

# RWHAP Part A Expenditures Report

|                                            | RWHAP Part A Formula and Supplemental Expenditure Amounts |         |                    |         |        |         |
|--------------------------------------------|-----------------------------------------------------------|---------|--------------------|---------|--------|---------|
|                                            | Current FY                                                |         | Prior FY Carryover |         | Total  |         |
|                                            | Amount                                                    | Percent | Amount             | Percent | Amount | Percent |
| <b>Non Services</b>                        |                                                           |         |                    |         |        |         |
| a. Clinical Quality Management             |                                                           |         |                    |         |        |         |
| b. Administration                          |                                                           |         |                    |         |        |         |
| Non-services Expenditures Subtotal         |                                                           |         |                    |         |        |         |
| c. Core Medical Services                   |                                                           |         |                    |         |        |         |
| d. Support Services                        |                                                           |         |                    |         |        |         |
| Service Expenditures Subtotal              |                                                           |         |                    |         |        |         |
| Total Expenditures (Service + Non-service) |                                                           |         |                    |         |        |         |

## FY24 Instruction Manual

Release Date: August 12, 2025

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**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 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.

# Background

The Ryan White HIV/AIDS Program (RWHAP) Part A funds grants to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) to provide medical and support services to people with HIV in cities and counties that are most severely affected by the HIV epidemic.

RWHAP Part A grant recipients are required as a condition of award to provide certain program and fiscal reports each year, including an annual Expenditures Report. The Expenditures Report is an aggregate report submitted through the HRSA Electronic Handbooks (EHBs) that all RWHAP Part A recipients must submit no later than 90 days after the budget period end date. 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 Program Terms Report (PTR). There are no changes to the FY2024 RWHAP Part A Expenditures Report from the previous year's version.

If you have programmatic questions about the RWHAP Part A Expenditures Report, please contact your Division of Metropolitan HIV/AIDS Programs (DMHAP) project officer. If you need additional assistance or have technical questions about the RWHAP Part A Expenditures Report, please contact RWHAP Data Support at 1-888-640-9356 or [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

# Accessing the Expenditures Report

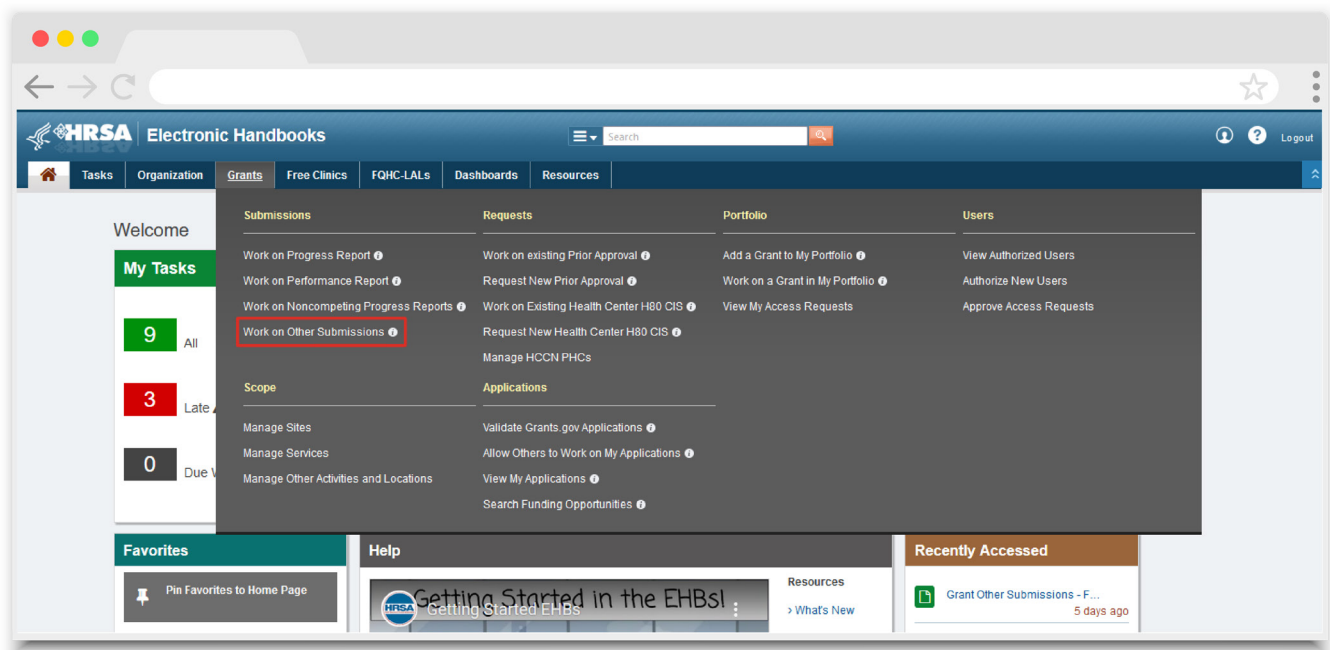
The RWHAP Part A Expenditures Report is accessible via the HRSA EHBs. You must have a HRSA EHBs user account with the appropriate access to your agency's grant to view and complete the report. To access the RWHAP Part A Expenditures Report, follow the steps below:

**STEP ONE:** Log in to the [HRSA EHBs site](#). From the HRSA EHBs homepage, hover your cursor over the "Grants" tab at the top of the screen and select "Work on Other Submissions" under the "Submissions" header ([Figure 1](#)).



