP Part A Formula and Supplemental Allocation Amounts		RWHAP Part A MAI Allocation Amounts		Total RWHAP Part A Allocation Amounts	
	Amount	Percent	Amount	Percent	Amount	Percent
<b>Non Services</b>						
a. Clinical Quality Management	<input type="text"/>		<input type="text"/>		\$0	0.00 %
b. Administrative	<input type="text"/>		<input type="text"/>		\$0	0.00 %
<b>Non-services Allocation Subtotal</b>	<b>\$0</b>		<b>\$0</b>		<b>\$0</b>	<b>0.00 %</b>
c. Core Medical Services	\$0		\$0		\$0	
d. Support Services	\$0		\$0		\$0	
<b>Service Allocation Subtotal</b>	<b>\$0</b>		<b>\$0</b>		<b>\$0</b>	<b>100.00 %</b>
<b>Total Allocations(Service+Non-service)</b>	<b>\$0</b>		<b>\$0</b>		<b>\$0</b>	

Service	RWHAP Part A Formula and Supplemental Allocation Amounts		RWHAP Part A MAI Allocation Amounts		Total RWHAP Part A Allocation Amounts	
---------	--	--	-------------------------------------	--	---------------------------------------	--

# Core Medical and Support Services

Service	RWHAP Part A Formula and Supplemental Allocation Amounts		RWHAP Part A MAI Allocation Amounts		Total RWHAP Part A Allocation Amounts	
	Amount	Percent	Amount	Percent	Amount	Percent
<b>Core Medical Services</b>						
a. AIDS Drug Assistance Program Treatments	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
b. AIDS Pharmaceutical Assistance	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
c. Early Intervention Services (EIS)	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
e. Home and Community-Based Health Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
f. Home Health Care	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
g. Hospice Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
h. Medical Case Management, including Treatment Adherence Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
i. Medical Nutrition Therapy	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
j. Mental Health Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %

# Core Medical Services Waiver Checkbox

Core Medical Services	Amount	Percentage	Amount	Percentage	Amount	Percentage
n. Respite Care	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
o. Substance Abuse Services (residential)	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
<b>2. Support Services Allocation Subtotal</b>	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
<b>3. Service Allocations Total</b>	<b>\$0</b>	<b>100.00 %</b>	<b>\$0</b>	<b>100.00 %</b>	<b>\$0</b>	<b>100.00 %</b>

Recipient received waiver for 75% core medical services requirement.

## Legislative Requirements Checklist

**Core Medical Services (CMS) Allocation Requirement: At least 75% of your total service allocations must be allocated on core medical services (unless approved).**

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

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

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

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

# Legislative Requirements Checklist

## Legislative Requirements Checklist

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

When reporting CMS allocations, the Total RWHAP Part A Allocation Amounts for CMS must be at least 75% of Total Service Allocations unless a CMS waiver was approved.	<b>0.00 %</b>
To the right is the percentage of your Current Fiscal Year (FY) CMS Allocations divided by your Total Part A Formula, Supplemental, and MAI allocations.	

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

When reporting CQM allocations, the Total RWHAP Part A Allocation 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 allocate to CQM. The capped amount will be 5% of the total award or \$3 million, whichever is smaller. Please check to make sure your CQM allocation does not exceed your Capped Amount.	
<b>Recipient Clinical Quality Management Capped Amount</b>	<b>\$0</b>
<b>Recipient Clinical Quality Management Allocation Amount</b>	<b>\$0</b>

**Administration Allocation Requirement: No more than 10% of your total award can be allocated to recipient administration.**

When reporting recipient administration allocations, the Total RWHAP Part A Allocation Amounts for Administration must not exceed 10% of the total award amount.		
Below is the percentage of your Current Fiscal Year recipient administration allocations divided by your Total Part A Award. Please check to make sure this percentage is not greater than 10%.		
<b>Recipient Administration Allocation Amount</b>	<b>\$0</b>	<b>0.00 %</b>

# Completing the Expenditures Report

---



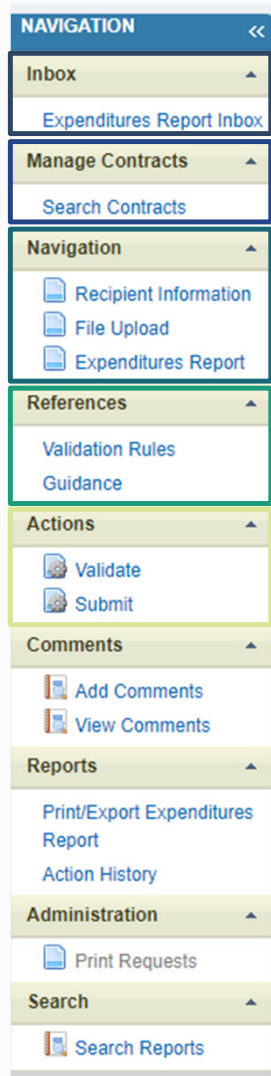
# Expenditures Report Background

---

- All RWHAP Part A recipients must submit the Expenditures Report within 90 days after the end of the budget period
- Recipients report on their actual expenditure of FY23 funding (3/1/2023 – 2/29/2024)
- Once submitted, report is reviewed by recipient's DMHAP project officer
- Expenditures Report does not utilize the GCMS

