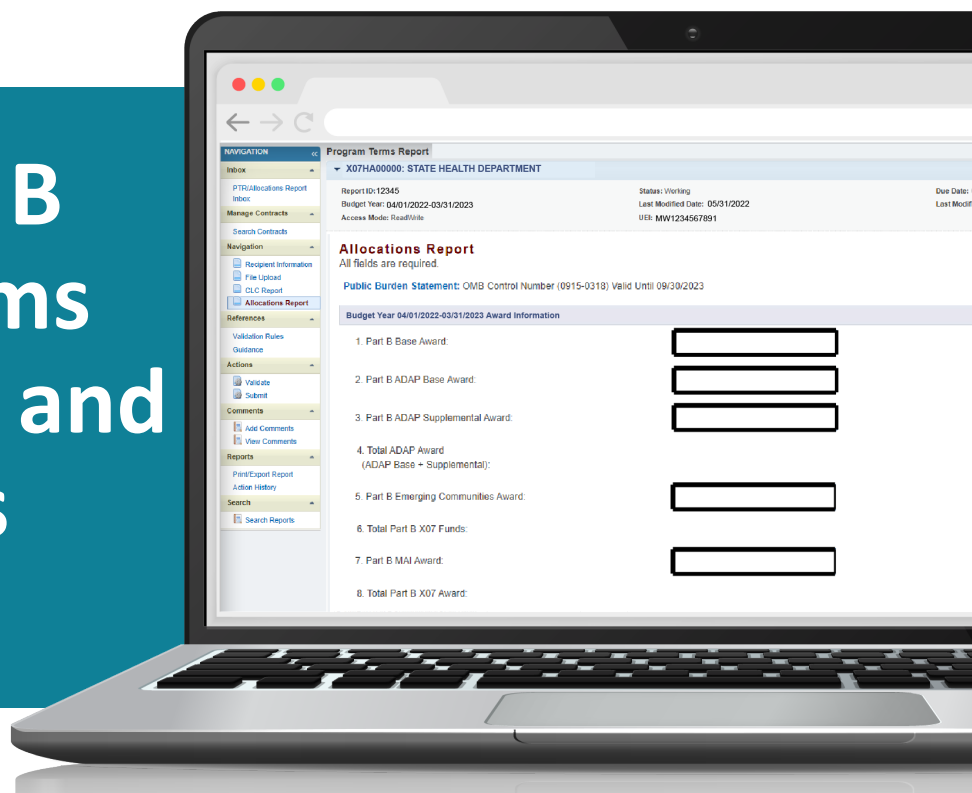


# RWHAP Part B Program Terms Report (PTR) and Expenditures Report



## Instruction Manual 2022

Release Date: June 22, 2022

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HIV/AIDS Bureau Division of Policy and Data  
Health Resources and Services Administration  
U.S. Department of Health and Human Services  
5600 Fishers Lane, Room 9N164A  
Rockville, MD 20857

**HRSA**  
Health Resources & Services Administration



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# Icons Used in This Manual

The following icons are used throughout this manual to alert you to important and/or useful information.



The note icon highlights information that you should know when completing this section.



The tip icon points out recommendations and suggestions that can make it easier to complete this section.



The question mark icon indicates common questions asked with answers provided.



All new text in the document is indicated with a gray highlight.



The no icon indicates answer options that cannot be selected or information that cannot be entered under certain circumstances.

# Introduction

Ryan White HIV/AIDS Program (RWHAP) Part B grant recipients must submit to HRSA the following program-specific reports pertaining to their grant:

1. *RWHAP Program Terms Report (PTR)*
2. *RWHAP Expenditures Report*

RWHAP Part B recipients are required to submit an annual PTR and Expenditures Report. The annual PTR explains how their funding will be distributed. The Expenditures Report shows how the recipient ultimately expended the funds to meet the needs of people with HIV. Funding can be allocated to three categories:

- Administrative and technical services
- Core medical services
- Support services

RWHAP-specific core medical and support service categories are listed and explained in [Policy Clarification Notice \(PCN\) #16-02 “Eligible Individuals & Allowable Uses of Funds.”](#)

These reports serve as a reference to determine how recipients allocate and subsequently expend funds each budget period and allow HRSA to monitor and track the use of grant funds for compliance with program and grant policies and requirements as outlined in the 2009 legislation. It is important to note that the PTR and Expenditures Report do not serve as a source for determining the total amount of funds awarded and unspent by recipients. This manual provides instructions on how to access, complete, and submit the PTR and Expenditures Report.



# Program Terms Report

The [RWHAP Part B](#) PTR is a single report that all recipients are required to submit within 90 days of the release of the final Notice of Award (NoA) as a requirement for the RWHAP Part B award. It combines all program term requirements into one report and must include all the following according to the NoA:

- RWHAP Part B Consolidated List of Contracts (CLC) (compiled from the GCMS)
- RWHAP Part B and Minority AIDS Initiative (MAI) Allocation Report
- RWHAP Part B SF-424A
- RWHAP Part B Budget Narrative Spreadsheet
- RWHAP Part B Implementation Plan
- RWHAP Part B Contract Review Certification (CRC)
- RWHAP Part B Early Identification of Individuals with HIV/AIDS (EIIHA) Plan

You are required to submit the RWHAP Part B PTR, with all items listed above, through the PTR web application. Submit the RWHAP Part B Budget Narrative Spreadsheet as an Excel spreadsheet. See the [PTR File Upload](#) section for instructions.

The RWHAP Part B and MAI Allocations Table, RWHAP Part B SF-424A, and RWHAP Part B Revised Budget Narrative Spreadsheet must reflect the total amount indicated on the final NoA. Only enter RWHAP Part B funds into these documents.



Do not include program income, pharmaceutical rebates, or any other federal, state, or local funding sources in these documents.



Your project officer must approve all the individual report items listed above before approving the entire PTR.

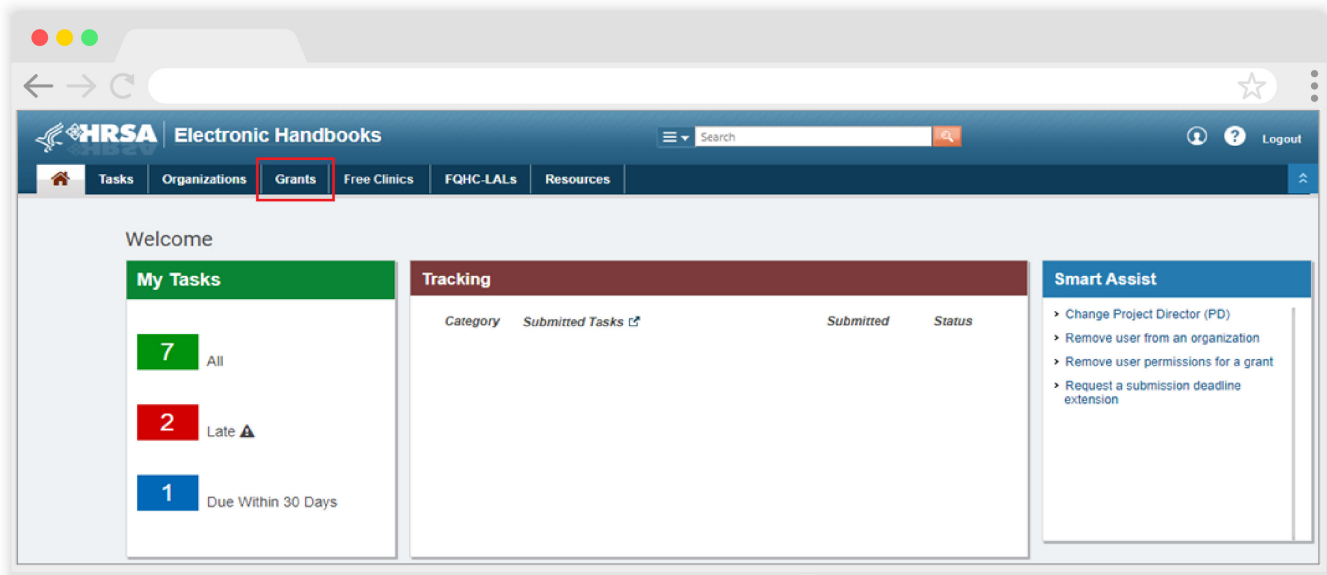


If you need to make revisions for individual report items, you must resubmit the entire PTR with the revisions. If you need assistance or have questions about the required RWHAP Part B PTR submission, contact your project officer or Ryan White Data Support by phone at 1-888-640-9356 or via email at [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

## Accessing the PTR

**STEP ONE:** Log in to the [HRSA Electronic Handbooks](#) (EHBs) site. From the EHBs homepage, hover your cursor over the “Grants” tab on the top-left side of the screen (see [Figure 1](#)).

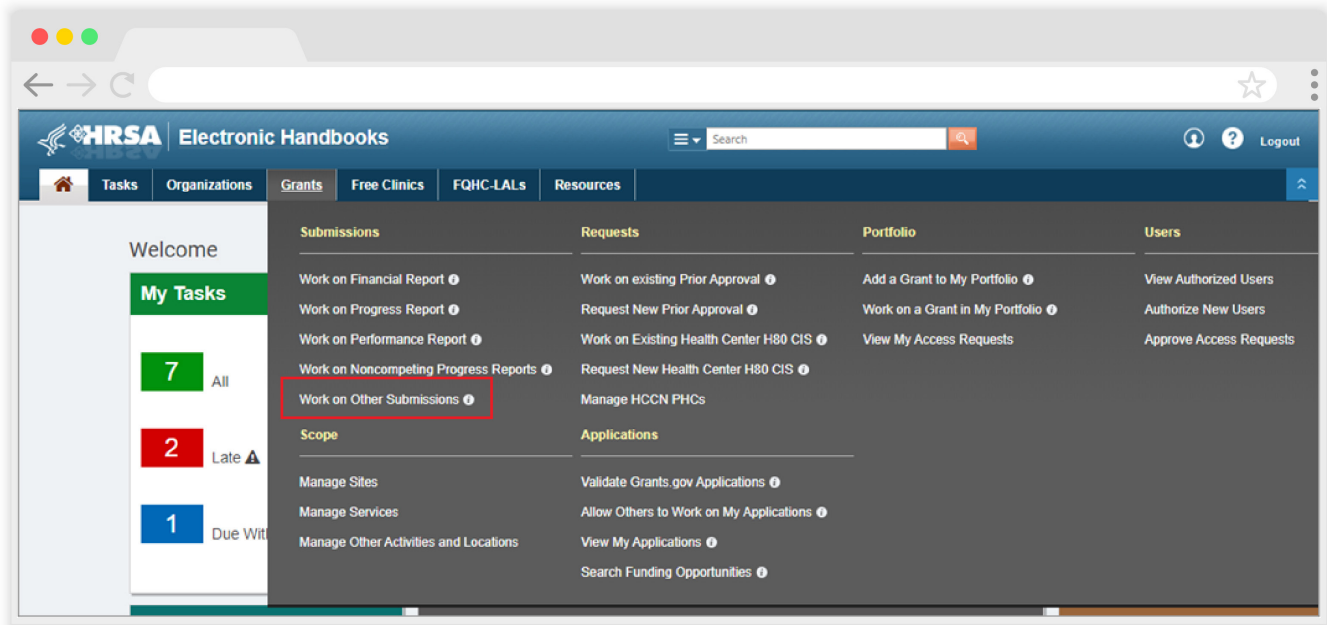
**Figure 1. HRSA Electronic Handbooks: Screenshot of the Homepage**



If you need assistance with your credentials or logging into the EHBs, call the EHBs Customer Support Center at 1-877-464-4772.

**STEP TWO:** From the resulting drop-down menu, under the “Submissions” header, select “Work on Other Submissions” (see Figure 2).

**Figure 2. HRSA Electronic Handbooks: Screenshot of the Grants Drop-Down Menu**



**STEP THREE:** On the bottom of the Submissions - All page, under “Submission Name,” locate the Part B PTR submission you want to access. Then select “Start” or “Edit” under the “Options” header for your PTR submission to open the report. A new window will appear ([see Figure 3](#)).

**Figure 3. HRSA Electronic Handbooks: Screenshot of the Submissions - All Page**

The screenshot shows the HRSA Electronic Handbooks interface. The left sidebar contains navigation links: ALL TASKS, All Entities, Tasks (Pending Tasks, Archived Tasks), Grants, Requests (Health Center CIS Requests, Grant Applications, Prior Approvals), Submissions (highlighted), User Access Requests, and Review Requests. The main content area is titled 'Submissions - All' and includes search filters for Grant Number, Submission Tracking Number, Submission Deadline, Submission Name, Organization, and Submission Type. The 'Submission Name' filter is highlighted with a red box. Below the filters are 'Advanced Search Parameters' and 'Display Options' (Sort Method: Grid | Custom). A table of submissions is displayed with columns: Submission Name, Submission Type, Organization, Grant #, Tracking #, Reporting Period, Deadline, Submitted Date, Status, and Options. The first row, 'FY 2022 Program Terms Report', has its 'Start' button highlighted with a red box. Other rows include 'Unobligated Balances', 'RWI/HAP Expenditure Report', and 'Financial Report'.