If you need assistance with your Login.gov username or password, contact the Login.gov Support Team at (844) 875-6446 or [submit a help ticket online](#).

**Figure 1. HRSA EHBs: Screenshot of the Grants Dropdown Menu**



**STEP TWO:** On the next page (Figure 2), “Submissions – All,” under the “Submission Name” column, locate the Expenditures Report you want to access. Under the “Options” column, select “Start” or “Edit.” The first time the report is accessed the link will read “Start,” but once the report has been started, the link will instead read “Edit.” A new window will appear.

**Figure 2. HRSA EHBs: Screenshot of the Submissions - All Page**

**Submissions - All**

Not Completed Recently Completed All

**Search Filters:**

**Basic Search Parameters**

Grant Number (comma separated list)  (e.g. C80CS16989) Submission Name Like

Submission Tracking Number Like  Organization ☐ All ☒ City Health Department

Submission Deadline (mm/dd/yyyy) Between  And  Submission Type ☐ All ☒ Financial Report ☒ Noncompeting

**Advanced Search Parameters**

**Display Options**

Sort Method (Grid | Custom) Search Name:  Save Parameters Search

Export To Excel Search Saved Searches

Page size: 15 Go 55 items in 4 page(s)

| Submission Name              | Submission Type   | Organization           | Grant #    | Tracking # | Reporting Period        | Deadline   | Submitted Date | Status      | Options    |
|------------------------------|-------------------|------------------------|------------|------------|-------------------------|------------|----------------|-------------|------------|
| FY 2024 Expenditures Report  | Other Submissions | City Health Department | H89HA00000 |            | 03/01/2024 - 02/28/2025 | 05/29/2025 |                | Not Started | Start      |
| FY 2024 Program Terms Report | Other Submissions | City Health Department | H89HA00000 | 123456     | 03/01/2024 - 02/28/2025 | 08/03/2024 | 07/13/2024     | Submitted   | Submission |



Search for “Expenditures” in the filter header of the “Submission Name” column to narrow your list of submissions and locate your Expenditures Report faster.



If you need assistance navigating the HRSA EHBs to locate your Expenditures Report, contact the HRSA EHBs Customer Support Center at 1-877-464-4772.

**STEP THREE:** You are now in the Expenditures Report Inbox (Figure 3). Select the envelope icon in the “Action” column to open your agency’s report. The first time you access the report, the envelope icon will read “Create,” but once the report has been started, the icon will instead read “Open.”

**Figure 3. RWHP Part A Expenditures Report: Screenshot of the Expenditures Report Inbox**

**Expenditures Report Inbox** Your session will expire in: 29:32

| # | Report ID | Submission          | Name                   | Grant Number | Budget Year             | Modified Date | Status | Action | Comments | Action History |
|---|-----------|---------------------|------------------------|--------------|-------------------------|---------------|--------|--------|----------|----------------|
| 1 | 0         | Expenditures Report | City Health Department | H89HA00000   | 03/01/2024 - 02/28/2025 |               |        | Create |          |                |

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

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



**I see that I can search for my Grantee Contract Management System (GCMS) contracts in the Expenditures Report system. Is the Expenditures Report linked to those contracts?**

No, the Expenditures Report is not linked to the contracts in the GCMS. Access to the GCMS through the Expenditures Report system is solely for your reference.

# Completing the Expenditures Report

The RWHAP Part A Expenditures Report is an aggregate report that captures budgetary information on the expenditure of grant funding for the specified budget year. The fiscal data submitted as part of the Expenditures Report are entered directly into the report itself. The Expenditures Report is not linked to your agency's contracts in the GCMS.

Once you have entered all values and completed your report, you can validate and submit it, at which point it is sent to your project officer for review. If you need assistance or have questions about the required RWHAP Part A Expenditures Report submission, please contact your project officer.