# Expenditures Report Navigation Panel

- Use the Navigation panel on the left side of the screen to navigate throughout the report and complete all report actions



Navigate to the Expenditures Report Inbox

Navigate to the GCMS

Access the various sections of the Expenditures Report

Access the Validation Rules and RWHAP Part A Expenditures Report Instructions documents

Validate and submit the Expenditures Report

# Recipient Information

## NAVIGATION <<

- Inbox ▲
  - Expenditures Report Inbox
- Manage Contracts ▲
  - Search Contracts
- Navigation ▲
  - Recipient Information
  - File Upload
  - Expenditures Report
- References ▲
  - Validation Rules
  - Guidance
- Actions ▲
  - Validate
  - Submit
- Comments ▲
  - Add Comments
  - View Comments

## Expenditures Report

Your session will expire in: 29:53

### ▼ H89HA00000 : City Health Department

Report ID: 123456	Status: Working	Due Date: 5/29/2024 11:59:59 PM
Budget Year: 3/1/2023 - 2/29/2024	Last Modified Date: 4/24/2024 3:33:57 PM	Last Modified By: mscott@cityhealthdepartment.gov
Access Mode: ReadWrite	UEI: AB1C2DEF34GH	

### Recipient 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 on this page does not update your information in the EHBs. You must revise your agency's information in the EHBs as well.

#### 1. Official Mailing Address:

- \* a. Street:
- \* b. City:
- \* c. State:
- \* d. Zip Code:



# Recipient Information

- Report
- Action History
- Administration ▲
- Print Requests
- Search ▲
- Search Reports

## 2. Organization Information:

a. EIN:

b. UEI:

## 3. Contact information of person responsible for this submission:

\* a. Name:

b. Title:

\* c. Phone:

d. Fax:

\* e. E-mail:

Cancel

Save

# File Upload

NAVIGATION << Expenditures Report Your session will expire in: 29:42

Search

Inbox

Expenditures Report  
Inbox

Manage Contracts

Search Contracts

Navigation

Recipient Information

**File Upload**

Expenditures Report

References

Validation Rules  
Guidance

Actions

Validate  
Submit

**Expenditures Report**

H89HA00000 : City Health Department

Report ID: 123456      Status: Working      Due Date: 5/29/2024 11:59:58 PM

Budget Year: 3/1/2023 - 2/29/2024      Last Modified Date: 3/18/2024 4:09:14 PM      Last Modified By: user@cityhealth.gov

Access Mode: ReadWrite      UEI: AB1C2DEF3GH

**File Upload**

Document	Budget Year	Action
FY 2023 RW	2023 - 2/29/2024	<a href="#">View</a>

**Submission Components**

To upload a primary component of your report, select the "Upload" link in the Action column. If you would like to submit a supplemental document to complete your submission, select the "Upload Supplemental Document" button below. Please note that you will be unable to upload files larger than 29MB.

[Create Compressed Zip File](#) ?

No records to display.

No required file uploads for the RWHAP Part A Expenditures Report



# Expenditures Report Changes

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- Removal of RWHAP Part A supplemental award-specific columns
- Additional required fields to complete in the Expenditures Summary table
- New certification of subrecipient aggregate administrative expenditures table

# Expenditures Report

## Expenditures Report

Fill in the data for all fields in the form. If there are no data to be reported for a particular field, fill in with a zero. After completing the form, click the Save button to view the calculated totals.

**Public Burden Statement:** OMB Control Number (0915-0390) Valid Until 07/31/2026

### Budget Year 03/01/2023 - 02/28/2024 Award Information

	Current FY	Prior FY Carryover	Total
1. RWHAP Part A Formula Award Amount	<input type="text"/>	<input type="text"/>	\$0
2. RWHAP Part A Supplemental Award Amount	<input type="text"/>		\$0
3. RWHAP Part A MAI Award Amount	<input type="text"/>	<input type="text"/>	\$0
<b>4. Total RWHAP Part A Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### RWHAP Part A Program Expenditure Totals

	RWHP Part A Formula and Supplemental Expenditure Amounts						RWHP Part A MAI Expenditure Amounts						Total RWHP 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	Percent
<b>Non Services</b>														
a. Clinical Quality Management	<input type="text"/>		<input type="text"/>				<input type="text"/>		<input type="text"/>					

# Expenditures Report

Budget Year 03/01/2023 - 02/28/2024 Award Information

Five new validation errors:

- Check no. 144: Award amount entered for **Prior FY Carryover RWHAP Part A Formula Award Amount (\$\$)** does not match the corresponding amount from Notice of Award (\$\$).
- Check no. 145: Award amount entered for **Current FY RWHAP Part A Formula Award Amount (\$\$)** does not match the corresponding amount from Notice of Award (\$\$)
- Check no. 146: Award amount entered for **Current FY RWHAP Part A Supplemental Award Amount (\$\$)** does not match the corresponding amount from Notice of Award (\$\$).
- Check no. 147: Award amount entered for **Current FY RWHAP Part A MAI Award Amount (\$\$)** does not match the corresponding amount from Notice of Award (\$\$).
- Check no. 148: Award amount entered for **Prior FY Carryover RWHAP Part A MAI Award Amount (\$\$)** does not match the corresponding amount from Notice of Award (\$\$).

Amount

Percent

Amount

Percent

Amount

Percent

Amount

Percent

Am

Non Services

# RWHAP Part A Program Expenditure Totals

## 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	Amount	Percent
<b>Non Services</b>														
a. Clinical Quality Management	<input type="text"/>		<input type="text"/>				<input type="text"/>		<input type="text"/>					
b. Administration	<input type="text"/>		<input type="text"/>				<input type="text"/>		<input type="text"/>					
<b>Non-services Expenditures Subtotal</b>														
c. Core Medical Services														
d. Support Services														
<b>Service Expenditures Subtotal</b>														
<b>Total Expenditures (Service + Non-service)</b>														

## 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	

# RWHAP Part A and MAI Service Category Expenditures

## 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	Percent
<b>Core Medical Services</b>														
a. AIDS Drug Assistance Program Treatments	<input type="text"/>		<input type="text"/>				<input type="text"/>		<input type="text"/>					
b. AIDS Pharmaceutical Assistance	<input type="text"/>		<input type="text"/>				<input type="text"/>		<input type="text"/>					
c. Early Intervention Services (EIS)	<input type="text"/>		<input type="text"/>				<input type="text"/>		<input type="text"/>					
d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	<input type="text"/>		<input type="text"/>				<input type="text"/>		<input type="text"/>					
e. Home and Community-Based Health Services	<input type="text"/>		<input type="text"/>				<input type="text"/>		<input type="text"/>					
f. Home Health Care	<input type="text"/>		<input type="text"/>				<input type="text"/>		<input type="text"/>					
g. Hospice Services	<input type="text"/>		<input type="text"/>				<input type="text"/>		<input type="text"/>					
h. Medical Case Management, including Treatment Adherence Services	<input type="text"/>		<input type="text"/>				<input type="text"/>		<input type="text"/>					

# Expenditures Summary Table

<b>Total</b>										
--------------	--	--	--	--	--	--	--	--	--	--

	<b>RWHAP Part A Award</b>	<b>Expenditures</b>	<b>Unobligated Balance</b>
1. RWHAP Part A Formula Award Amount	\$0	<input type="text"/>	
2. RWHAP Part A Formula Carryover Amount	\$0	<input type="text"/>	
3. RWHAP Part A Supplemental Award Amount	\$0	<input type="text"/>	
4. RWHAP Part A MAI Award Amount	\$0	<input type="text"/>	
5. RWHAP Part A MAI Carryover Amount	\$0	<input type="text"/>	
<b>6. Total</b>	<b>\$0</b>		

Recipient received waiver for 75% core medical services requirement.



# Legislative Requirements Checklist

Recipient received waiver for 75% core medical services requirement.

## Legislative Requirements 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 RWHP 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 service expenditures.

**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.**

When reporting CQM expenditures, the Total RWHP 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**

**Recipient Clinical Quality Management Expenditure Amount**

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

When reporting recipient administration expenditures, the Total RWHP 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**

**Certification of Subrecipient Aggregate Administrative Expenditures**

# Certification of Subrecipient Administration

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**

**Recipient Clinical Quality Management Expenditure Amount**

**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**

## 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 Expenditure Amount**

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)

**Financial Officer or Designee Signature**

Enter Full Name

Cancel

Save

# Validating and Submitting the PTR and Expenditures Report

---

# Validating Your Report

**NAVIGATION** <<

Search

**Inbox** ▲

PTR/Allocations Report Inbox

**Manage Contracts** ▲

Search Contracts

**Navigation** ▲

Recipient Information

File Upload

CLC Report

Allocations Report

**References** ▲

Validation Rules

Guidance

**Actions** ▲

**Validate**

Submit

**Comments** ▲

## Program Terms Report

Your session will expire in: **29:54**

▼ H89HA00000 : City Health Department

<b>Report ID:</b> 123456	<b>Status:</b> Working	<b>Due Date:</b> 5/29/2024 11:59:58 PM
<b>Budget Year:</b> 3/1/2024 - 2/28/2025	<b>Last Modified Date:</b> 3/18/2024 4:09:14 PM	<b>Last Modified By:</b> user@cityhealth.gov
<b>Access Mode:</b> ReadWrite	<b>UEI:</b> AB1C2DEF3GH	

Your validation request has been scheduled. It may take several minutes to generate the report.


