# HRSA Ryan White HIV/AIDS Program (RWHAP) Part A

**Estimated Unobligated Balance (UOB) and Estimated Carryover Request**

Per the Ryan White HIV/AIDS Program (RWHAP) authorizing statute, awarded RWHAP Part A funds are subject to unobligated balances (UOB) provisions, as outlined in the [Ryan White HIV/AIDS Program Part A Manual](https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/manual-part.pdf). The provisions include the requirement that, before the end of each budget period year, recipients submit a request for estimated carryover of any estimated RWHAP Part A formula UOB to the Health Resources and Services Administration (HRSA).

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

**Note**:

1. RWHAP Part A formula funds awarded continue to be subject to UOB provisions in section 2603 of the Public Health Service Act. [Policy Notice 12-02](https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hab-part-uob-policy.pdf) explains the UOB requirements and potential penalties imposed on recipients that do not comply with the requirements in the RWHAP statute.
2. Minority AIDS Initiative (MAI) funds are awarded on a formula basis but are **not** subject to RWHAP Part A UOB restrictions and penalties.
3. RWHAP Part A supplemental funds may not be carried over.

To comply with the legislative and RWHAP requirements, each of the following components must be provided in table format and must certified by the recipient’s Authorizing Official:

* Jurisdiction Name
* EMA/TGA designation
* Grant Number
* Fiscal Year
* Determination of projected UOB (i.e., is there projected UOB?)
* Identification of RWHAP Part A subprograms (Formula Part A, Supplemental, and MAI) with projected UOB
* Determination of projected Part A UOB Penalty (i.e., is more than 5 percent Formula UOB projected?)
* Indication of intended use of projected carryover funds (i.e., as previously prioritized by Planning Council/Planning Body; and/or for a new, expanded, or continuing core medical or support service(s))

A suggested template for reporting is included in the Appendix.

**Appendix:**

Suggested Template:

Please initial in the box next to the answer for each question below and submit in HRSA Electronic Handbooks (EHB) by the deadline indicated in your Notice of Award (NoA).

**Jurisdiction:**  \_\_\_\_\_\_\_\_\_ **EMA: TGA:**

**Grant number:**

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

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| --- | --- | --- |
| **Estimated Unobligated Balance** | **Are you projecting UOB at the end of the budget period?** | **If yes, what subprogram(s) is projected to have UOB at the end of the budget period (select all that apply)?** |
| YES **OR** NO | Formula Part A Supplemental  MAI |
| **Unobligated Balance Penalty** | **Is your projected Part A formula UOB amount greater than 5 percent of your current year Part A formula award (do not include approved carryover funds)?**  YES **OR** NO | |
| **Intended Use of Carryover Funds** | **Please indicate how you intend to expend any projected or unanticipated Part A formula UOB to be reported in the Federal Financial Report (FFR), if approved for carryover (check all that apply)?**  The formula carryover funds will be expended on service categories prioritized by the Planning Council/Planning Body.  The formula carryover funds will be utilized for new, expanded, or continuing core medical or support services. | |

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

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