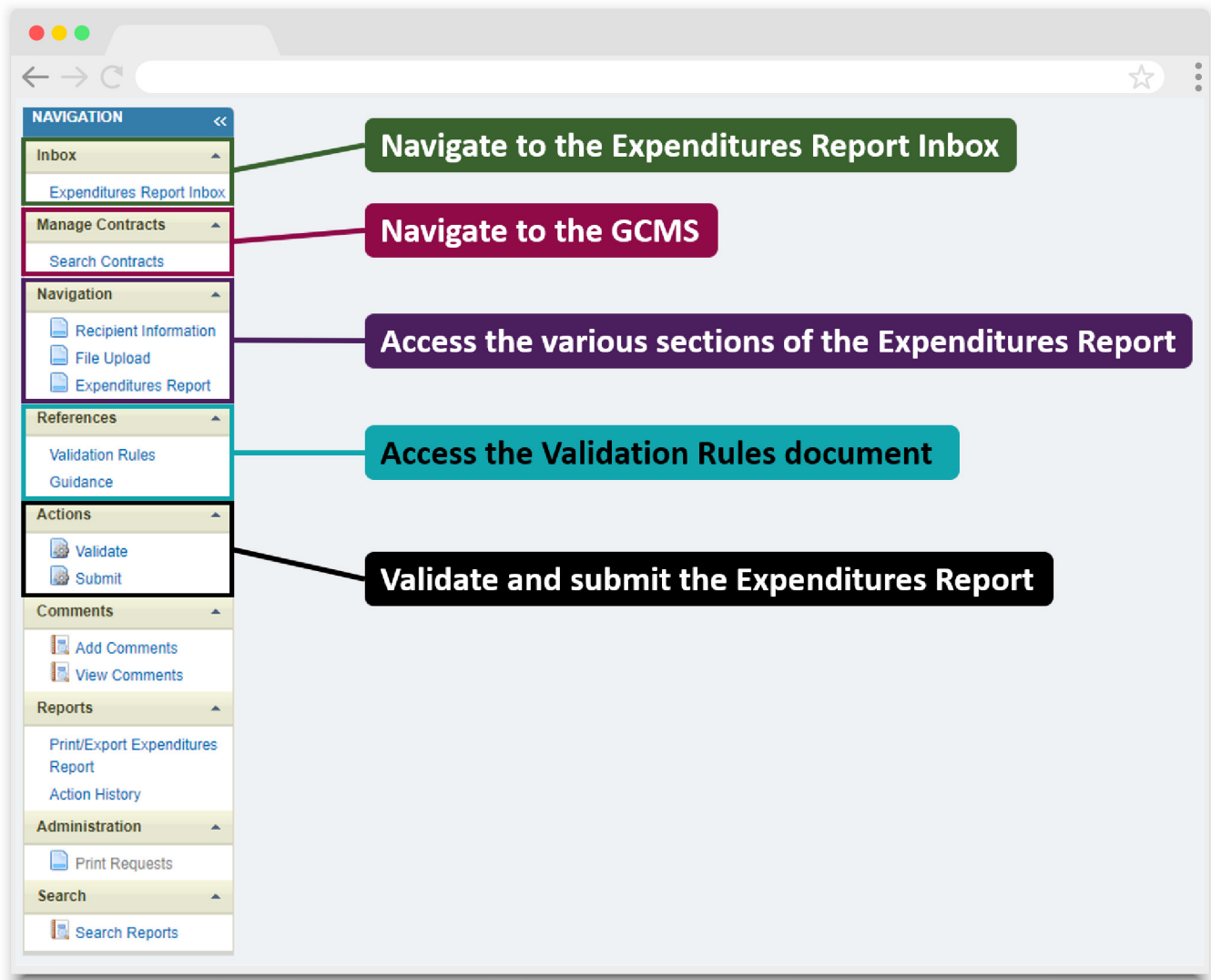
## Expenditures Report Navigation

Navigation through the Expenditures Report system and within the Expenditures Report itself is done using the Navigation panel on the left side of the screen ([Figure 4](#)). Use the links in the Navigation panel to access the different sections of the Expenditures Report as well as validate and submit it.



If you need help navigating the Expenditures Report system, contact RWHAP Data Support for assistance at 1-888-640-9356 or email [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

**Figure 4. Expenditures Report Navigation Panel Guide**



## Recipient Information

Opening the Expenditures Report will bring you to the Recipient Information page (Figure 5). This section is pre-populated from the HRSA EHBs and includes your organization's address, Employer Identification Number (EIN), Unique Entity ID (UEI), and contact information of the person responsible for the 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 5. RWHAP Part A Expenditures Report: Screenshot of the Recipient Information Page**

**Expenditures Report** Your session will expire in: 29:53

**H89HA00000 : City Health Department**

Report ID: 123456      Status: Working      Due Date: 5/29/2025 11:59:59 PM  
 Budget Year: 3/1/2024 - 2/28/2025      Last Modified Date: 4/24/2025 3:33:57 PM      Last Modified By: mscott@cityhealthdepartment.gov  
 Access Mode: ReadWrite      UEI: AB1C2DEF34GH

### Recipient Information

The data shown below are pre-populated from the HRSA Electronic Handbooks (EHBs). Please verify that the information shown below is accurate. A field with an asterisk \* before it is a required field. NOTE: Updating the information on this page does not update your information in the EHBs. You must revise your agency's information in the EHBs as well.