**NOTE:** You must refresh this page to display your results.

---

For help with EHBs contact the HRSA Help Desk by phone at 1-877-Go4-HRSA (1-877-464-4772) Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. Or use the [HRSA Electronic Handbooks Contact Center help request form](#) to submit your question online.

For questions regarding data content and/or reporting requirements, please contact Data Support at 1-888-640-9356 or email to [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com)

**Logged in as:** GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter

The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click .



# Validation Categories

---

- For the RWHAP Part A PTR and Expenditures Report, there are three validation message categories that you may receive:

## Errors

- Must be corrected before you can submit your PTR

## Warnings

- Recommend correcting, when possible, but you may submit by adding a comment for each one you receive

## Alerts

- Recommended correcting, when possible, to prevent your PO from returning your report for changes

# Validation Results

## Navigation

- Recipient Information
- File Upload
- CLC Report
- Allocations Report

## References

- Validation Rules
- Guidance

## Actions

- Validate**
- Submit

## Comments

- Add Comments
- View Comments

## Reports

- Print/Export Report
- Action History

## Search

- Search Reports

## Validation Results

You must fix all errors in your report before you can submit your data. Please fix all warnings as appropriate. For the warnings that you cannot or should not fix, enter a warning comment before you submit your data. To enter warning comments for a specific check, select the "Add Comment" link located in the Action column of the validation results table(s). Contact the help desk if you have questions about any of the validation errors, warnings, or alerts.

### Recipient Information

Row No.	Check No.	Message	Type	Comment Count	Action
---------	-----------	---------	------	---------------	--------

No report validation errors found.

### Required Documents

Row No.	Check No.	Message	Type	Comment Count	Action
---------	-----------	---------	------	---------------	--------

No report validation errors found.

### Consolidated List of Contractors

Row No.	Check No.	Message	Type	Comment Count	Action
---------	-----------	---------	------	---------------	--------

No report validation errors found.

# Validation Results

Guidance

**Actions**

- Validate
- Submit

**Comments**

- Add Comments
- View Comments

**Reports**

- Print/Export Report
- Action History

**Search**

- Search Reports

Row No.	Check No.	Message	Type	Comment Count	Action
---------	-----------	---------	------	---------------	--------

No report validation errors found.

## Required Documents

Row No.	Check No.	Message	Type	Comment Count	Action
---------	-----------	---------	------	---------------	--------

No report validation errors found.

## Consolidated List of Contractors

Row No.	Check No.	Message	Type	Comment Count	Action
---------	-----------	---------	------	---------------	--------

No report validation errors found.

## Allocations Report

Row No.	Check No.	Message	Type	Comment Count	Action
1	13	The total reported for RWHAP Part A Formula Award Amount and RWHAP Part A Supplemental Award Amount should equal to the calculated amount that is displayed in the Total Allocations (Service + Non-service) RWHAP Part A Formula and Supplemental Allocation Amounts column. Review the Allocation Report section for accuracy.	Alert	0	

# Submitting Your Report

**NAVIGATION** <<

- Inbox
- PTR/Allocations Report Inbox
- Manage Contracts
  - Search Contracts
- Navigation
  - Recipient Information
  - File Upload
  - CLC Report
  - Allocations Report
- References
  - Validation Rules
  - Guidance
- Actions
  - Validate
  - Submit**
- Comments
  - Add Comments
  - View Comments
- Reports
  - Print/Export Allocation Report
  - Action History

## Program Terms Report

Your session will expire in: 29:56

**H89HA00000 : City Health Department**

Report ID: 123456	Status: Working	Due Date: 5/29/2024 11:59:58 PM
Budget Year: 3/1/2024 - 2/28/2025	Last Modified Date: 3/18/2024 4:09:14 PM	Last Modified By: user@cityhealth.gov
Access Mode: ReadWrite	UEI: AB1C2DEF3GH	

### Submit Report

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

Please enter comments regarding your certification.

\* Comments:

Rich text editor with toolbar (Bold, Italic, Underline, Font, Color, Background Color, Bulleted List, Numbered List, Indent, Outdent, Undo, Redo, Link, Unlink, Table, Table of Contents, Print, Preview, Design, Preview).

Characters remaining: 3000

I certify that the data in this report is accurate and complete. I understand that reporting accurate and complete data is a condition of this grant award and is subject to federal audit.