Submission Name	Submission Type	Organization	Grant #	Tracking #	Reporting Period	Deadline	Submitted Date	Status	Options
FY 2022 Program Terms Report	Other Submissions	State Health Department	X07HA00000		04/01/2022-03/31/2023	07/01/2022		Not Started	<a href="#">Start</a>
Unobligated Balances	Other Submissions	State Health Department	X07HA00000	00103921	03/01/2011-02/29/2012	01/03/2012		In Progress	<a href="#">Request Extension</a>
RWI/HAP Expenditure Report	Other Submissions	State Health Department	X07HA00000	00241547	04/01/2019-03/31/2020	05/29/2020		In Progress	<a href="#">Edit</a>
Financial Report	Other Submissions	State Health Department	X07HA00000	80676	1/1/2020-12/31/2020	12/31/2020		In Progress	<a href="#">Edit</a>



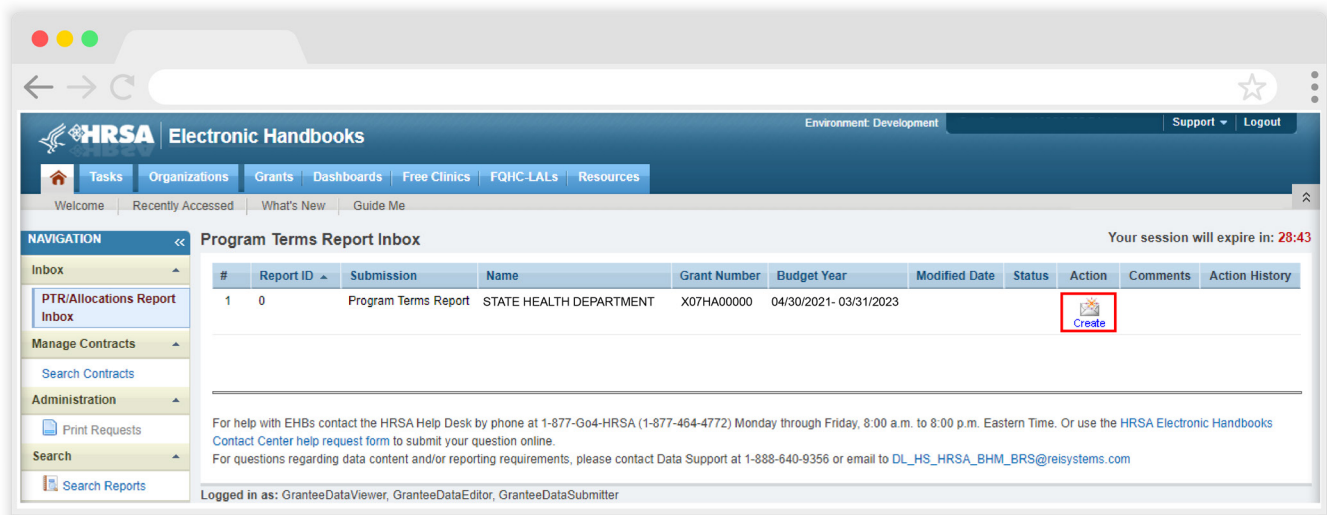
You can find your current PTR faster by searching for “Terms” in the filter header under “Submission Name.”



If you need help navigating the EHBs to find your annual PTR, call the EHBs Customer Support Center at 1-877-464-4772.

**STEP FOUR:** You are now in the PTR Inbox (see Figure 4). Locate the envelope icon under the “Action” column and select “Create” or “Open.” If you have not started your report, the envelope will read “Create.” If you are returning to continue working on the report, the envelope will read “Open.”

**Figure 4. HRSA Electronic Handbooks: Screenshot of the PTR Inbox Page**



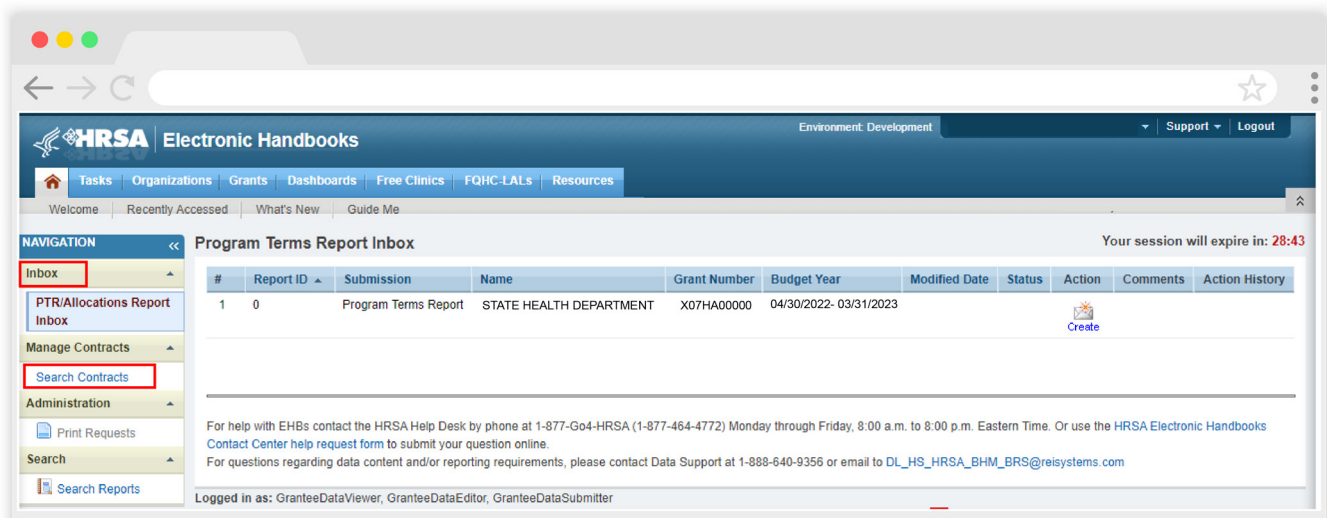
You are now within the PTR, where you will be able to upload required documents, enter administrative costs, synchronize modifications to contracts, and validate and submit your PTR to your project officer for review.

## The Grantee Contract Management System (GCMS)

The GCMS is a data entry system that allows you to enter and maintain your agency's RWHAP contracts. The PTR is one of several RWHAP reports that are linked to the GCMS. The GCMS decreases the amount of data you need to enter by sharing information between multiple HRSA HAB reports. Before you enter your PTR, ensure that all your current RWHAP-funded contracts are entered into the GCMS. For a detailed explanation of the GCMS and how the system interacts with the PTR, refer to the [GCMS Manual](#) available on the [TargetHIV](#) website.

To access the GCMS via the PTR Inbox, locate the Navigation panel on the left side of the screen ([see Figure 5](#)). Under the "Manage Contracts" header, select "Search Contracts."

**Figure 5. HRSA Electronic Handbooks: Screenshot of the PTR Inbox Page**



After selecting “Search Contracts,” you have now accessed the GCMS and can search for and add, modify, and delete contracts ([see Figure 6](#)). For instructions on how to do this, refer to the [GCMS Manual](#) available on the [TargetHIV](#) website.

**Figure 6. HRSA Electronic Handbooks: Screenshot of the GCMS Home Page**

**Grantee Contract Management System**

Grant Number:

Org ID:  (comma separated list)

Registration Code:  (comma separated list)

Organization Name:

Funded Through:

Contract ID:  (comma separated list)

Reference:

Range Start Date:

Range End Date:

Project Officer:



If you are attempting to create contracts in the GCMS *before* the submission period begins, you must access the GCMS through your previous year’s PTR or your most recent Ryan White HIV/AIDS Program Services Report (RSR).

## PTR Recipient Information

Once you open the PTR, you will be navigated to the Recipient Information page ([see Figure 7](#)). This section is prepopulated with information from the HRSA EHBs and includes your organization's address, EIN, Unique Entity Identifier (UEI) number, and contact information of the person responsible for the PTR submission. Review all information and ensure that it is accurate and up to date. Edit any field by selecting the text box. Once you finish reviewing and updating all information, select "Save" on the lower-right corner of the page.

**Figure 7. HRSA Electronic Handbooks: Screenshot of the Recipient Information Page**

**NAVIGATION**

- Inbox
- PTR/Allocations Report
- Manage Contracts
- Search Contracts
- Navigation
- Recipient Information**
- File Upload
- CLC Report
- Allocations Report
- References
- Validation Rules
- Guidance
- Actions
- Comments
- Reports
- Search Reports

**Program Terms Report**

X07HA00000: STATE HEALTH DEPARTMENT

Report ID: 12345      Status: Working      Due Date: 07/1/2022  
Budget Year: 04/01/2022-03/31/2023      Last Modified Date: 05/31/2022      Last Modified By: user@statehealthdepartment.gov  
Access Mode: Read/Write      UEI: MW1234567891

**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: 1111 Perks Avenue
- \* b. City: Zion
- \* c. State: MO
- \* d. Zip Code: 12555-1234

2. Organization Identification:

- a. EIN: 123456489
- b. UEI: MW1234567891

3. Contact information of person responsible for this submission:

- \* a. Name: Rachel Perks
- b. Title: Director
- \* c. Phone: 555-555-5555
- d. Fax:
- \* e. E-mail: user@statehealthdepartment.gov

Cancel      Save



If you need help locating your organization's UEI, contact Ryan White Data Support for assistance by phone at 1-888-640-9356 or via email at [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).



## PTR File Upload

For RWHAP Part B recipients, all required PTR forms including the SF-424A, Budget Narrative Spreadsheet, Implementation Plan, and Contract Review Certification (CRC) must be uploaded to the PTR. Templates for these forms are available in the “File Upload” section next to the corresponding document.

To upload the required documents and templates, follow these steps:

**STEP ONE:** On the Navigation panel on the left side of the screen, under the “Navigation” header, select “File Upload” to view a list of all required documents and templates (see Figure 8).

**Figure 8. HRSA Electronic Handbooks: Screenshot of the File Upload Page**

**Program Terms Report**

Report ID: 12345      Status: Working      Due Date: 07/1/2022  
 Budget Year: 04/01/2022-03/31/2023      Last Modified Date: 05/31/2022      Last Modified By: user@statehealthdepartment.gov  
 Access Mode: ReadWrite      DUNS: MW1234567891

**File Upload**

Document Name	Description	Size	Part	Budget Year
FY 2022 RWHAP Part B Implementation Plan Sample FINAL.docx	Part B - FY22 Implementation Plan (Sample)	28.36 KBs	Part B	04/01/2022-03/31/2023
FY 2022 RWHAP Part B Program Terms Report Instructions.docx	Part B - FY22 Program Terms Report Instructions	69.91 KBs	Part B	04/01/2022-03/31/2023
FY 2022 RWHAP Part B Standard Outcomes Measures.docx	Part B - FY22 Standard Outcome Measures	36.26 KBs	Part B	04/01/2022-03/31/2023

**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 larger than 25MB.

Create Compressed Zip File

Document Name	Description	Uploaded File	Size
<b>Primary Documents</b>			
FY 2022 RWHAP Part B CRC Template (Download Template)	Part B - FY22 CRC Template		1kb
FY 2022 RWHAP Part B IMPLEMENTATION PLAN (Download Template)	Part B - FY22 Implementation Plan		1kb
FY 2022 RWHAP Part B BUDGET NARRATIVE SPREADSHEET (Download Template)	Part B - FY22 Budget Narrative Spreadsheet		1kb
SF424A (Download Template)	Part B - FY22 SF-424A		1kb
<b>Supplemental Documents</b>			

Upload Supplemental Document

**STEP TWO:** Under the “File Upload” section, download and review the RWHAP Part B PTR instructions by clicking “View” under the Action column. This document outlines specific instructions for how to complete the RWHAP Part B PTR primary documents.

**STEP THREE:** Under the “Submission Components” section, locate the “Primary Documents” header. Select “Download Template” under the “Document Name” column for each required document to download a copy. Complete the template for each document listed and save them to a folder or drive on your computer that is easy to access.

**STEP FOUR:** Under the “Action” column, select “Upload,” and a new field will appear at the bottom of the page. Select “Browse,” and locate the completed template you saved on your computer. Select “Submit” to upload the document.



The File Upload feature only stores the most recent version of a file you uploaded. The system does not store past versions of uploaded files.

**STEP FIVE (OPTIONAL):** Some agencies will be required to submit more documents than those listed under the “Primary Documents” header. If your project officer requires additional documentation or your agency needs to upload additional information, select “Upload Supplemental Document.”

A new field will appear at the bottom of the page. Select “Browse” and locate the additional file you want to upload from your computer. Select “Submit” to upload the document.

## Consolidated List of Contracts (CLC)

The CLC is a list of all organizations that are funded with your agency’s RWHAP Part B grant. The list is generated automatically based on the information you entered into the GCMS (see Figure 9). Review each organization listed using the instructions below.

**Figure 9. HRSA Electronic Handbooks: Screenshot of the Consolidated List of Contracts Page**

The screenshot shows the HRSA Electronic Handbooks interface. The navigation menu on the left includes 'Inbox', 'PTR/Allocations Report', 'Manage Contracts', 'Search Contracts', 'Navigation', 'Recipient Information', 'File Upload', 'CLC Report' (highlighted with a red box), 'Allocations Report', 'References', 'Validation Rules', 'Guidance', and 'Actions'. The main content area displays the 'Program Terms Report' for 'X07HA00000: STATE HEALTH DEPARTMENT'. Below this, the 'Consolidated List of Contractors' table is shown, listing organizations and their contract details.