- Official Mailing Address:**
  - \* a. Street: 123 Sesame Street
  - \* b. City: City
  - \* c. State: ST
  - \* d. Zip Code: 12345
- Organization Identification:**
  - a. EIN: 123456789
  - b. UEI: AB1C2DEF34GH
- Contact information of person responsible for this submission:**
  - \* a. Name: Michael Scott
  - b. Title: Project Director
  - \* c. Phone: (000) 000 - 0000
  - d. Fax: (000) 000 - 0000
  - \* e. E-mail: mscott@cityhealthdepartment.gov

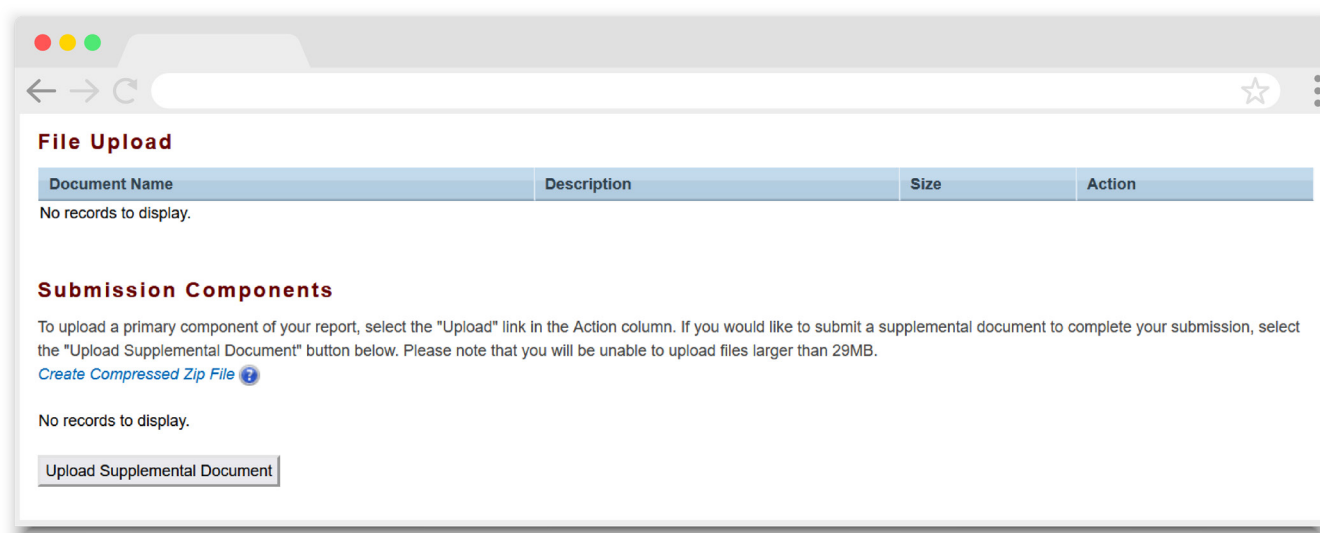
[Cancel](#) [Save](#)

## File Upload

For RWHAP Part A recipients, there are no required Expenditures Report forms to upload to your report. If your project officer requires additional documentation, you may upload it in the File Upload section ([Figure 6](#)).

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

**Figure 6. RWHAP Part A Expenditures Report: Screenshot of the File Upload Page**



### Do I need to upload the Excel version of my agency's Expenditures Report?

No, there are no required uploads for the RWHAP Part A Expenditures Report. An Excel version of the Expenditures Report is not required.

## Expenditures Report

To access the Expenditures Report page, select “Expenditures Report” in the Navigation panel on the left side of the screen under the “Navigation” header ([Figure 4](#)). The RWHAP Part A Expenditures Report comprises six sections:

- *Award Information*
- *RWHAP Part A Program Expenditure Totals*
- *RWHAP Part A and MAI Service Category Expenditures*
- Expenditures summary table
- *Legislative Requirements Checklist*
- *Certification of Subrecipient Aggregate Administrative Expenditures*

Each component captures budgetary information on the award amount expended during the budget period for each category listed.

The RWHAP Part A Expenditures Report page contains 131 editable fields that you must complete. All fields require a response. Therefore, if you do not have any expenditures in a particular category, enter a “0” for that field. You may only enter whole numbers. After entering a value for every field, select “Save” at the lower-right corner of the page.



Do not leave any fields blank. Enter a “0” for any field for which your agency does not have any expenditures to report.