**Submit**



# TA Resources

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# Additional TA Resources



## [TargetHIV Website](#)

- [PTR/Allocations Report & Expenditures Report topic page](#)



## [HRSA HAB Website](#)

- Policy notices, instructions, and HAB information
- [PCN #16-02](#)

# TA Contact Information

TA Resource	Type of TA
Ryan White Data Support 888-640-9356   <a href="mailto:RyanWhiteDataSupport@wrma.com">RyanWhiteDataSupport@wrma.com</a>	<ul style="list-style-type: none"><li>• PTR/Expenditures Report content and submission questions</li><li>• Interpretation of the instruction manuals and HAB's reporting requirements</li><li>• Instructions for completing the PTR and Expenditures Report</li><li>• Adding/editing contracts in the GCMS</li></ul>
Electronic Handbooks (EHBs) Customer Support Center 877-464-4772 <a href="#">Submit an EHBs TA Request</a>	<ul style="list-style-type: none"><li>• EHBs navigation</li><li>• EHBs registration, access, and permissions</li></ul>
Login.gov Help Center 844-875-6446 <a href="#">Submit a help ticket</a>	<ul style="list-style-type: none"><li>• Login.gov account registration and management</li></ul>

# FY 2024 Reporting Requirements



# Program Submission Components

1. PC/PB Membership Roster and Reflectiveness Worksheet
2. Signed Letter and Allocations Report from PC/PB Chair
3. HIV Care Continuum Services Table
4. Service Category Plan Table



## Program Submission

### PC/PB Membership Roster and Reflectiveness Worksheet

## Purpose:

The FY 2024 Part A Planning Council/Planning Body (PC/PB) Membership Roster and Reflectiveness Worksheet illustrates if the PC/PB membership follows legislative reflectiveness and representation requirements

## PCs/PBs are expected to comply with legislative reflectiveness and representation requirements including:

1. Compliance with legislatively mandated membership categories
2. Assurance that at least 33 percent PC/PB members are *unaffiliated* RWHAP Part A clients (not staff, paid consultants, or Board members of RWHAP Part A funded providers)
3. The total PC/PB membership and the 33% of unaffiliated client members, are reflective of HIV/AIDS prevalence in the jurisdiction



# Program Submission

## PC/PB Membership Roster and Reflectiveness Worksheet

Instructions

1. PC or PB Roster

2. Membership Category Tool

3. Reflectiveness

### Planning Council/Planning Body Membership Roster and Reflectiveness Worksheet

The FY 2024 Part A Planning Council/Planning Body (PC/PB) Membership Roster and Reflectiveness Worksheet illustrates if the PC/PB membership follows legislative reflectiveness and representation requirements at the time of completion.

Per the Ryan White HIV/AIDS Treatment Extension Act of 2009 – Section 2602 (b)(1)

#### Planning Council/Planning Bodies Must:

- Establish an HIV health services planning council
- Ensure the council's composition reflects the demographics of the population of individuals with HIV/AIDS population in the eligible area
- Particular consideration given to disproportionately affected and historically underserved groups and subpopulations

We have added new formulas for automatic data transfer between worksheets

Please fill out the tables in the following order:

1. Membership Roster
2. Membership Category Tool
3. Reflectiveness

**Note:** Complete the comment boxes, as applicable, throughout the worksheet to describe plans to comply with legislative requirements.



# Program Submission

## PC/PB Membership Roster

- Instructions
- 1. PC or PB Roster
- 2. Membership Category Tool
- 3. Reflectiveness

### FY 2024 Part A Planning Council/Planning Body Membership Roster

Date of form completion: \_\_\_\_\_

What is the minimum authorized/prescribed number of PC/PB members according to PC/PB Bylaws?: \_\_\_\_\_

Number of appointed PC/PB members: \_\_\_\_\_ 0

Percentage of unaffiliated PC/PB client members \_\_\_\_\_ #DIV/0!

**Comments:** If you are not in compliance with the 33% unaffiliated client mandate, please provide a detailed and succinct narrative on how you plan to comply

Do at least two members of the PC/PB publicly disclose their HIV status?

**Comments:** If there are not term limits in the bylaws, describe the plans for establishing term limits.

Describe current PC/PB Bylaw term limits and/or membership rotations: \_\_\_\_\_

Healthcare provider, including Federally Qual  
 Community Based Organization (CBO) serving  
 Social Service Provider - housing and homele  
 Social Service Provider - other  
 Mental Health Provider  
 Substance Abuse Provider

Name (use an * to self-identify)	PC/PB Position	Agency Affiliation	Gender	Race/Ethnicity	Membership Category	Member since?	Unaffiliated 1 for Yes 0 for No	Term(s)

**Comments:** If you are not in compliance with the membership requirements of RWHAP Legislation, provide a detailed and succinct narrative documenting efforts, plans, and a proposed timeline to fill the membership category vacancy.