Warning	Id	Funded By	Organization	Reference	Start	End	Services	Funded Through	Is Executed	Amount
+	000001	X07HA00000	Zion Clinic		04/02/2022	03/31/2023	4		Yes	\$0.00
+	000002	X07HA00000	Grand Clinic		04/02/2022	03/31/2023	1		Yes	\$98,000.00
+	000003	X07HA00000	Silver Clinic		04/02/2022	03/31/2023	1		Yes	\$93,000.00
+	000004	X07HA00000	Perk Clinic		04/02/2022	03/31/2023	4		Yes	\$245,450.00

To review the CLC, follow these steps:

**STEP ONE:** On the Navigation panel on the left side of the screen, under the “Navigation” header, select “CLC Report.”

**STEP TWO:** Within the CLC, on the left side of each organization listed, select the expansion button (the plus sign) to display the services for the organization (see Figure 9). Confirm that the services and funding amounts are correct. To make changes to the CLC, modify the associated contract(s) in the GCMS. See the [GCMS Manual](#) for more information.

If you made any changes to your contracts, you must synchronize the changes you made in the GCMS with the PTR. Once back on the CLC Report page, if a yellow warning banner is at the top of the page, the system is indicating you have changes to synchronize (see Figure 10). Select “Synchronize All” to synchronize all changes at once or synchronize changes individually by selecting the agency’s name in blue in the yellow warning banner. On the page that populates, review the changes for accuracy and select “Synchronize” on the bottom right of the page.

**Figure 10. HRSA Electronic Handbooks: Screenshot of the Consolidated List of Contracts Page with Synchronization Warning Banner**

**Program Terms Report**

**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.  
[AUTUMN ANSWERS SERVICES \(Added\)](#)  
**Synchronize All**

**X07HA00000: STATE HEALTH DEPARTMENT**

Report ID: 12345      Status: Working      Due Date: 07/1/2022  
Budget Year: 04/01/2022-03/31/2023      Last Modified Date: 05/31/2022      Last Modified By: user@statehealthdepartment.gov  
Access Mode: ReadWrite      DUNS: MW1234567891

**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
+	000001	X07HA00000	Zion Clinic		04/02/2022	03/31/2023	4		Yes	\$0.00
+	000002	X07HA00000	Grand Clinic		04/02/2022	03/31/2023	1		Yes	\$98,000.00
+	000003	X07HA00000	Silver Clinic		04/02/2022	03/31/2023	1		Yes	\$93,000.00
+	000004	X07HA00000	Perk Clinic		04/02/2022	03/31/2023	4		Yes	\$245,450.00

## Allocations Report

The Allocations Report has four components: *Award Information*; *Allocations by Program Component*; *Breakdown for Consortia, State Direct Services, and Emerging Communities*; and *MAI Allocations by Program Component*. Each component captures budgetary information on the award amount allocated during the grant period for each category listed.

To complete the Allocations Report, follow these steps.

**STEP ONE:** On the Navigation panel on the left side of the screen, under the “Navigation” header, select “Allocations Report” (see Figure 11).

**Figure 11. HRSA Electronic Handbooks: Screenshot of the Allocations Report Page**

The screenshot shows a web application interface for the HRSA Electronic Handbooks. On the left is a navigation panel with a 'NAVIGATION' header. Under the 'Navigation' section, 'Allocations Report' is highlighted with a red box. The main content area is titled 'Program Terms Report' and shows details for 'X07HA00000: STATE HEALTH DEPARTMENT'. Below this, the 'Allocations Report' section is displayed, indicating that all fields are required. A 'Public Burden Statement' is shown with the OMB Control Number (0915-0318) and a valid until date of 09/30/2023. The 'Budget Year 04/01/2022-03/31/2023 Award Information' section contains a table with eight rows, each with a label and an input field:

Budget Year 04/01/2022-03/31/2023 Award Information	
1. Part B Base Award:	<input type="text"/>
2. Part B ADAP Base Award:	<input type="text"/>
3. Part B ADAP Supplemental Award:	<input type="text"/>
4. Total ADAP Award (ADAP Base + Supplemental):	<input type="text"/>
5. Part B Emerging Communities Award:	<input type="text"/>
6. Total Part B X07 Funds:	<input type="text"/>
7. Part B MAI Award:	<input type="text"/>
8. Total Part B X07 Award:	<input type="text"/>

**STEP TWO:** The Allocations Report page has 35 editable fields that you must complete using your agency’s final NoA and final approved budget (see figures 11, 12, and 14). All editable fields must have a numerical value as a response. If you do not allocate funding to a specific area, enter “0.”

## Award Information

1. *Part B Base Award: Enter the total amount of your agency's RWHAP Part B Base Award indicated on the final NoA.*
2. *Part B ADAP Base Award: Enter the total amount of your agency's RWHAP Part B ADAP Base Award indicated on the final NoA.*
3. *Part B ADAP Supplemental Award: Enter the total amount of your agency's RWHAP Part B ADAP Supplemental Award indicated on the final NoA.*



Not all states/territories receive a Part B ADAP Supplemental Award. If your agency did not receive one, enter a "0" in this field.

5. *Part B Emerging Communities Award: Enter the total amount of your agency's RWHAP Part B Emerging Communities Award indicated on the final NoA.*



Not all states/territories receive a Part B Emerging Communities Award. If your agency did not receive one, enter a "0" in this field.

7. *Part B MAI Award: Enter the total amount of your agency's RWHAP Part B MAI Award indicated on the final NoA.*



Not all states/territories receive a Part B MAI award. If your agency did not receive one, enter a "0" in this field.

## Part B Allocations by Program Component

1. *Part B AIDS Drug Assistance Program Subtotal*
  - a. *ADAP Service*
    - *Base Award Amount: Enter the amount of your agency's RWHAP Part B Base Award that is allocated for ADAP medication purchases.*
    - *ADAP + ADAP Supplemental Award Amount: Enter the amount of your agency's ADAP + ADAP Supplemental Award that is allocated for ADAP medication purchases.*
    - *Emerging Communities Award Amount: Enter the amount of your agency's Emerging Communities Award that is allocated for ADAP medication purchases.*

**b. Health Insurance to Provide Medications**

- *Base Award Amount:* Enter the amount of your agency's RWHAP Part B Base Award that is allocated for ADAP insurance purchases for clients.
- *ADAP + ADAP Supplemental Award Amount:* Enter the amount of your agency's ADAP + ADAP Supplemental Award that is allocated for ADAP insurance purchases for clients.
- *Emerging Communities Award Amount:* Enter the amount of your agency's Emerging Communities Award that is allocated for ADAP insurance purchases for clients.

**c. ADAP Access/Adherence/Monitoring Services**

- *Base Award Amount:* Enter the amount of your agency's RWHAP Part B Base Award that is allocated for supporting ADAP access, adherence, and monitoring activities.
- *ADAP + ADAP Supplemental Award Amount:* Enter the amount of your agency's ADAP + ADAP Supplemental Award that is allocated for supporting ADAP access, adherence, and monitoring activities.
- *Emerging Communities Award Amount:* Enter the amount of your agency's Emerging Communities Award that is allocated for support ADAP access, adherence, and monitoring activities.

**2. Part B Health Insurance Premium & Cost Sharing Assistance**

- *Base Award Amount:* Enter the amount of your agency's RWHAP Part B Base Award that is allocated for directly purchasing health insurance for clients and assisting with cost sharing.
- *Emerging Communities Award Amount:* Enter the amount of your agency's Emerging Communities Award that is allocated for directly purchasing health insurance for clients and assisting with cost sharing.

**3. Part B Home and Community-based Health Services**

- *Base Award Amount:* Enter the amount of your agency's RWHAP Part B Base Award that is allocated for directly providing home- and community-based services.
- *Emerging Communities Award Amount:* Enter the amount of your Emerging Communities Award that is allocated for directly providing home- and community-based services.

**4a. Part B HIV Care Consortia/EC Services**

- *Emerging Communities Award Amount:* Enter the total amount of your agency's Emerging Communities Award that is allocated for directly funding HIV care consortia.

**4b. Part B HIV Care Consortia Administration**

- *Base Award Amount:* Enter the amount of your agency's RWHAP Part B Base Award that is allocated for HIV care consortia administrative activities.
- *Emerging Communities Award Amount:* Enter the amount of your agency's Emerging Communities Award that allocated for HIV care consortia administrative activities.



The combined total amount expended on HIV Care Consortia Administration and Recipient Administration must not exceed 10 percent of your total award.

**7. Part B Clinical Quality Management**

- *Base Award Amount:* Enter the amount of your agency's RWHAP Part B Base Award that is allocated for supporting clinical quality management activities.
- *ADAP + ADAP Supplemental Award Amount:* Enter the amount of your agency's ADAP + ADAP Supplemental Award that allocated for supporting clinical quality management activities.
- *Emerging Communities Award Amount:* Enter the amount of your agency's Emerging Communities Award that is allocated for supporting clinical quality management activities.



The total amount expended on Clinical Quality Management must not exceed 5 percent of your total RWHAP Part B Award amount or \$3 million, whichever is less.

## 8. Part B Recipient Planning and Evaluation Activities

- **Base Award Amount:** Enter the amount of your agency's RWHAP Part B Base Award that is allocated for supporting planning and evaluation activities.
- **ADAP + ADAP Supplemental Award Amount:** Enter the amount of your agency's ADAP + ADAP Supplemental Award that is allocated for supporting planning and evaluation activities.
- **Emerging Communities Award Amount:** Enter the amount of your agency's Emerging Communities Award that is allocated for supporting planning and evaluation activities.



The total amount expended on Planning and Evaluation must not exceed 10 percent of your total award. When combined with Recipient Administration and HIV Care Consortia Administration the total must not exceed 15 percent of your total award.

## 9. Recipient Administration

- **Base Award Amount:** Enter the amount of your agency's RWHAP Part B Base Award that is allocated for supporting recipient administration activities.
- **ADAP + ADAP Supplemental Award Amount:** Enter the amount of your agency's ADAP + ADAP Supplemental Award that is allocated for supporting recipient administration activities.
- **Emerging Communities Award Amount:** Enter the amount of your agency's Emerging Communities Award that is allocated for recipient administration activities.



The combined amount expended on Recipient Administration and HIV Care Consortia Administration must not exceed 10 percent of your total award.



The combined amount expended on Recipient Administration, Planning and Evaluation, and HIV Care Consortia Administration must not exceed 15 percent of your total award.



To review the RWHAP core medical and support service categories, see [PCN #16-02](#) on the HRSA HAB website.



**Figure 12. HRSA Electronic Handbooks: Screenshot of the Part B Allocations by Program Component Page**

Service	Base Award Amount	Base Award Percentage	ADAP + ADAP Supplemental Award Amount	ADAP + ADAP Supplemental Award Percentage	Emerging Communities Award(EC) Amount	Emerging Communities Award(EC) Percentage	Total Amount	Total Percentage
1. Part B AIDS Drug Assistance Program Subtotal	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
a. ADAP Service	<input type="text" value="\$0"/>	0.00 %	<input type="text" value="\$0"/>	0.00 %	<input type="text" value="\$0"/>	0.00 %	\$0	0.00 %
b. Health Insurance to Provide Medications	<input type="text" value="\$0"/>	0.00 %	<input type="text" value="\$0"/>	0.00 %	<input type="text" value="\$0"/>	0.00 %	\$0	0.00 %
c. ADAP Access/Adherence/Monitoring Services	<input type="text" value="\$0"/>	0.00 %	<input type="text" value="\$0"/>	0.00 %	<input type="text" value="\$0"/>	0.00 %	\$0	0.00 %
2. Part B Health Insurance Premium & Cost Sharing Assistance	<input type="text" value="\$0"/>	0.00 %			<input type="text" value="\$0"/>	0.00 %	\$0	0.00 %
3. Part B Home and Community-based Health Services	<input type="text" value="\$0"/>	0.00 %			<input type="text" value="\$0"/>	0.00 %	\$0	0.00 %
4a. Part B HIV Care Consortia	\$0	0.00 %			<input type="text" value="\$0"/>	0.00 %	\$0	0.00 %
4b. Part B HIV Care Consortia Administration	<input type="text" value="\$0"/>	0.00 %			<input type="text" value="\$0"/>	0.00 %	\$0	0.00 %
5. Part B Emerging Community Services					\$0	0.00 %	\$0	0.00 %
6. Part B State Direct Services	\$0	0.00 %					\$0	0.00 %
7. Part B Clinical Quality Management	<input type="text" value="\$0"/>	0.00 %	<input type="text" value="\$0"/>	0.00 %	<input type="text" value="\$0"/>	0.00 %	\$0	0.00 %
8. Part B Recipient Planning & Evaluation Activities	<input type="text" value="\$0"/>	0.00 %	<input type="text" value="\$0"/>	0.00 %	<input type="text" value="\$0"/>	0.00 %	\$0	0.00 %
9. Recipient Administration	<input type="text" value="\$0"/>	0.00 %	<input type="text" value="\$0"/>	0.00 %	<input type="text" value="\$0"/>	0.00 %	\$0	0.00 %
10. Column Totals	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %

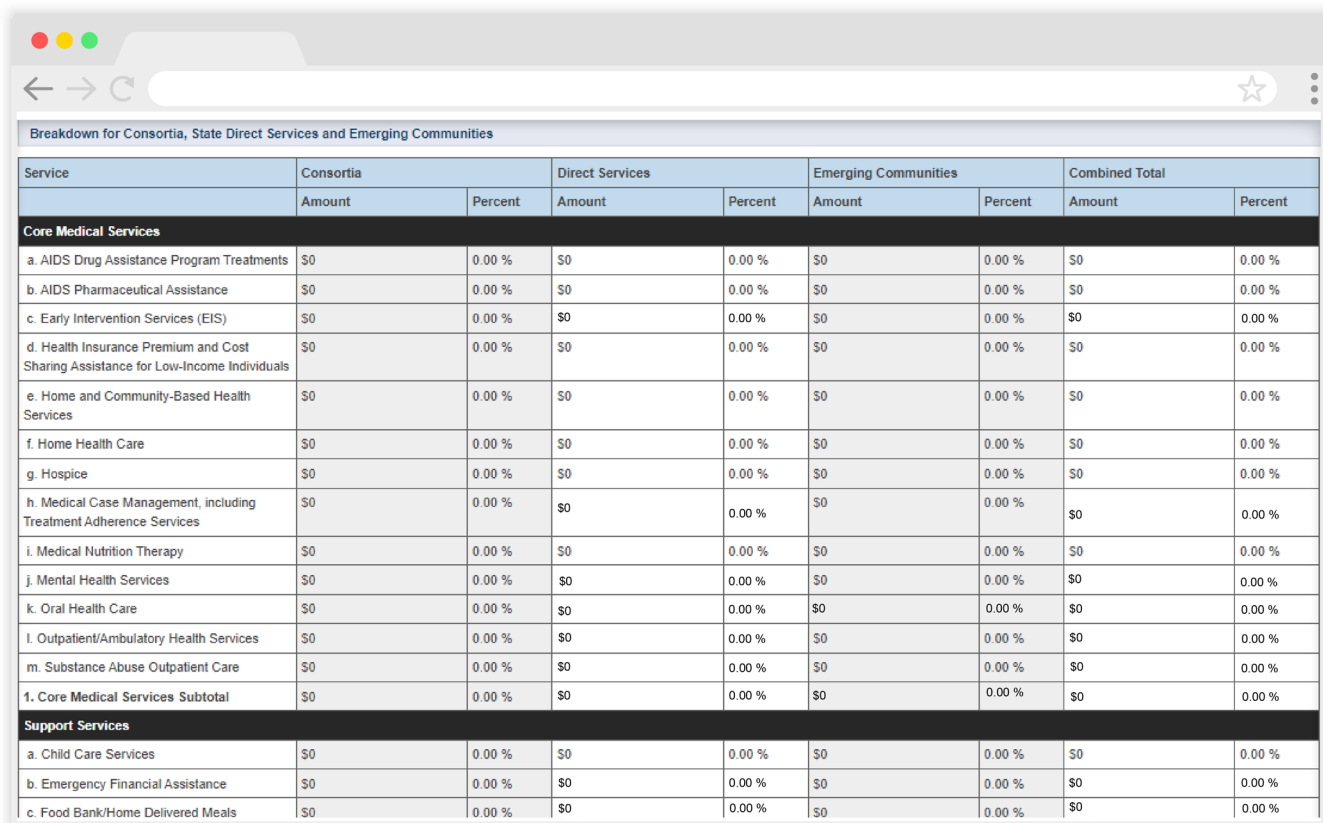


All editable fields must have a numerical value as a response. If you do not allocate funding to a specific area, enter "0."

## Breakdown for Consortia, State Direct Services, and Emerging Communities

The breakdown of the funds used for Consortia, State Direct Services, and Emerging Communities will appear in the next table ([see Figure 13](#)). All fields in this table are populated by the GCMS. Review the amounts listed here and if you need to modify service category totals, modify the associated contract(s) in the GCMS for the organization(s) providing the service. See the [GCMS Manual](#) for further assistance.

**Figure 13. HRSA Electronic Handbooks: Screenshot of Breakdown for Consortia, State Direct Services and Emerging Communities Page**



Breakdown for Consortia, State Direct Services and Emerging Communities								
Service	Consortia		Direct Services		Emerging Communities		Combined Total	
	Amount	Percent	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 %	\$0	0.00 %
b. AIDS Pharmaceutical Assistance	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
c. Early Intervention Services (EIS)	\$0	0.00 %	\$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 %	\$0	0.00 %
e. Home and Community-Based Health Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
f. Home Health Care	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
g. Hospice	\$0	0.00 %	\$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 %	\$0	0.00 %
i. Medical Nutrition Therapy	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
j. Mental Health Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
k. Oral Health Care	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
l. Outpatient/Ambulatory Health Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
m. Substance Abuse Outpatient Care	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
<b>f. Core Medical Services Subtotal</b>	<b>\$0</b>	<b>0.00 %</b>	<b>\$0</b>	<b>0.00 %</b>	<b>\$0</b>	<b>0.00 %</b>	<b>\$0</b>	<b>0.00 %</b>
<b>Support Services</b>								
a. Child Care Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
b. Emergency Financial Assistance	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
c. Food Bank/Home Delivered Meals	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %



Only RWHAP-funded contracts will be imported from the GCMS. RWHAP-related (program income and pharmaceutical rebates) funded services as well as contracts that only contain RWHAP-related funded services will not populate in the PTR.



No funding amount should be entered for AIDS Drug Assistance Program Treatments in the Direct Services and Emerging Communities columns, except for consortia in the GCMS.



No funding amount should be entered in the Direct Services and Emerging Communities columns for Home and Community Based Health Services, except for consortia. For all other cases, trying to add a funded amount in the GCMS for this category will result in an error.



No funding amount should be entered in the Direct Services and Emerging Communities columns for Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals, except for consortia. For all other cases, trying to add a funded amount in the GCMS for this category will result in an error.

## MAI Allocations by Program Component

The MAI Allocations by Program Component has five (5) editable fields that must be completed. Minority AIDS Initiative (MAI) funding is a subset of the Ryan White HIV/AIDS program which funds services for populations disproportionately affected by HIV.

**Figure 14. HRSA Electronic Handbooks: Screenshot of the MAI Allocations Table and Core Medical Services Requirement Waiver Checkbox**

The screenshot shows a web browser window displaying a table titled "MAI Allocations by Program Component". The table has three columns: a description of the program component, the MAI Award Amount, and the MAI Award Percentage. There are six rows, including a total row. Below the table is a checkbox for a waiver.

	MAI Award Amount	MAI Award Percentage
1. Education to increase minority participation in ADAP	\$0	0.00 %
2. Outreach to increase minority participation in ADAP	\$0	0.00 %
3. Clinical Quality Management	\$0	0.00 %
4. Recipient Planning & Evaluation Activities	\$0	0.00 %
5. Recipient Administration	\$0	0.00 %
<b>6. Total MAI Allocations</b>	<b>\$0</b>	<b>0.00 %</b>

☐ Recipient received waiver for 75% core medical services requirement.

1. *Education to increase minority participation in ADAP: Enter the amount of your agency's MAI funding that is allocated for education activities.*
2. *Outreach to increase minority participation in ADAP: Enter the amount of your agency's MAI funding that is allocated for outreach activities.*
3. *Clinical Quality Management: Enter the amount of your agency's MAI funding that is allocated for supporting quality management activities.*
4. *Recipient Planning & Evaluation Activities: Enter the amount of your agency's MAI funding that is allocated for supporting planning and evaluation activities.*
5. *Recipient Administration: Enter the amount of your agency's MAI funding that is allocated for supporting recipient administration activities.*



Do not enter RWHAP Part B MAI funding into the GCMS. Enter MAI funding information manually into the MAI Allocations by Program Component section of the Allocations Report.



All editable fields must have a numerical value as a response. If you do not allocate funding to a specific area, enter "0."

Below the MAI Allocations by Program Component table, there is a checkbox that you can select if you have received a waiver for the 75 percent core medical services requirement ([see Figure 14](#)). You will receive a validation message on your report if you do not select the waiver checkbox and have not met the 75 percent core medical services requirement based on your allocations entered. If you are unsure if your organization received a waiver, please contact your project officer for further assistance.

**STEP THREE:** Once you have completed all editable fields, scroll to the bottom of the page and select "Save."

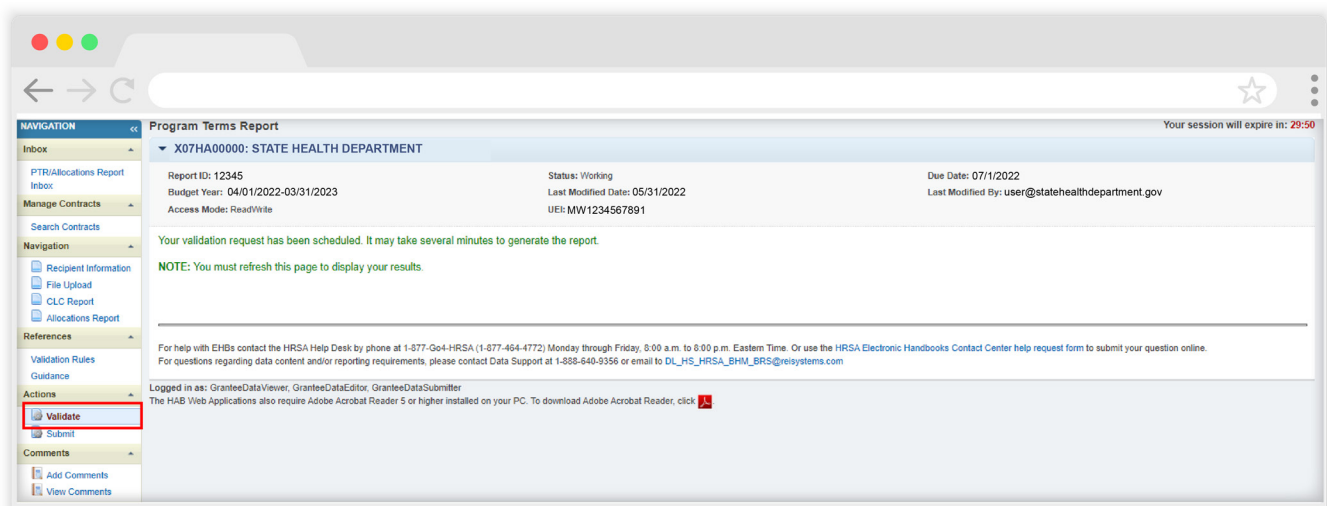
## Validating and Submitting the PTR

After you have completed all required sections of your report, the next step is to validate it. The validation process looks for potential problems in the information you entered and lets you review it before the PTR is sent to your project officer.

To validate your RWHAP Part B PTR, follow these steps.

**STEP ONE:** On the Navigation panel on the left of the screen, under the “Actions” header, select “Validate” (see Figure 15). A system message will appear indicating that you will need to refresh the page after several minutes. Select “Validate” again or refresh the page using your web browser. This will either display your validation results or ask you to continue to wait while the PTR validation request continues to process.

**Figure 15. HRSA Electronic Handbooks: Screenshot of the Validation Processing Page**



**STEP TWO:** Once the system displays your validation results, it will sort validation problems into three categories: errors, warnings, and alerts.

- **Errors** must be corrected before submitting the PTR.
- **Warnings** should be addressed, if possible, to prevent your project officer from returning the report to you. You are still able to submit your report with warnings by adding a comment for each warning you receive.
- **Alerts** are informational, but you should still review and address them if necessary. You may submit the PTR with an alert.

To add a comment to a warning, select “Add Comment” under the “Actions” column to the right of the warning validation. A new window will appear for you to enter your comment. When finished, select “Save” at the bottom of the text box. In your comment, provide an explanation regarding the warning. The comment does not change the information in your report (see Figure 16).

If you make changes to the information in your report, you must validate your report again using these instructions. Once you have addressed all validation messages as necessary, you are ready to submit your report.

**Figure 16. HRSA Electronic Handbooks: Screenshot of the Validation Results Page**

**Program Terms Report**

X07HA00000: STATE HEALTH DEPARTMENT

Report ID: 12345      Status: Working      Due Date: 07/1/2022  
 Budget Year: 04/01/2022-03/31/2023      Last Modified Date: 05/31/2022      Last Modified By: user@statehealthdepartment.gov  
 Access Mode: ReadWrite      UEI: MW1234567891

**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
3		Recipient Information page: Title is missing			

**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
46		At least 75% of your total award must be allocated to core medical services	Warning	0	<a href="#">Add Comment</a>



If you need help understanding or resolving a specific validation message, contact Ryan White Data Support by phone at 1-888-640-9356 or via email at [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

**STEP THREE:** On the Navigation panel, under the “Action” header, select “Submit.” On the new page that appears, enter a comment in the comments text box with any meaningful feedback you have related to your PTR submission. Read and acknowledge the statement under the comment box by checking the box. Select “Submit” at the bottom of the page ([see Figure 17](#)).