### Award Information

The *Award Information* section ([Figure 7](#)) of the RWHAP Part A Expenditures Report has five editable fields that must be completed:

#### 1. *RWHAP Part A Formula Award Amount*

- *Current FY:* Enter the total amount of your agency’s RWHAP Part A formula award indicated on your agency’s final Notice of Award (NoA).
- *Prior FY Carryover:* Enter the total unobligated RWHAP Part A formula award amount remaining at the end of the previous year’s budget period that, with the approval of the grants management specialist (GMS), was carried forward to the current year’s budget period to cover allowable costs of this budget period.

## 2. RWHP Part A Supplemental Award Amount

- *Current FY:* Enter the total amount of your agency's RWHP Part A supplemental award indicated on your agency's final NoA.



RWHP Part A supplemental funding is not eligible for carryover.

## 3. RWHP Part A MAI Award Amount

- *Current FY:* Enter the total RWHP Part A Minority AIDS Initiative (MAI) award amount indicated on your agency's final NoA.
- *Carryover:* Enter the total unobligated RWHP Part A MAI award amount remaining at the end of the previous year's budget period that, with the approval of the GMS, was carried forward to the current year's budget period to cover allowable costs of this budget period.



The total award amounts entered in the *Award Information* section of the RWHP Part A Expenditures Report should exactly match the award amounts listed on your agency's final NoA. You will receive a validation error on your validation report if these values do not match.

**Figure 7. RWHP Part A Expenditures Report: Screenshot of the Award Information Section**

| Budget Year 03/01/2024 - 02/28/2025 Award Information |                      |                      |       |
|-------------------------------------------------------|----------------------|----------------------|-------|
|                                                       | Current FY           | Prior FY Carryover   | Total |
| 1. RWHP Part A Formula Award Amount                   | <input type="text"/> | <input type="text"/> | \$0   |
| 2. RWHP Part A Supplemental Award Amount              | <input type="text"/> |                      | \$0   |
| 3. RWHP Part A MAI Award Amount                       | <input type="text"/> | <input type="text"/> | \$0   |
| 4. Total RWHP Part A Funds                            | \$0                  | \$0                  | \$0   |

## RWHAP Part A Program Expenditure Totals

The *RWHAP Part A Program Expenditure Totals* section ([Figure 8](#)) of the RWHAP Part A Expenditures Report contains eight editable fields that must be completed:

### a. Clinical Quality Management

- *RWHAP Part A Formula and Supplemental Expenditure Amounts*
  - *Current FY:* Enter the combined amount of your agency's RWHAP Part A formula and supplemental awards that were expended to support clinical quality management activities.
  - *Prior FY Carryover:* Enter the approved amount of RWHAP Part A formula award carryover from the previous year that was expended to support clinical quality management activities in the current budget year.
- *RWHAP Part A MAI Expenditure Amounts*
  - *Current FY:* Enter the amount of your agency's RWHAP Part A MAI award that was expended to support clinical quality management activities.
  - *Prior FY Carryover:* Enter the approved amount of RWHAP Part A MAI award carryover from the previous year that was expended to support clinical quality management activities in the current budget year.



The total amount expended on clinical quality management must not exceed 5 percent of your total award or \$3 million (whichever is smaller).

### b. Administration

- *RWHAP Part A Formula and Supplemental Expenditure Amounts*
  - *Current FY:* Enter the combined amount of your agency's RWHAP Part A formula and supplemental awards that were expended to support recipient administration activities.
  - *Prior FY Carryover:* Enter the approved amount of RWHAP Part A formula award carryover from the previous year that was expended to support recipient administration activities in the current budget year.

- **RWHAP Part A MAI Expenditure Amounts**
  - **Current FY:** Enter the amount of your agency's RWHAP Part A MAI award that was expended to support recipient administration activities.
  - **Prior FY Carryover:** Enter the approved amount of RWHAP Part A MAI award carryover from the previous year that was expended to support recipient administration activities in the current budget year.



The total amount expended on recipient administration must not exceed 10 percent of your total award.

**Figure 8. RWHAP Part A Expenditures Report: Screenshot of the RWHAP Part A Program Expenditure Totals**

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RWHAP Part A Program Expenditure Totals