**Annual certification by the Chief Elected Official (CEO) or designee (required only if a membership category is vacant) attesting there are plans to fill vacancies:**

CEO or designee signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Program Submission





## PC/PB Membership Category Tool

Instructions

1. PC or PB Roster

**2. Membership Category Tool**

3. Reflectiveness

Membership Categories	Vacancy Status	Vacancy Duration (if applicable)	Comment Section: Comments are required for all legislatively mandated categories. Include barriers for recruitment and plans to address vacancy.
Healthcare Provider, including Federally Qualified Health Center	NOT VACANT		
Community Based Organization (CBO) Serving Affected Populations/AIDS Service Organization (ASO)	NOT VACANT		
Social Service Provider - Housing and Homeless Services	VACANT		
Social Service Provider - Other	NOT VACANT		
Mental Health Provider	NOT VACANT		



# Program Submission

## PC/PB Membership Reflectiveness Table

Instructions

1. PC or PB Roster

2. Membership Category Tool

3. Reflectiveness

Planning Council/Planning Body Reflectiveness Table (Use most recent HIV Prevalence data)						
HIV Prevalence data source and year of data:						
Race/Ethnicity	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
White, not Hispanic	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Black, not Hispanic	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Hispanic	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Asian/Pacific Islander	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
American Indian/Alaska Native	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Multi-Race	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Other/Not Specified	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
<b>Total</b>	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Gender	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
Male	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Female	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Transgender: male-to-female	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Transgender: female-to-male	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Other gender identity	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
<b>Total</b>	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Age	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
13-19 years	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
20-29 years	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
30-39 years	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
40-49 years	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
50-59 years	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
60+ years	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
<b>Total</b>	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!

Comments: If you are not in compliance with the Reflectiveness requirements of RWHAP Legislation please provide a detailed and succinct narrative on how you plan to comply.

## Planning Council/Planning Body Reflectiveness Table

(Use most recent HIV Prevalence data)

HIV Prevalence data source and year of data:

HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
0	#DIV/0!	0	#DIV/0!	0	#DIV/0!



## Program Submission

### Signed Planning Council/Planning Body Endorsements

1. The letter must indicate:
  - a. Prioritization: Confirmation that **All** RWHAP Part A and MAI services were prioritized during Priority Setting and Resource Allocation (PSRA)
  - b. Concurrence: Agreement that the funded service categories and the dollar amounts are reflected on the FY 2024 RWHAP Part A and MAI Allocations Report
2. A signed copy of the FY 2024 RWHAP Part A & MAI Planned Allocations Report



## Program Submission

### HIV Care Services Continuum Table

#### Develop a diagnosis-based HIV Care Continuum Services Table

1. Include baseline and target indicators as a numerator and denominator, as well as a percentage for each step
2. List the service categories funded by RWHAP Part A and MAI that will aid in achieving the desired target outcomes
3. Data source should remain the same for each year in the 3-year period of performance



# Program Submission

## HIV Care Continuum Services Table

Diagnosis-Based HIV Care Continuum Services Table	
Indicate surveillance data source as local, jurisdictional or CDC. Data source should remain the same for each year in the 3-year grant cycle. Client level data is not an acceptable source of surveillance data.	[Input Data Source]
Stages of the HIV Care Continuum	
I. Diagnosed: Percentage of persons aged ≥13 years with HIV infection who know their serostatus.	Diagnosed Service Category (List service categories that tie to target goal as described in Part A and/or MAI Service Category Plan Table)
Goal	Objective
	By 2025, increase the percentage of people with HIV infection who know their serostatus to at least 95 percent. (Source: HNSP, Indicator 1***)

Data Source

Diagnosis-Based HIV Care Continuum Services Table	
Indicate surveillance data source as local, jurisdictional or CDC. Data source should remain the same for each year in the 3-year grant cycle. Client level data is not an acceptable source of surveillance data.	[Input Data Source]
Stages of the HIV Care Continuum	
I. Diagnosed: Percentage of persons aged ≥13 years with HIV infection who know their serostatus.	Diagnosed Service Category (List service categories that tie to target goal as described in Part A and/or MAI Service Category Plan Table)
Goal	Objective
Prevent new HIV infections.	By 2025, increase the percentage of people with HIV infection who know their serostatus to at least 95 percent. (Source: HNSP, Indicator 1***)
[CALENDAR YEAR] Baseline	
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection in the jurisdiction at the end of the calendar year. Data Source: NHSS 202012 (Reference Source: Vol 34*).	Denominator: Number of persons aged ≥13 years with HIV infection (diagnosed or undiagnosed) in the jurisdiction at the end of the calendar year. ****
[input number]	[input number]
FY 2024 Target	
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection in the jurisdiction at the end of the calendar year. Data Source: NHSS 202012 (Reference Source: Vol 34*).	Denominator: Number of persons aged ≥13 years with HIV infection (diagnosed or undiagnosed) in the jurisdiction at the end of the calendar year. ****
[input number]	[input number]
Percentage Change from Baseline to Target	
	#VALUE!
Comments for any stage with percentage change less than 1% or greater than 6%:	
	[input explanation]