**Figure 17. HRSA Electronic Handbooks: Screenshot of the Submit Report Page**

The screenshot shows a web application interface for submitting a report. On the left is a navigation menu with categories like 'Inbox', 'Manage Contracts', 'Navigation', 'References', 'Actions', 'Comments', and 'Reports'. The 'Submit' option under 'Actions' is highlighted with a red box. The main content area is titled 'Program Terms Report' and shows details for 'X07HA00000: STATE HEALTH DEPARTMENT'. It includes fields for Report ID, Budget Year, Status, Due Date, Last Modified Date, and Access Mode. Below this is a 'Submit Report' section with a text box for comments and a 'Submit' button. A checkbox at the bottom allows the user to certify the data's accuracy.



## Frequently Asked Questions

**The service information data table in the Allocations Report is empty, and I cannot edit the fields. What do I do?**

The information displayed in the Allocations Report’s service tables is populated based on the contracts you entered into the GCMS. Therefore you will need to make the required updates in the GCMS. See the [GCMS Manual](#) for more details. Once you have updated any services, you will need to synchronize the changes in the CLC.

**There are no contracts listed on the CLC Report page. What do I do?**

The information displayed on the CLC Report page is populated based on the contracts you entered into the GCMS. If there are no contracts listed in the CLC Report, you may have pending changes that need to be synchronized or you may not have any contracts entered that overlap your grant’s budget year.

Please refer to the [CLC section](#) for more information on reviewing and synchronizing contract changes or the [GCMS Manual](#) for assistance adding and modifying contracts.

### **How can I tell if my PTR was submitted?**

The status of your report is listed in the status column in your PTR Inbox as well as the status field of the report header. If your report has been submitted, it will advance to “Review” status. It will advance to “Submitted” status once it has been accepted by your project officer and to “Accepted” status once it has been accepted by the project quality controller (PQC).

### **Can I edit my information after I submit?**

No. Once your report has been submitted, you cannot edit your report. However, you may ask your project officer or PQC to return your report to you for changes.

### **How do I add a new organization to the GCMS subrecipient directory?**

Email Ryan White Data Support at [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com) to have the organization added to the directory. Be sure to include the organization’s full name, complete street address, federal Employer Identification Number (EIN), and a contact person for the agency including their name, title, phone number, and email address.

### **Are MAI funds captured in the GCMS or the PTR?**

MAI funds allocated to administration and client services are captured in the PTR in the Allocations Report section. Do not enter MAI funding information into contracts in the GCMS. See the [Allocations Report](#) section for details.

### **Is my agency required to upload documents to complete the PTR?**

Yes, you must complete and upload the required documents as listed in the RWHAP Part B PTR instructions in the “File Upload” section of the PTR. See the [PTR File Upload](#) section for details.

### **How can we correct funding amounts in the report?**

If your agency needs to change amounts allocated to administrative activities, update those amounts in the Allocations Report section of your PTR. If your agency needs to change amounts allocated to client services, update those amounts in the associated contract(s) in the GCMS. See the [GCMS Manual](#) for more details.

### **The Allocations Report or CLC are not capturing my contracts even though I have entered them in the GCMS. What do I do?**

Information entered into the GCMS is not automatically pulled into the Allocations Report or CLC once your agency’s PTR has been opened. You will need to synchronize the changes you have made to your contracts with your report. See the [CLC section](#) for details.

### **My PTR says it is “locked” and I cannot edit anything. What does that mean?**

Another user from your agency is accessing your report. If you believe this is an error, contact Ryan White Data Support by phone at 1-888-640-9356 or via email at [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).



**If my agency awards part of our grant to subrecipients, why is our agency not marked as an administrative agent, fiscal intermediary, or lead agency in the GCMS?**

Based on HRSA HAB's reporting requirements, recipients cannot indicate themselves as an administrative agent, fiscal intermediary, or lead agency for their grant. As a recipient, your agency is expected to manage all RWHAP funds. Management of RWHAP funds includes but is not limited to selecting subrecipients, awarding contracts, providing clinical quality management guidelines, and ensuring subrecipient compliance with RWHAP policies. As a recipient, you may choose to delegate some of your agency's responsibilities. If your agency does choose to delegate some responsibilities to a third party, this entity would be classified as an administrative agent, fiscal intermediary, or lead agency. See the [Glossary](#) for definitions of these terms.

**Do you enter contracts into the GCMS for RWHAP Part B ADAP base funds?**

No. RWHAP Part B ADAP funds are only entered into the Allocations Report section of the PTR.

**Are the contracts I entered into the GCMS also used for other RWHAP reports?**

Yes, the contract information entered into the GCMS populates the PTR, the Ryan White HIV/AIDS Program Services Report (RSR), and the EHE Triannual Report (if relevant). Please see the [GCMS Manual](#) for more details.

**Do I need to enter contracts funded through RWHAP-related funding (program income and/or pharmaceutical rebates) for the PTR?**

It is recommended to add services funded through RWHAP-related funding (program income and pharmaceutical rebates) to your contracts, though it is not required for your PTR submission. If these services are not added during the completion of your PTR, then these services will need to be entered into the contracts in the GCMS for the completion of the RSR.

**I entered my RWHAP-related funded contracts into the GCMS. Why aren't they being imported to my CLC Report or Allocations Report?**

The PTR only captures RWHAP funding, so RWHAP-related funded services will not show up in your Allocations Report or CLC. Services funded with RWHAP-related funding (program income and pharmaceutical rebates) will be reported on in the RSR, so it is recommended that you indicate what those services are when completing your PTR though it is not required. If there are any contracts in the GCMS funded via RWHAP-related funding, do not include any RWHAP-related funding amounts in those contracts or the Allocations Report. Agencies should develop policies to establish who will be responsible for entering RWHAP-related funded services into contracts.

# Expenditures Report

The Expenditures Report is a single report that you submit through the HRSA EHBs as a requirement for the RWHAP Part B award. It serves as a reference to determine how recipients subsequently expended funds that were allocated to them for the budget period and initially reported on in the RWHAP Part B PTR. The Expenditures Report includes the following components:

1. *Recipient Information*
2. *File Upload*
3. *Expenditures Report Page*

Expenditures are reported using the same funding categories as the Allocations Report section of the PTR; i.e., Administrative and Technical Services, Core Medical Services, and Support Services. Recipients must submit the Expenditures Report as specified in your final NoA.

According to the NoA, the recipient must submit the RWHAP Expenditures Report no later than 120 days after the budget period end date, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

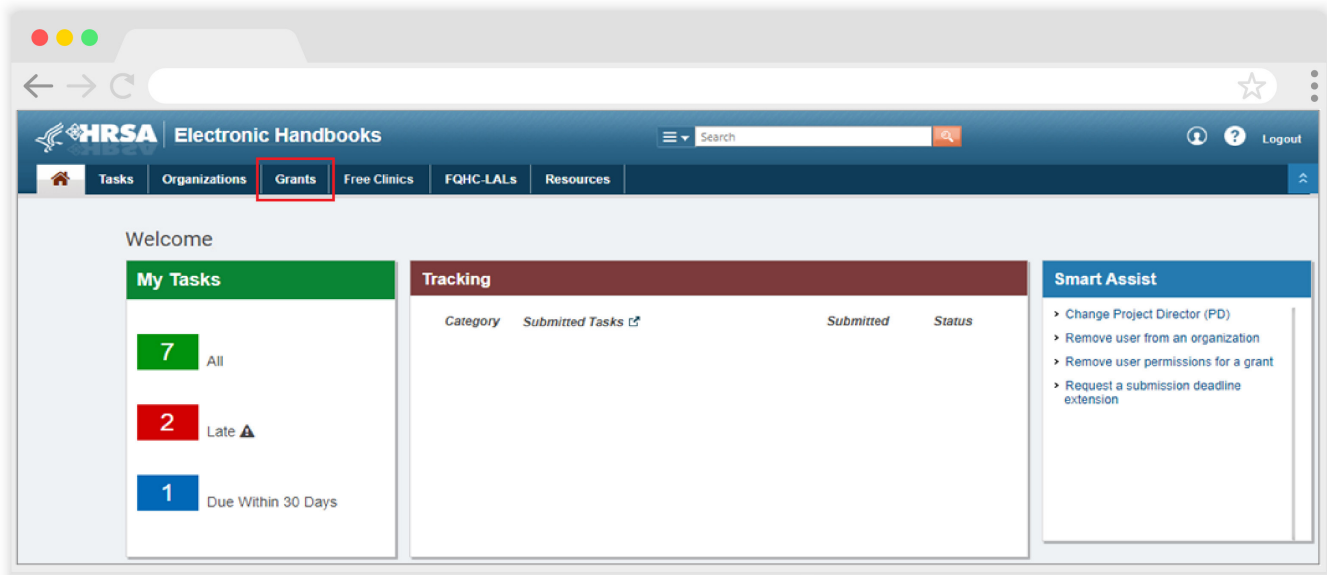


If you need assistance or have questions about the required RWHAP Part B Expenditures Report submission, contact your project officer or Ryan White Data Support by phone at 1-888-640-9356 or via email [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

## Accessing the Expenditures Report

**STEP ONE:** Log in to the [HRSA Electronic Handbooks \(EHBs\)](#) site. From the EHBs homepage, hover your cursor over the “Grants” tab on the top-left side of the screen (see [Figure 18](#)).

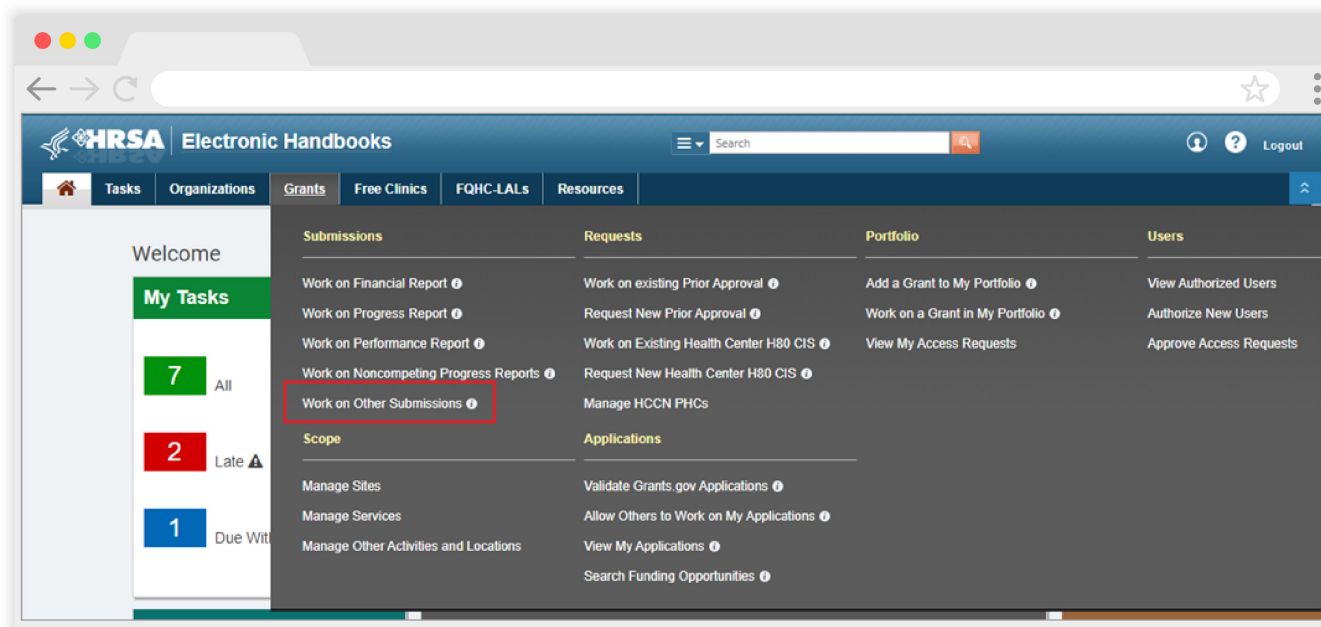
**Figure 18. HRSA Electronic Handbooks: Screenshot of the Homepage**



If you need assistance with your credentials for the EHBs, call the EHBs Customer Support Center at 1-877-464-4772.

**STEP TWO:** From the resulting drop-down menu, under the “Submissions” header, select “Work on Other Submissions” (see Figure 19).

**Figure 19. HRSA Electronic Handbooks: Screenshot of the Grants Drop-Down Menu**



**STEP THREE:** On the bottom of the Submissions - All page (see Figure 20) under the “Submission Name” header, locate your 2021 Expenditures Report. Under the “Options” column on the right, select “Start” to start a new report or “Edit” to continue a report already in progress.

**Figure 20. HRSA Electronic Handbooks: Screenshot of the Submissions - All Page**

The screenshot shows the HRSA Electronic Handbooks interface. The left sidebar has a red box around the 'Submissions' link. The main content area is titled 'Submissions - All' and includes search filters, display options, and a table of submissions. The 'FY 2021 Expenditures Report' submission is highlighted with a red box around the 'Start' button in the 'Options' column.