|                                            | RWHAP Part A Formula and Supplemental Expenditure Amounts |         |                      |         |        |         | RWHAP Part A MAI Expenditure Amounts |         |                      |         |        |         | Total RWHAP Part A Expenditure Amounts |         |
|--------------------------------------------|-----------------------------------------------------------|---------|----------------------|---------|--------|---------|--------------------------------------|---------|----------------------|---------|--------|---------|----------------------------------------|---------|
|                                            | Current FY                                                |         | Prior FY Carryover   |         | Total  |         | Current FY                           |         | Prior FY Carryover   |         | Total  |         |                                        |         |
|                                            | Amount                                                    | Percent | Amount               | Percent | Amount | Percent | Amount                               | Percent | Amount               | Percent | Amount | Percent | Amount                                 | Percent |
| Non Services                               |                                                           |         |                      |         |        |         |                                      |         |                      |         |        |         |                                        |         |
| a. Clinical Quality Management             | <input type="text"/>                                      |         | <input type="text"/> |         |        |         | <input type="text"/>                 |         | <input type="text"/> |         |        |         |                                        |         |
| b. Administration                          | <input type="text"/>                                      |         | <input type="text"/> |         |        |         | <input type="text"/>                 |         | <input type="text"/> |         |        |         |                                        |         |
| Non-services Expenditures Subtotal         |                                                           |         |                      |         |        |         |                                      |         |                      |         |        |         |                                        |         |
| c. Core Medical Services                   |                                                           |         |                      |         |        |         |                                      |         |                      |         |        |         |                                        |         |
| d. Support Services                        |                                                           |         |                      |         |        |         |                                      |         |                      |         |        |         |                                        |         |
| Service Expenditures Subtotal              |                                                           |         |                      |         |        |         |                                      |         |                      |         |        |         |                                        |         |
| Total Expenditures (Service + Non-service) |                                                           |         |                      |         |        |         |                                      |         |                      |         |        |         |                                        |         |



The additional fields in this table will be automatically calculated by the system once you have entered and saved values for the core medical and support service categories as detailed in the next section.

## RWHAP Part A and MAI Service Category Expenditures

The *RWHAP Part A and MAI Service Category Expenditures* section ([Figure 9](#) and [Figure 10](#)) is composed of two subsections: *Core Medical Services* and *Support Services*. In each part, enter the funding amount that was used to support each service category.

There are four fields (represented by the table columns) that must be entered for each service category as detailed below:

- *RWHAP Part A Formula and Supplemental Expenditure Amounts*
  - *Current FY:* Enter the combined amount of your agency's RWHAP Part A formula and supplemental awards that was expended to support the service category.
  - *Prior FY Carryover:* Enter the approved amount of RWHAP Part A formula award carryover from the previous year that was expended to support the service category in the current budget year.
- *RWHAP Part A MAI Expenditure Amounts*
  - *Current FY:* Enter the amount of your agency's RWHAP Part A MAI award that was expended to support the service category.
  - *Prior FY Carryover:* Enter the approved amount of RWHAP Part A MAI award carryover from the previous year that was expended to support the service category in the current budget year.



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



At least 75 percent of your total award (less clinical quality management and recipient administration) must be spent on core medical services, unless you have an approved core medical services waiver.

**Figure 9. RWHP Part A Expenditures Report: Screenshot of the RWHP Part A and MAI Service Category Expenditures Core Medical Services Table**

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RWHAP Part A and MAI Service Category Expenditures

|                                                                                    | RWHP Part A Formula and Supplemental Expenditure Amounts |         |                    |         |        |         | RWHP Part A MAI Expenditure Amounts |         |                    |         |        |         | Total RWHP Part A Expenditure Amounts |         |
|------------------------------------------------------------------------------------|----------------------------------------------------------|---------|--------------------|---------|--------|---------|-------------------------------------|---------|--------------------|---------|--------|---------|---------------------------------------|---------|
|                                                                                    | Current FY                                               |         | Prior FY Carryover |         | Total  |         | Current FY                          |         | Prior FY Carryover |         | Total  |         |                                       |         |
|                                                                                    | Amount                                                   | Percent | Amount             | Percent | Amount | Percent | Amount                              | Percent | Amount             | Percent | Amount | Percent | Amount                                | Percent |
| Core Medical Services                                                              |                                                          |         |                    |         |        |         |                                     |         |                    |         |        |         |                                       |         |
| a. AIDS Drug Assistance Program Treatments                                         |                                                          |         |                    |         |        |         |                                     |         |                    |         |        |         |                                       |         |
| b. AIDS Pharmaceutical Assistance                                                  |                                                          |         |                    |         |        |         |                                     |         |                    |         |        |         |                                       |         |
| c. Early Intervention Services (EIS)                                               |                                                          |         |                    |         |        |         |                                     |         |                    |         |        |         |                                       |         |
| d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals |                                                          |         |                    |         |        |         |                                     |         |                    |         |        |         |                                       |         |
| e. Home and Community-Based Health Services                                        |                                                          |         |                    |         |        |         |                                     |         |                    |         |        |         |                                       |         |
| f. Home Health Care                                                                |                                                          |         |                    |         |        |         |                                     |         |                    |         |        |         |                                       |         |
| g. Hospice Services                                                                |                                                          |         |                    |         |        |         |                                     |         |                    |         |        |         |                                       |         |
| h. Medical Case Management, including Treatment Adherence Services                 |                                                          |         |                    |         |        |         |                                     |         |                    |         |        |         |                                       |         |
| i. Medical Nutrition Therapy                                                       |                                                          |         |                    |         |        |         |                                     |         |                    |         |        |         |                                       |         |
| j. Mental Health Services                                                          |                                                          |         |                    |         |        |         |                                     |         |                    |         |        |         |                                       |         |
| k. Oral Health Care                                                                |                                                          |         |                    |         |        |         |                                     |         |                    |         |        |         |                                       |         |
| l. Outpatient/Ambulatory Health Services                                           |                                                          |         |                    |         |        |         |                                     |         |                    |         |        |         |                                       |         |
| m. Substance Abuse Outpatient Care                                                 |                                                          |         |                    |         |        |         |                                     |         |                    |         |        |         |                                       |         |
| 1. Core Medical Services Expenditures Subtotal                                     |                                                          |         |                    |         |        |         |                                     |         |                    |         |        |         |                                       |         |