Target

Comments for any stage with percentage change

Numerator: Number of persons aged ≥13 years with diagnosed HIV infection in the jurisdiction at the end of the calendar year, as measured by the percentage of people with CD4 count or viral load test results. (Reference Source: Vol 34*).	Denominator: Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.
[input number]	[input number]
#VALUE!	
Comments for any stage with percentage change less than 1% or greater than 6%:	
	[input explanation]
III. Retained in Care: Percentage of persons with documentation of 2 or more CD4 or viral load tests performed at least 3 months apart during the calendar year.	
Goal	Objective
Improve HIV-related outcomes for people with HIV.	By 2025, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 95%. (Source: HNSP, Indicator 6***).
[CALENDAR YEAR] Baseline	



# Program Submission

## Service Category Plan Table

Recipient Name: \_\_\_\_\_  
Grant Number: H89HAXXXX

RWHAP Part A Service Category Plan												
Service Categories	FY 2023 Actual						FY 2024 Estimated					
	Priority #	Expended Amount	Unduplicated Clients	Service Unit Definition	Service Units	Average Cost per Service Unit	Priority #	Estimated Amount	Unduplicated Clients	Service Unit Definition	Service Units	Average Cost per Service Unit
<b>Core Medical Services</b>												
AIDS Drug Assistance Program (ADAP) Treatment		\$ -				#DIV/0!		\$ -				#DIV/0!
AIDS Pharmaceutical Assistance (LPAP)		\$ -				#DIV/0!		\$ -				#DIV/0!
Early Intervention Services		\$ -				#DIV/0!		\$ -				#DIV/0!
Health Insurance Premium & Cost Sharing Assistance		\$ -				#DIV/0!		\$ -				#DIV/0!
Home & Community Based Health Service		\$ -				#DIV/0!		\$ -				#DIV/0!
Home Health Care		\$ -				#DIV/0!		\$ -				#DIV/0!
Hospice		\$ -				#DIV/0!		\$ -				#DIV/0!
Medical Case Management (Incl. Treatment Adherence)		\$ -				#DIV/0!		\$ -				#DIV/0!
Medical Nutrition Therapy		\$ -				#DIV/0!		\$ -				#DIV/0!
Mental Health Services		\$ -				#DIV/0!		\$ -				#DIV/0!
Oral Health Care		\$ -				#DIV/0!		\$ -				#DIV/0!
Outpatient/ Ambulatory Health Services		\$ -				#DIV/0!		\$ -				#DIV/0!
Substance Abuse Outpatient Care		\$ -				#DIV/0!		\$ -				#DIV/0!
<b>CORE MEDICAL TOTAL</b>		\$ -										
<b>Support Services</b>												
Child Care Services		\$ -				#DIV/0!		\$ -				#DIV/0!
Emergency Financial Assistance		\$ -				#DIV/0!		\$ -				#DIV/0!
Food Bank/ Home Delivered Meals		\$ -				#DIV/0!		\$ -				#DIV/0!
Health Education/ Risk Reduction		\$ -				#DIV/0!		\$ -				#DIV/0!



# FY 2024 Estimated UOB Report and Estimated Carryover Request

## HRSA Ryan White HIV/AIDS Program (RWHAP) Part A Estimated Unobligated Balance (UOB) and Estimated Carryover Request

Per the Ryan White HIV/AIDS Program (RWHAP) statute, awarded RWHAP Part A funds are subject to unobligated balances (UOB) provisions, as outlined in the [Ryan White HIV/AIDS Program Part A Manual](#). The provisions include the requirement that, before the end of each grant year, recipients submit a request for estimated carryover of any estimated RWHAP Part A formula UOB to the Health Resources and Services Administration (HRSA).

Failure to submit an estimated UOB and estimated carryover request to HRSA will result in a recipient being ineligible to receive RWHAP Part A formula UOB identified in the annual federal financial report (FFR) as RWHAP Part A formula carryover funds. All recipients are required to submit the request.

**Note:**

1. RWHAP Part A formula funds awarded continue to be subject to UOB provisions in section 2603 of the Public Health Service Act. [Policy Notice 12-02](#) explains the UOB requirements and potential penalties imposed on recipients that do not comply with the requirements in RWHAP statute.
2. Minority AIDS Initiative (MAI) funds are awarded on a formula basis but are **not** subject to RWHAP Part A UOB restrictions and penalties.
3. RWHAP Part A supplemental funds may not be carried over.

To comply with the legislative and RWHAP requirements, this form is to be completed by the Authorizing Official. Please initial in the box next to the answer for each question below and submit in HRSA Electronic Handbooks (EHB) by the deadline indicated in your Notice of Award (NoA).