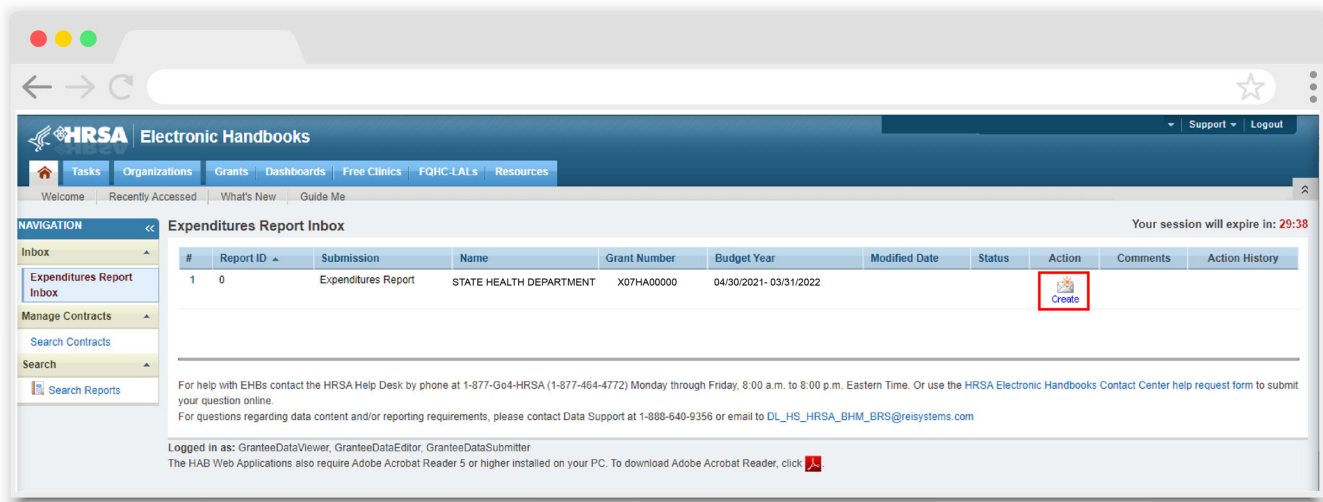
Submission Name	Submission Type	Organization	Grant #	Tracking #	Reporting Period	Deadline	Submitted Date	Status	Options
FY 2021 Expenditures Report	Other Submissions	State Health Department	X07HA00000		04/01/2021-03/31/2022	07/30/2022		Not Started	<a href="#">Start</a>
Unobligated Balances	Other Submissions	State Health Department	X07HA00000	00103921	03/01/2011-02/29/2012	01/03/2012		In Progress	<a href="#">Request Extension</a>
RWHAP Expenditure Report	Other Submissions	State Health Department	X07HA00000	00241547	04/01/2019-03/31/2020	05/29/2020		In Progress	<a href="#">Edit</a>
Financial Report	Other Submissions	State Health Department	X07HA00000	80676	1/1/2020-12/31/2020	12/31/2020		In Progress	<a href="#">Edit</a>



If you need help navigating the EHBs to find your Expenditures Report submission, call the EHBs Customer Support Center at 1-877-464-4772.

**STEP FOUR:** You are now in the Expenditures Report Inbox (see Figure 21). Locate the envelope icon under the “Action” column and select “Create” or “Open.” If you have not started your report, the envelope will read “Create.” If you are returning to continue working on the report, the envelope will read “Open.”

**Figure 21. HRSA Electronic Handbooks: Screenshot of the Expenditures Report Inbox Page**



You are now in the Expenditures Report, where you will be able to enter your expenditures, validate, and submit your report to your project officer for review.

All recipients must complete a separate Expenditures Report for each RWHAP grant they receive. Review the [Ryan White HIV/AIDS Treatment Extension Act of 2009](#) for more information on award requirements for specific categories.

## Expenditures Report Recipient Information

Opening the Expenditures Report will bring you to the Recipient Information page (see Figure 22). This section is prepopulated from the HRSA EHBs and includes your organization's address, EIN, Unique Entity Identifier (UEI) number, and contact information of the person responsible for Expenditures Report submission. Review all information and ensure it is accurate and up to date. Edit any field by selecting the text box. Once you have finished reviewing and updating all information, select "Save" on the lower-right corner of the page.

**Figure 22. HRSA Electronic Handbooks: Screenshot of the Expenditures Report Recipient Information Page**

**Expenditures Report**

Report ID: 12345 | Status: Working | Due Date: 07/30/2022  
 Budget Year: 04/01/2021-03/31/2022 | Last Modified Date: 06/31/2022 | Last Modified By: user@statehealthdepartment.gov  
 Access Mode: ReadWrite | UEI: MW1234567891

**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: 1111 Perks Avenue
- b. City: Zion
- c. State: MO
- d. Zip Code: 12555-1234

**2. Organization Identification:**

- a. EIN: 123456489
- b. UEI: MW1234567891

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

- a. Name: Rachel Perks
- b. Title: Director
- c. Phone: 555-555-5555
- d. Fax:
- e. E-mail: user@statehealthdepartment.gov

Cancel Save



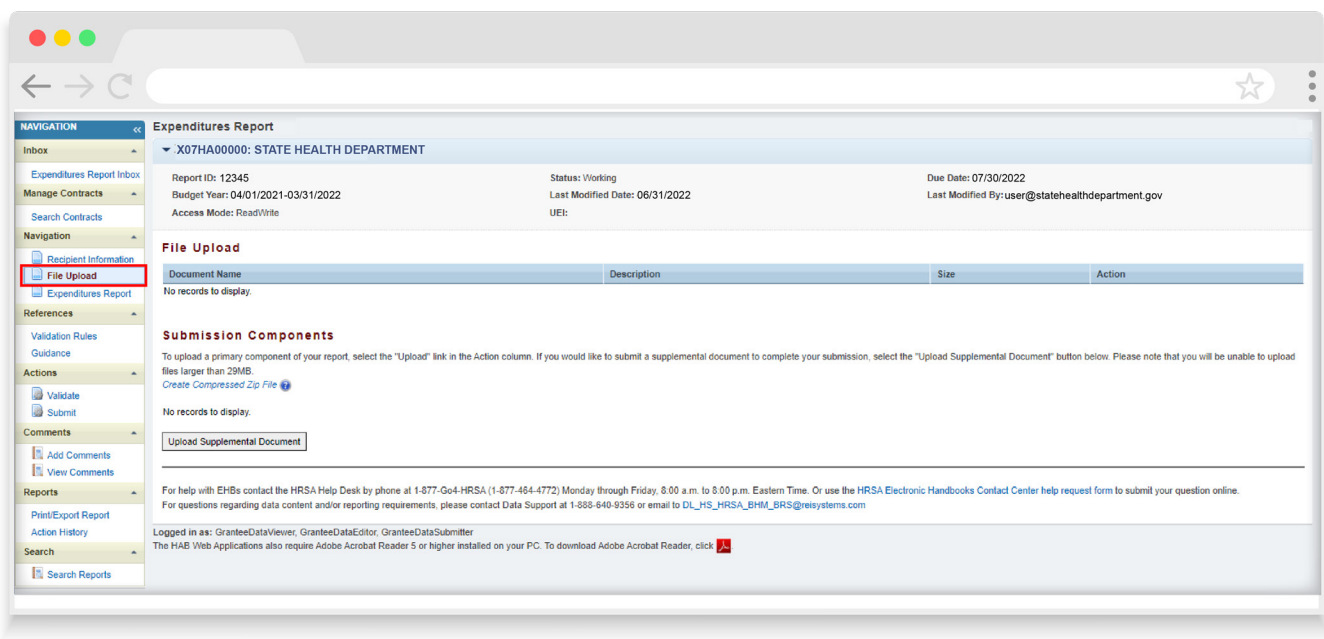
If you need help locating your organization's UEI, contact Ryan White Data Support for assistance by phone at 1-888-640-9356 or via email at [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

## Expenditures Report File Upload

There are no required Expenditures Report forms to upload to your report. If your project officer requires additional documentation or your agency would like to upload additional information, do so in the File Upload section ([see Figure 23](#)).

To access this feature, select “File Upload” in the Navigation panel on the left side of the screen under the “Navigation” header. Select “Upload Supplemental Document” and a new field will appear at the bottom of the page. Select “Browse” and locate the file you want to upload on your computer. Select “Submit” to upload the document.

**Figure 23. HRSA Electronic Handbooks: Screenshot of the Expenditures Report File Upload Page**



## Expenditures Report

To access the Expenditures Report section, select “Expenditures Report” in the Navigation panel on the left side of the screen under the “Navigation” header. The RWHAP Part B Expenditures Report comprises four editable sections: *Award Information*, *Part B Program Total*, *Part B Expenditure Categories (including Core Medical Services and Support Services)*, and *MAI Award*. Each component captures budgetary information on the award amount expended during the budget period for each category listed.

The RWHAP Part B Expenditures Report section contains 154 editable fields that you must complete with a response; if you do not have any expenditures in a particular category, enter a “0” for that field. After entering a value for every field, select “Save” at the lower-right corner of the page.



## Award Information

The *Award Information* section ([see Figure 24](#)) of the RWHAP Part B Expenditures Report has eight rows listing the type of award and two columns with ten (10) editable fields where you enter the amounts for each type of award: Prior Year Carryover and Award Amount.

### 1. RWHAP Part B Base Award

- *Prior Year Carryover:* Enter the total unobligated RWHAP Part B base award remaining at the end of the previous year's budget period that, with the approval of the Division of Grants Management Operations (DGMO) or grants management specialist (GMS), was carried forward to the current year's budget period to cover allowable costs of this budget period.
- *Award Amount:* Enter the total amount of your agency's RWHAP Part B base award indicated on your agency's final NoA.

### 2. RWHAP Part B ADAP Earmark Award

- *Prior Year Carryover:* Enter the total unobligated RWHAP Part B ADAP earmark award remaining at the end of the previous year's budget period that, with the approval of the DGMO or GMS, was carried forward to the current year's budget period to cover allowable costs of this budget period.
- *Award Amount:* Enter the total amount of your agency's RWHAP Part B ADAP earmark award indicated on your agency's final NoA.

### 3. RWHAP Part B ADAP Supplemental Award

- *Prior Year Carryover:* Enter the total unobligated RWHAP Part B ADAP Supplemental award remaining at the end of the previous year's budget period that, with the approval of the DGMO or GMS, was carried forward to the current year's budget period to cover allowable costs of this budget period.
- *Award Amount:* Enter the total amount of your agency's RWHAP Part B ADAP Supplemental award indicated on your agency's final NoA.



Not all states/territories receive a RWHAP Part B ADAP Supplemental award. If your agency did not receive one, enter a "0" in this field.

5. *RWHAP Part B Emerging Communities Award*

- *Prior Year Carryover:* Enter the total unobligated RWHAP Part B Emerging Communities award remaining at the end of the previous year's budget period that, with the approval of the DGMO or GMS, was carried forward to the current year's budget period to cover allowable costs of this budget period.
- *Award Amount:* Enter the total amount of your agency's RWHAP Part B Emerging Communities award indicated on your agency's final NoA.



Not all states/territories receive a RWHAP Part B Emerging Communities award. If your agency did not receive one, enter a "0" in this field.

7. *RWHAP Part B MAI Award*

- *Prior Year Carryover:* Enter the total unobligated RWHAP Part B MAI award remaining at the end of the previous year's budget period that, with the approval of the DGMO or GMS, was carried forward to the current year's budget period to cover allowable costs of this budget period.
- *Award Amount:* Enter the total amount of your agency's RWHAP Part B MAI award indicated on your agency's final NoA.



Not all states/territories receive a RWHAP Part B MAI award. If your agency did not receive one, enter a "0" in this field.

**Figure 24. HRSA Electronic Handbooks: Screenshot of the Award Information Section**

Budget Year 04/01/2021-03/31/2022 Award Information			
	Prior Year Carryover	Award Amount	Total Avail. Funds
1. RWHAP Part B Base Award	<input type="text"/>	<input type="text"/>	
2. RWHAP Part B ADAP Earmark Award	<input type="text"/>	<input type="text"/>	
3. RWHAP Part B ADAP Supplemental Award	<input type="text"/>	<input type="text"/>	
4. Total RWHAP Part B Base + ADAP + ADAP Supplemental Funds			
5. RWHAP Part B Emerging Communities Award	<input type="text"/>	<input type="text"/>	
6. Total RWHAP Part B Funds			
7. RWHAP Part B MAI Award	<input type="text"/>	<input type="text"/>	
8. Total RWHAP Part B + MAI Funds			



The additional fields in this table are automatically calculated by the system once you have entered and saved your expenditures data.

## Part B Program Total

The *Part B Program Total* section of the RWHAP Part B Expenditures Report has 11 rows listing the type of program and nine columns with 41 editable fields where you enter the award amounts for each program: Base Award with Carryover and Award; ADAP Earmark + ADAP Supplement with Carryover and Award; and Emerging Communities Award with Carryover and Award ([see Figure 25](#)).