**Figure 10. RWHAP Part A Expenditures Report: Screenshot of the RWHAP Part A and MAI Service Category Expenditures Support Services Table**

| Support Services                                 |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|--------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| a. Child Care Services                           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b. Emergency Financial Assistance                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c. Food Bank/Home Delivered Meals                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d. Health Education/Risk Reduction               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| e. Housing                                       | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| f. Linguistic Services                           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| g. Medical Transportation                        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| h. Non-Medical Case Management Services          | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| i. Other Professional Services                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| j. Outreach Services                             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| k. Psychosocial Support Services                 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| l. Referral for Health Care and Support Services | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| m. Rehabilitation Services                       | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| n. Respite Care                                  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| o. Substance Abuse Services (residential)        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>2. Support Services Expenditures Subtotal</b> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| <b>3. Service Expenditures Total</b>             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |

## Expenditures Summary Table

Below the *RWHAP Part A and MAI Service Category Expenditures* table, there is an additional summary table ([Figure 11](#)). This table will populate with the total award amounts as entered in the *Award Information* section of the Expenditures Report. Once recipients have entered a response for every field in this table and saved, the table will automatically calculate the remaining unobligated balance from each award type. There are five fields that recipients must complete as described below.

1. **RWHAP Part A Formula Award Amount:** Enter the total amount of your agency's RWHAP Part A formula award that was expended during the budget year.
2. **RWHAP Part A Formula Carryover Amount:** Enter the total amount of your agency's RWHAP Part A formula award carryover from the previous year that was expended during the current budget year.
3. **RWHAP Part A Supplemental Award Amount:** Enter the total amount of your agency's RWHAP Part A supplemental award that was expended during the budget year.
4. **RWHAP Part A MAI Award Amount:** Enter the total amount of your agency's RWHAP Part A MAI award that was expended during the budget year.

5. *RWHAP Part A MAI Carryover Amount:* Enter the total amount of your agency's RWHAP Part A MAI award carryover from the previous year that was expended during the current budget year.



The expenditure amounts entered into the expenditures summary table should match the total amounts expended from each award type in the *RWHAP Part A Program Expenditure Totals* and *RWHAP Part A and MAI Service Category Expenditures* tables.

Underneath the expenditures summary table there is a checkbox that recipients can select if they have received a waiver for the 75 percent core medical services requirement.



Recipients will receive a validation message on their report if they do not select the waiver checkbox and have not met the 75 percent core medical services requirement. Contact your project officer if you are unsure if your agency received the waiver.

**Figure 11. RWHAP Part A Expenditures Report: Screenshot of the Expenditures Summary Table and Core Medical Services Requirement Waiver Checkbox**

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

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

## Legislative Requirements Checklist

The next section of the Expenditures Report, the *Legislative Requirements Checklist* (Figure 12), is there for your reference when completing your report. You can quickly view the capped amounts that pertain to each legislative requirement to make sure your agency is complying, including the 75 percent core medical services requirement as well as capped amounts for clinical quality management and recipient administration.

**Figure 12. RWHAP Part A Expenditures Report: Screenshot of the Legislative Requirements Checklist**

**Legislative Requirements Checklist**

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

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

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

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

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

Below is the maximum amount (Capped Amount) you can expend on CQM. The capped amount will be 5% of the total award or \$3 million, whichever is smaller. Please check to make sure your CQM expenditures do not exceed your Capped Amount.

|                                                          |     |
|----------------------------------------------------------|-----|
| Recipient Clinical Quality Management Capped Amount      | \$0 |
| Recipient Clinical Quality Management Expenditure Amount |     |

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

When reporting recipient administration expenditures, the Total RWHAP Part A Expenditure Amounts for Administration must not exceed 10% of the total award amount.

Below is the percentage of your Current Fiscal Year recipient administration expenditures divided by your Total Part A Award. Please check to make sure this percentage is not greater than 10%.

|                                             |  |  |
|---------------------------------------------|--|--|
| Recipient Administration Expenditure Amount |  |  |
|---------------------------------------------|--|--|

## Certification of Subrecipient Aggregate Administrative Expenditures

The last section of the Expenditures Report is where recipients will certify the amount of funding expended on subrecipient administration ([Figure 13](#)). Enter the total aggregate amount expended on subrecipient administration in the specified box.