Jurisdiction: \_\_\_\_\_ EMA/TGA: \_\_\_\_\_

Grant number: \_\_\_\_\_

Fiscal Year (current budget period): \_\_\_\_\_

Estimated Unobligated Balance	Are you projecting UOB at the end of the budget period?	If yes, what subprogram(s) is projected to have estimated UOB at the end of the budget period (select all that apply)?
	YES <input type="checkbox"/> OR NO <input type="checkbox"/>	Formula Part A <input type="checkbox"/> Supplemental <input type="checkbox"/> MAI <input type="checkbox"/>
Unobligated Balance Penalty	Is your projected Part A formula UOB amount greater than 5 percent of your current year Part A formula award (do not include approved carryover funds)?	
	YES <input type="checkbox"/> OR NO <input type="checkbox"/>	
Intended Use of Carryover Funds	Regardless of projected Part A formula UOB reported above, if there is formula UOB identified in the accepted Federal Financial Report (FFR), how do you intend to expend those funds if approved for carryover (check all that apply)?	
	<input type="checkbox"/> The formula carryover funds will be expended on service categories prioritized by the Planning Council/Planning Body.	
	<input type="checkbox"/> The formula carryover funds will be utilized for a new project.	

SIGNATURE OF AUTHORIZING OFFICIAL: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_



# Reporting Requirements Calendars





# FY 2023 Reporting Requirement Calendar

Part A (H89) FY2023 Requirements	Purpose	Deadline
<b>Expenditures Report</b>	Part A & MAI Expenditures Table reports on how recipients have expended grant funds on administration, CQM, and services. Expenditures for services are reported by service category. All expenditures are reported by sub-program, i.e., Formula, Supplemental and MAI. This report is submitted through the EHB PTR system.	5/29/2024
<b>Annual Progress Report</b>	The APR provides a summary of the recipient's implementation and performance of the Part A grant program and includes the following: Service Category and Care Continuum Tables & Narrative, PC/PB Activities Narrative, EIIHA Update, Subpopulations of Focus Update, Integrated HIV Prevention and Care Plan Update, and WICY Report	5/29/2024
<b>Federal Financial Report (FFR)</b>	<p>The FFR is submitted at the end of each grant budget period to report on annual expenditures and unobligated balances. It includes a summary of expenditures by Part A grant program, i.e., Formula, Supplemental and MAI</p> <p>The Formula UOB Penalty waiver is available to recipients due to the continued impact of the COVID-19 public health emergency. This must be submitted by the final FFR deadline as a Prior Approval in EHBs.</p>	5/29/2024
<b>Final Unobligated Balances Report and Carryover Request</b>	The Final FY 2023 Unobligated Balances Report and Carryover Request is submitted to request carryover of eligible Formula and MAI UOB amounts.	6/28/2024



# FY 2024 Reporting Requirement Calendar

Part A(H89) FY2024 Requirements	Purpose	Deadline
Program Submissions	PC/PB Signed Letter, PC/PB Roster and Reflectiveness Table, Updated HIV Care Continuum Services Table, Service Category Plan Table	60 days after final NoA
Program Terms Report	Allocations Table, Consolidated List of Contracts (CLC)	60 days after final NoA
Expenditures Report	Part A & MAI Expenditures Table reports on how recipients have expended grant funds on administration, CQM, and services. Expenditures for services are reported by service category. All expenditures are reported by sub-program, i.e. Formula, Supplemental and MAI. This report is submitted through the EHB PTR system.	5/29/2025
Annual Progress Report	The APR provides a summary of the recipient's implementation and performance of the Part A grant program and includes the following: FY2024 Service Category and Care Continuum Tables & Narrative, PC/PB Activities Narrative, EIIHA Update, MAI Annual Report Narrative, WICY Report, Updated HIV Care Continuum Services Table, Updated Unmet Needs Table, Updated table provided progress compared to table submitted with FY2022 application	5/29/2025
Federal Financial Report (FFR) and Carryover Request	FFR (SF-425) and Carry Over Request (Note: carryover request can be submitted up to 30 days after May 29, 2025). The FFR is submitted at the end of each grant budget period to report on annual expenditures and unobligated balances. It includes a summary of expenditures by Part A grant program, i.e. Formula, Supplemental and MAI.	5/29/2025
Final Unobligated Balances Report and Carryover Request	The Final FY 2024 Unobligated Balances Report and Carryover Request may be submitted to request carryover of eligible Formula and MAI UOB amounts.	6/28/2025
Estimated Unobligated Balances Report and Carryover Request	The estimated FY 2024 Unobligated Balances Report and Carryover Request may be submitted to request carryover of eligible Formula and MAI UOB amounts.	12/31/2024



# Presenter Information

**Reporting Requirements Workgroup**

**Division of Metropolitan HIV/AIDS Programs**

**HIV/AIDS Bureau (HAB)**

**Health Resources and Services Administration (HRSA)**

**Web: [hab.hrsa.gov](http://hab.hrsa.gov)**





# Questions?

Type your question in the chat pod.

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