### 1a. ADAP Services

- *Base Award*
  - *Carryover:* Enter the approved amount of RWHAP Part B base award carryover from the previous budget year that was expended on ADAP medication purchases in the current budget year.
  - *Award:* Enter the amount of your agency's RWHAP Part B base award that was expended on ADAP medication purchases.
- *ADAP Earmark + ADAP Supplemental*
  - *Carryover:* Enter the approved amount of ADAP earmark award carryover from the previous budget year that was expended on ADAP medication purchases in the current budget year.
  - *Award:* Enter the total amount of your agency's ADAP earmark and ADAP Supplemental awards that was expended on ADAP medication purchases.
- *Emerging Communities Award*
  - *Carryover:* Enter the approved amount of Emerging Communities award carryover from the previous budget year that was expended on ADAP medication purchases in the current budget year.
  - *Award:* Enter the amount of your agency's Emerging Communities award that was expended on ADAP medication purchases.

### 1b. Health Insurance to Provide Medications

- *Base Award*
  - *Carryover:* Enter the approved amount of RWHAP Part B base award carryover from the previous budget year that was expended on ADAP insurance purchases for clients in the current budget year.
  - *Award:* Enter the amount of your agency's RWHAP Part B base award that was expended on ADAP insurance purchases for clients.
- *ADAP Earmark + ADAP Supplemental*
  - *Carryover:* Enter the approved amount of ADAP earmark and ADAP Supplemental award carryover from the previous budget year that was expended on ADAP insurance purchases for clients in the current budget year.

- *Award:* Enter the total amount of your agency's ADAP earmark and ADAP Supplemental awards that was expended on ADAP insurance purchases for clients.

- *Emerging Communities Award*

- *Carryover:* Enter the approved amount of Emerging Communities award carryover from the previous budget year that was expended on ADAP insurance purchases for clients in the current budget year.
- *Award:* Enter the amount of your agency's Emerging Communities award that was expended on ADAP insurance purchases for clients.

#### 1c. ADAP Access/Adherence/Monitoring Services

- *Base Award*

- *Carryover:* Enter the approved amount of RWHAP Part B base award carryover from the previous budget year that was expended to support ADAP access, adherence, and monitoring activities in the current budget year.
- *Award:* Enter the amount of your agency's RWHAP Part B base award that was expended to support ADAP access, adherence, and monitoring activities.

- *ADAP Earmark + ADAP Supplemental*

- *Carryover:* Enter the approved amount of ADAP earmark and ADAP Supplemental award carryover from the previous budget year that was expended to support ADAP access, adherence, and monitoring activities in the current budget year.
- *Award:* Enter the total amount of your agency's ADAP earmark and ADAP Supplemental awards that was expended to support ADAP access, adherence, and monitoring activities.

- *Emerging Communities Award*

- *Carryover:* Enter the approved amount of Emerging Communities award carryover from the previous budget year that was expended to support ADAP access, adherence, and monitoring activities in the current budget year.
- *Award:* Enter the amount of your agency's Emerging Communities award that was expended to support ADAP access, adherence, and monitoring activities.

## 2. RWHAP Part B Health Insurance Premium & Cost Sharing Assistance

- *Base Award*

- *Carryover:* Enter the approved amount of RWHAP Part B base award carryover from the previous budget year that was expended to directly purchase health insurance for clients and assist with cost sharing in the current budget year.
- *Award:* Enter the amount of your agency's RWHAP Part B base award that was expended to directly purchase health insurance for clients and assist with cost sharing.

- *Emerging Communities Award*

- *Carryover:* Enter the approved amount of Emerging Communities award carryover from the previous budget year that was expended to directly purchase health insurance for clients and assist with cost sharing in the current budget year.
- *Award:* Enter the amount of your agency's Emerging Communities Award that was expended to directly purchase health insurance for clients and assist with cost sharing.

## 3. RWHAP Part B Home and Community-based Health Services

- *Base Award*

- *Carryover:* Enter the approved amount of RWHAP Part B base award carryover from the previous budget year that was expended to directly provide home- and community-based health services in the current budget year.
- *Award:* Enter the amount of your agency's RWHAP Part B base award that was expended to directly provide home- and community-based health services.

- *Emerging Communities Award*

- *Carryover:* Enter the approved amount of Emerging Communities award carryover from the previous budget year that was expended to directly provide home- and community-based health services in the current budget year.
- *Award:* Enter the amount of your Emerging Communities award that was expended to directly provide home- and community-based health services.

#### 4. RWHAP Part B HIV Care Consortia

- *Base Award*
  - *Carryover:* Enter the approved amount of RWHAP Part B base award carryover from the previous budget year that was expended to directly fund HIV care consortia in the current budget year.
- *Emerging Communities Award*
  - *Carryover:* Enter the approved amount of Emerging Communities award carryover from the previous budget year that was expended to directly fund HIV care consortia in the current budget year.
  - *Award:* Enter the amount of your Emerging Communities award that was expended to directly fund HIV care consortia.

##### 4a. RWHAP Part B HIV Care Consortia Administration

- *Base Award*
  - *Award:* Enter the amount of your agency's RWHAP Part B base award that was expended on HIV care consortia administrative activities.
- *Emerging Communities Award*
  - *Award:* Enter the total amount of your agency's Emerging Communities award that was expended on HIV care consortia administrative activities.



The total amount expended on HIV Care Consortia Administration must not exceed 10 percent of your total consortia funding.



The combined amount expended on HIV Care Consortia Administration and Recipient Administration must not exceed 10 percent of your total award.

#### 5. RWHAP Part B State Direct Services

- *Emerging Communities Award*
  - *Carryover:* Enter the approved amount of Emerging Communities award carryover from the previous budget year that was expended to directly provide Part B State Direct Services in the current budget year.

## 6. RWHAP Part B Clinical Quality Management

- *Base Award*
  - *Award:* Enter the amount of your agency's RWHAP Part B base award that was used to support clinical quality management activities.
- *ADAP Earmark + ADAP Supplemental*
  - *Award:* Enter the total amount of your agency's ADAP earmark and ADAP Supplemental awards that was used to support clinical quality management activities.
- *Emerging Communities Award*
  - *Award:* Enter the amount of your agency's Emerging Communities award that was used to support clinical quality management activities.



The total amount expended on clinical quality management (including from your RWHAP Part B base, ADAP earmark, ADAP Supplemental, Emerging Communities, and MAI awards) must not exceed 5 percent of your total X07 award or \$3 million (whichever is smaller).

## 7. RWHAP Part B Recipient Planning & Evaluation Activities

- *Base Award*
  - *Award:* Enter the amount of your agency's RWHAP Part B base award that was used to support planning and evaluation activities.
- *ADAP Earmark + ADAP Supplemental*
  - *Award:* Enter the total amount of your agency's ADAP earmark and ADAP Supplemental awards that was used to cover planning and evaluation activities.
- *Emerging Communities Award*
  - *Award:* Enter the amount of your agency's Emerging Communities award that was used to support planning and evaluation activities.



The total amount expended on planning and evaluation (including from your RWHAP Part B base, ADAP earmark, ADAP Supplemental, Emerging Communities, and MAI awards) may not exceed 10 percent of your total X07 award.



## 8. Recipient Administration

- *Base Award*
  - *Award:* Enter the amount of your agency's RWHAP Part B base award that was used to support recipient administration activities.
- *ADAP Earmark + ADAP Supplemental*
  - *Award:* Enter the total amount of your agency's ADAP earmark and ADAP Supplemental awards that was used to support recipient administration activities.
- *Emerging Communities Award*
  - *Award:* Enter the amount of your agency's Emerging Communities award that was used to support recipient administration activities.



The amount expended on Recipient Administration from your Emerging Communities award must not exceed 10 percent of your total Emerging Communities award.



The total amount expended on Recipient Administration (including from your RWHAP Part B base, ADAP earmark, ADAP Supplemental, Emerging Communities, and MAI awards) may not exceed 10 percent of your total X07 award.



The combined total amount expended on Recipient Administration and Planning and Evaluation (including from your RWHAP Part B base, ADAP earmark, ADAP Supplemental, Emerging Communities, and MAI awards) may not exceed 15 percent of your total X07 award.

**Figure 25. HRSA Electronic Handbooks: Screenshot of the Part B Program Total Section**

Part B Program Total													
	1. Base Award			2. ADAP Earmark + ADAP Supplemental			3. Emerging Communities Award			4. Total Prior Year Carryover		5. Total (including carryover)	
	Carryover	Award	Percent	Carryover	Award	Percent	Carryover	Award	Percent	Amount	Percent	Amount	Percent
1. RWHAP Part B AIDS Drug Assistance Program Subtotal													
a. ADAP Services													
b. Health Insurance to Provide Medications													
c. ADAP Access/Adherence/Monitoring Services													
2. RWHAP Part B Health Insurance Premium & Cost Sharing Assistance													
3. RWHAP Part B Home and Community-based Health Services													
4. RWHAP Part B HIV Care Consortia													
4a. RWHAP Part B HIV Care Consortia Administration													
5. RWHAP Part B State Direct Services													
6. RWHAP Part B Clinical Quality Management													
7. RWHAP Part B Recipient Planning & Evaluation Activities													
8. Recipient Administration													
9. Column Totals													
10. Total RWHAP Part B Expenditures (excluding carryover)													

## Part B Expenditure Categories

The *Part B Expenditure Categories* section (see figures 26 and 27) comprises three subsections: *Core Medical Services*, *Support Services*, and *MAI Award*.

The *Core Medical Services* has 12 rows listing the type of services and the *Support Services* sections has 15 rows listing the type of services. Both sections have the same four columns where you enter the funding amount that was used to support each service category, described below.

### 1. Consortia

- **Award:** Enter the amount of consortia funding from your RWHAP Part B base award that was expended to support the service category.

### 2. Direct Services

- **Award:** Enter the amount of direct services funding from your RWHAP Part B base award that was expended to support the service category.

### 3. Emerging Communities

- **Award:** Enter the amount of your Emerging Communities award that was expended to support the service category.

### 4. Prior Year Carryover

- **Amount:** Enter the approved amount of RWHAP Part B award carryover from the prior budget year that was expended to support the service category in the current budget year.



At least 75 percent of your total award (not including clinical quality management, recipient administration, and planning and evaluation) must be spent on core medical services.



The total expenditures amount must not exceed the total award amount.



To review the RWHAP core medical and support service categories, see [PCN #16-02](#) on the HRSA HAB website.

**Figure 26. HRSA Electronic Handbooks: Screenshot of the Part B Expenditure Categories Core Medical Services Subsection**

Part B Expenditure Categories										
	1. Consortia		2. Direct Services		3. Emerging Communities		4. Prior Year Carryover		5. Total (including carryover)	
	Award	Percent	Award	Percent	Award	Percent	Amount	Percent	Amount	Percent
<b>Core Medical Services</b>										
a. AIDS Drug Assistance Program Treatments	<input type="text"/>									
b. AIDS Pharmaceutical Assistance (LPAP, CPAP)	<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"/>									
e. Home and Community-Based Health Services	<input type="text"/>									
f. Home Health Care	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
g. Hospice	<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"/>			
i. Medical Nutrition Therapy	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
j. Mental Health Services	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
k. Oral Health Care	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
l. Outpatient/Ambulatory Health Services	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
m. Substance Abuse Outpatient Care	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
<b>1. Core Medical Services Total</b>										

**Figure 27. HRSA Electronic Handbooks: Screenshot of the Part B Expenditure Categories Support Services Subsection**

	1. Consortia		2. Direct Services		3. Emerging Communities		4. Prior Year Carryover		5. Total (including carryover)	
	Award	Percent	Award	Percent	Award	Percent	Amount	Percent	Amount	Percent
<b>Support Services</b>										
a. Child Care Services										
b. Emergency Financial Assistance										
c. Food Bank/Home 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										
n. Respite Care										
o. Substance Abuse Services (residential)										
<b>2. Support Services Total</b>										
<b>3. Total</b>										

## MAI Award

The *MAI Award* subsection ([see Figure 28](#)) is part of the *Part B Expenditure Categories* section and has seven rows listing the type of services and two columns with seven (7) editable fields where you enter the award amounts for each type of service: Prior FY Carryover and Reporting Year Award.

### 1. Education to increase minority participation in ADAP

- *Prior FY Carryover:* Enter the approved amount of MAI award carryover from the previous budget year that was expended to support MAI education in the current budget year.
- *Reporting Year Award:* Enter the amount of your agency's MAI award that was expended to support MAI education.

### 2. Outreach to increase minority participation in ADAP

- *Prior FY Carryover:* Enter the approved amount of MAI award carryover from the previous budget year that was expended to support MAI outreach in the current budget year.
- *Reporting Year Award:* Enter the amount of your agency's MAI award that was expended to support MAI outreach.

### 3. Clinical Quality Management

- *Reporting Year Award:* Enter the amount of your agency's MAI award that was expended to support clinical quality management activities.



The total amount expended on clinical quality management (including from your RWHAP Part B base, ADAP earmark, ADAP Supplemental, Emerging Communities, and MAI awards) may not exceed 5 percent of your total X07 award or \$3 million (whichever is smaller).

### 4. Recipient Planning & Evaluation Activities

- *Reporting Year Award:* Enter the amount of your agency's MAI award that was expended to support planning and evaluation activities.