The financial officer responsible for the RWHAP Part A funds must then attest that the amount entered does not exceed 10 percent of the aggregate total of all HIV service dollars expended by selecting the checkbox and entering their name in the signature box.

**Figure 13. RWHAP Part A Expenditures Report: Screenshot of the Certification of Subrecipient Aggregate Administrative Expenditures Box**

**Certification of Subrecipient Aggregate Administrative Expenditures**

Certification that the actual amount of funds expended on administrative costs by subrecipients does not exceed 10% of the aggregate total of all HIV service dollars expended. The financial officer responsible for the RWHAP Part A funds must attest that the aggregate administrative expenditures is under the 10% administrative cap.

Final Certification of Subrecipient Aggregate Administrative Expenditure Amount

☐ I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts were for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)

Financial Officer or Designee Signature

## Validating and Submitting the Expenditures Report

After you have completed all required sections of the report, 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.

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 and that you will need to refresh the page to see your results after several minutes.

Select “Validate” again in the Navigation panel to refresh the page. If your validation request has been processed, you will see your results. Otherwise, continue to wait, and refresh until the process completes.

If you receive a green congratulations message, then you have no validations to address and are ready to move on to submitting your report. Otherwise, the system will sort your validation results ([Figure 14](#)) into three categories:

- **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 one that 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 after validating, you must save the information and validate your report again. You should resolve all validation messages whenever possible to prevent your report being returned for changes by your project officer. Once you have addressed all validation messages as necessary, you are ready to submit your report.

**Figure 14. RWHAP Part A Expenditures Report: Screenshot of the 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

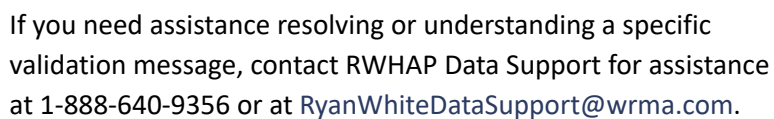
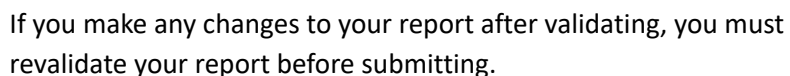
| Row No.                            | Check No. | Message | Type | Comment Count | Action |
|------------------------------------|-----------|---------|------|---------------|--------|
| No report validation errors found. |           |         |      |               |        |

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 |
|---------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------|
| 1       | 145       | Award amount entered for Current FY RWHAP Part A Formula Award Amount (\$250,000) does not match the corresponding amount from Notice of Award (\$300,000). | Error | 0             |        |



To submit your report, select “Submit” in the Navigation panel on the left side of the screen, under the “Action” header. On the new page that appears ([Figure 15](#)), enter a comment in the comments text box with any meaningful feedback you have related to your Expenditures Report submission. Read and acknowledge the statement under the comment box by checking the box. Lastly, select the “Submit” button at the bottom of the page.

**Figure 15. RWHAP Part A Expenditures Report: Screenshot of the Submit Report Page**

**Submit Report**

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

Please enter comments regarding your certification.

\* Comments:

Rich text editor toolbar: Bold, Italic, Underline, 12px, Text color, Background color, Bulleted list, Numbered list, Link, Unlink, Undo.

Design Preview

Characters remaining: 3000

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

Submit

# 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).

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

**Consortia:** Groups of providers, consumers, and others who perform a planning and advisory function to regions or the entire state in determining needs and planning for the delivery of essential health and support services for people with HIV.

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

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

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

**Lead Agency:** An organization that provides fiscal and administrative management, monitoring, and oversight to HIV providers of direct RWHAP services on behalf of an RWHAP recipient or consortia with which it has contracted.

**Minority AIDS Initiative (MAI):** MAI is statutorily required funding “[f]or the purpose of carrying out activities ... To evaluate and address the disproportionate impact of HIV/AIDS on, and the disparities in access, treatment, care and outcomes, for racial and ethnic minorities.” 42 U.S.C. 300ff-121. By law, “the Secretary shall provide [MAI funding] for ... emergency assistance under Part A.” 42 U.S.C. 300ff-121(b)(1)(A).

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

**Provider:** An agency funded to provide services. Services may include direct core medical and support services to clients as well as administrative and technical services.

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

**RWHAP-related Funding (program income and pharmaceutical rebates):** 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). 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:** An organization 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 and technical services.

**Unobligated Balance:** The amount of funds authorized under a federal award that the non-federal entity has not obligated. The amount is computed by subtracting the cumulative amount of the non-federal entity's unliquidated obligations and expenditures of funds under the federal award from the cumulative amount of the funds that the federal awarding agency or pass-through entity authorized the non-federal entity to obligate.

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