The total amount expended on planning and evaluation (including from your RWHAP Part B base, ADAP earmark, ADAP Supplemental, Emerging Communities, and MAI awards) may not exceed 10 percent of your total X07 award.

## 5. Recipient Administration

- **Reporting Year Award:** Enter the amount of your agency's MAI award that was expended to support recipient administration activities.



The total amount expended on recipient administration (including from your RWHAP Part B base, ADAP earmark, ADAP Supplemental, Emerging Communities, and MAI awards) may not exceed 10 percent of your total X07 award.



The combined total amount expended on recipient administration and planning and evaluation (including from your RWHAP Part B base, ADAP earmark, ADAP Supplemental, Emerging Communities, and MAI awards) may not exceed 15 percent of your total X07 award.

**Figure 28. HRSA Electronic Handbooks: Screenshot of the MAI Award Section**

MAI AWARD						
	PRIOR FY CARRYOVER		REPORTING YEAR AWARD		TOTAL	
	Amount	Percent	Amount	Percent	Amount	Percent
1. Education to increase minority participation in ADAP	<input type="text"/>		<input type="text"/>			
2. Outreach to increase minority participation in ADAP	<input type="text"/>		<input type="text"/>			
3. Clinical Quality Management			<input type="text"/>			
4. Recipient Planning & Evaluation Activities			<input type="text"/>			
5. Recipient Administration			<input type="text"/>			
6. Total MAI Expenditures						
7. Total Unobligated Carryover Funds						

☐ Recipient received waiver for 75% core medical services requirement.

Below the MAI Award Table, there is an additional table that will calculate your core medical and support service expenditures once you enter and save your expenditures data. Use this table to make sure you are in compliance with the 75 percent core medical services requirement. If your organization received a waiver for this requirement, select the checkbox below this table ([see Figure 28](#)) to indicate your organization received the 75 percent core medical services requirement waiver. You will receive a validation message on your report if you do not select the waiver

checkbox and have not met the 75 percent core medical services requirement based on your expenditures entered. If you are unsure if your organization received a waiver, please contact your project officer for further assistance.

## Validating and Submitting the Expenditures Report

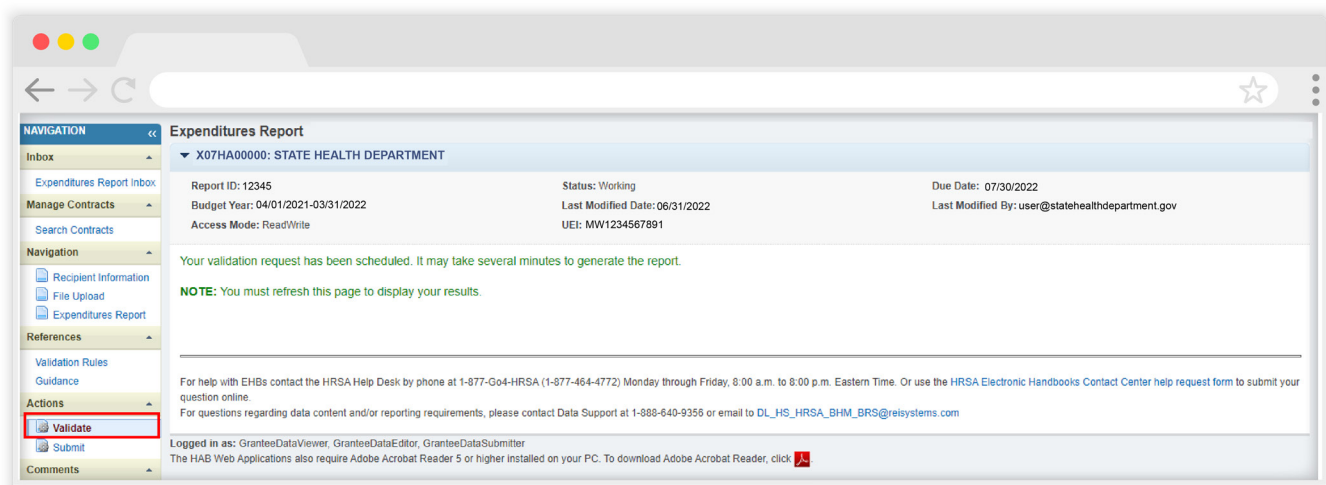
After you have completed all the Expenditure Report's required sections, the next step is to validate it. The validation process looks for potential problems in the information you entered and lets you review your report before it is sent to your project officer.

To validate and submit your Expenditures Report, follow these steps.

**STEP ONE:** In the Navigation panel on the left of the screen, under the "Actions" header, select "Validate." A system message will appear indicating your validation request is processing ([see Figure 29](#)) and that you will need to refresh the page to see your results after several minutes.

Select "Validate" again or refresh the page using your web browser. If your validation request has processed, you will see your results. If your validation results are not displayed, continue to wait and refresh the page until the process completes.

**Figure 29. HRSA Electronic Handbooks: Screenshot of the Expenditures Report Validation Processing Page**





**STEP TWO:** If you receive a congratulations message and have no validation messages to address, you are ready to submit your report (Step Three). Otherwise, the system will sort your validation results into three categories (see [Figure 30](#) for sample validation results):

- **Errors** must be corrected before submitting the Expenditures Report.
- **Warnings** should be addressed, if possible, to prevent your project officer from returning the report to you. You are still able to submit your report with warnings by adding a comment for each warning you receive.
- **Alerts** are informational, but you should still review and address them if necessary. You may submit the Expenditures Report with an alert.

To add a comment to a warning, select “Add Comment” under the “Actions” column to the right of the warning validation. A new window will appear for you to enter your comment. When finished, select “Save” at the bottom of the text box. In your comment, provide an explanation regarding the warning. The comment does not change the information in your report.

If you make changes to the information in your report, you must validate your report again using these instructions. Once you have addressed all validation messages as necessary, you are ready to submit your report.

**Figure 30. HRSA Electronic Handbooks: Screenshot of the Expenditures Report Validation Results Page**

**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
1	3	Recipient Information page: Title is missing	Alert	0	

**Required Documents**

Row No.	Check No.	Message	Type	Comment Count	Action
No report validation errors found.					

**Expenditures Report**

Row No.	Check No.	Message	Type	Comment Count	Action
No report validation errors found.					



If you need assistance resolving or understanding a specific validation message, contact Ryan White Data Support by phone at 1-888-640-9356 or via email at [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

**STEP THREE:** In the Navigation panel on the right side of the screen, under the “Action” header, select “Submit.” On the new page that appears ([see Figure 31](#)), enter a comment in the comments text box with any feedback you have related to your Expenditures Report submission. Read and acknowledge the statement under the comment box by checking the box. Select “Submit” at the bottom of the page.

**Figure 31. HRSA Electronic Handbooks: Screenshot of the Expenditures Report Submit Report Page**

The screenshot shows a web application interface for submitting an Expenditures Report. On the left is a navigation panel with sections: NAVIGATION, Inbox, Manage Contracts, Search Contracts, Navigation (with links for Recipient Information, File Upload, and Expenditures Report), References (with links for Validation Rules and Guidance), Actions (with links for Validate and Submit, where Submit is highlighted with a red box), Comments (with links for Add Comments and View Comments), Reports (with links for Print/Export Report and Action History), and Search (with a link for Search Reports). The main content area is titled 'Expenditures Report' and shows details for 'X07HA00000: STATE HEALTH DEPARTMENT', including Report ID: 12345, Budget Year: 04/01/2021-03/31/2022, Access Mode: ReadWrite, Status: Working, Last Modified Date: 06/31/2022, Due Date: 07/30/2022, and Last Modified By: user@statehealthdepartment.gov. Below this is the 'Submit Report' section, which includes a note about required fields, a prompt to enter comments, a rich text editor for comments, and a checkbox for certifying the data's accuracy. A 'Submit' button is at the bottom.



## Frequently Asked Questions

### **Is the Expenditures Report linked to the GCMS?**

No, unlike the PTR, the Expenditures Report is not linked to the contracts in the GCMS.

### **Should I enter RWHAP-related funding (program income and/or pharmaceutical rebates) in the Expenditures Report?**

No, recipients should not enter any RWHAP-related funding (program income and/or pharmaceutical rebates) in the Expenditures Report.

### **My Expenditures Report says it is “locked” and I cannot edit anything. What does that mean?**

Another user from your agency is accessing your report. If you believe this is an error, contact Ryan White Data Support by phone at 1-888-640-9356 or via email at [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

# Glossary

**Administrative Agent:** An entity that functions to assist the grant recipient, consortium, or other planning body in carrying out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing funding announcements, monitoring contracts).

**Administrative and Technical Services:** The provision of quality and responsive support services to an organization. These may include human resources, financial management, and administrative services (e.g., property management, warehousing, printing/publications, libraries, claims, medical supplies, and conference/training facilities).

**Allocations:** The proposed allotment of funds to their different service categories.

**Clinical Quality Management:** The coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. To be effective, a CQM program requires:

- Specific aims based in health outcomes
- Support by identified leadership
- Accountability for CQM activities
- Dedicated resources
- Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above

**Consolidated List of Contracts (CLC):** Summarizes each RWHAP-funded contract, the contract amount, and the service(s) provided under the contract.

**Consortia:** An association of public and nonprofit healthcare and support service providers and community-based organizations with which the state/territory establishes a legal agreement to conduct specific activities outlined in the RWHAP legislation for a specific region(s) or the entire state/territory.

**Core Medical Services:** A set of essential, direct healthcare services provided to people with HIV and specified in the Ryan White HIV/AIDS Treatment Extension Act.

**Emerging Community Funding:** Funding distributed to the states or territories for communities that report between 500 and 999 cumulative reported AIDS cases over the most recent five years.

**Expenditures:** The actual allotment of funds to their different service categories after they have been spent.

**Fiscal Intermediary:** An administrative agent that acts on the behalf of the recipient to monitor the use of its RWHAP funds.

**Grantee Contract Management System (GCMS):** A data-storage system that allows recipients to enter and maintain RWHAP subrecipient contracts.

**Lead Agency:** An entity with which the state/territory establishes a legal agreement to do one or more of the following: conduct needs assessments, engage in planning activities, manage procurement processes, ensure delivery of comprehensive services to people with HIV, and/or conduct program and fiscal monitoring.

**Minority AIDS Initiative (MAI):** A national Department of Health and Human Services (HHS) initiative that provides special resources to reduce the spread of HIV and improve health outcomes for people with HIV within communities of color. MAI was enacted to address the disproportionate impact of the disease on such communities. Formerly referred to as the Congressional Black Caucus Initiative because of that body's leadership in its development.

**Notice of Award (NoA):** An official document from Health Resources Services Administration (HRSA), HIV/AIDS Bureau (HAB), stating an agency's RWHAP funding amount and funding terms and conditions.

**Pharmaceutical Rebates:** A return of a part of a payment. ADAPs that purchase medications through a retail pharmacy network at a price higher than the 340B price can submit claims to drug manufacturers for pharmaceutical rebates on full pay medications or medication copayments, coinsurance, or deductibles to achieve cost savings comparable to those received by ADAPs that directly purchase medications at the 340B price. See [PCN 15-04 "Utilization and Reporting of Pharmaceutical Rebates"](#) for additional information.

**Program Income:** Program income means gross income earned by the non-federal entity that is directly generated by a supported activity or earned as a result of the federal award during the period of performance except as provided on 45 CFR §75.307(f). Except as otherwise provided in federal statutes, regulation, or the terms and conditions of the federal award, program income does not include pharmaceutical rebates, credits, discounts, and interest earned on any of them. See [PCN 15-03 "Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income"](#) for additional information.

**Provider:** The agency that provides direct services to clients (and their families). A provider may receive funds as a grant recipient (such as under RWHAP Parts C and D) or through a contractual relationship with a grant recipient funded directly by HRSA's RWHAP. Also see "subrecipient."

**Recipient:** An organization receiving financial assistance directly from an HHS-awarding agency to carry out a project or program. A recipient also may be a recipient-provider if it provides direct services in addition to administering its grant. Recipient of record (or recipient) replaces the term "Grantee of record."

**Recipient Administration (Administrative):** Activities relating to routine grant administration and monitoring activities.

**RWHAP-related funding of services:** Refers to RWHAP-eligible services that are funded with program income or pharmaceutical rebates, as distinguished from direct RWHAP grant funds. See [PCN 15-03 \(Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income\)](#) and [PCN 15-04 \(Utilization and Reporting of Pharmaceutical Rebates\)](#) for additional information.

**Subrecipient:** The legal entity that receives RWHAP funds from a recipient and is accountable to the recipient for the use of the funds. Subrecipients may provide direct client services or administrative services directly to a recipient.

**Support services:** A set of services needed to achieve medical outcomes that affect the HIV-related clinical status of a person with HIV.

**Synchronization:** The process of incorporating changes made in the GCMS into the report being updated: the RSR, PTR, or Allocations Report.

**Unique Entity Identifier (UEI):** The Unique Entity Identifier is a new 12-digit alphanumeric identifier that SAM.gov will provide to all entities who register to do business with the federal government. It replaces the DUNS number.

**Validation:** A system-administered check that reviews all data entered into the PTR/ Allocations Report for consistency with RWHAP guidelines.