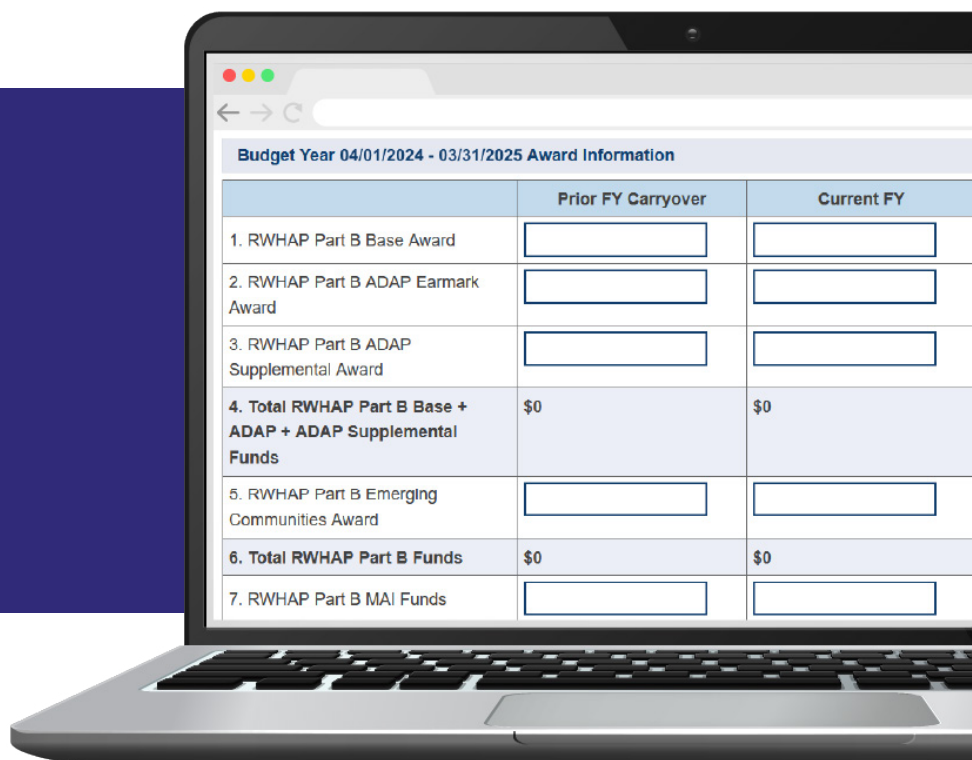


# RWHAP Part B Expenditures Report



	Prior FY Carryover	Current FY
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	\$0	\$0
5. RWHAP Part B Emerging Communities Award	<input type="text"/>	<input type="text"/>
6. Total RWHAP Part B Funds	\$0	\$0
7. RWHAP Part B MAI Funds	<input type="text"/>	<input type="text"/>

## FY24 Instruction Manual

Manual Release Date: June 9, 2025

Reporting Period: 4/1/2024 - 3/31/2025

*Public Burden Statement:* An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0390, and the expiration date is 07/31/2026. The public reporting burden for this collection of information is estimated to average four hours per respondent annually, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, MD 20857.

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



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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.



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

# Background

The Ryan White HIV/AIDS Program (RWHAP) Part B provides grants to states and territories. This funding helps them improve HIV medical and support services. The improvements focus on making these services better, easier to access, and more organized.

RWHAP Part B 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 serves as a reference for HRSA to determine how recipients expended funds that were awarded to them for the budget period and initially reported on the RWHAP Part B Program Terms Report (PTR). RWHAP Part B recipients must submit the Expenditures Report no later than 90 days after the budget period end date, consistent with reporting guidelines, instructions, and reporting templates provided in the HRSA Electronic Handbooks (EHBs).

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

# Accessing the Expenditures Report

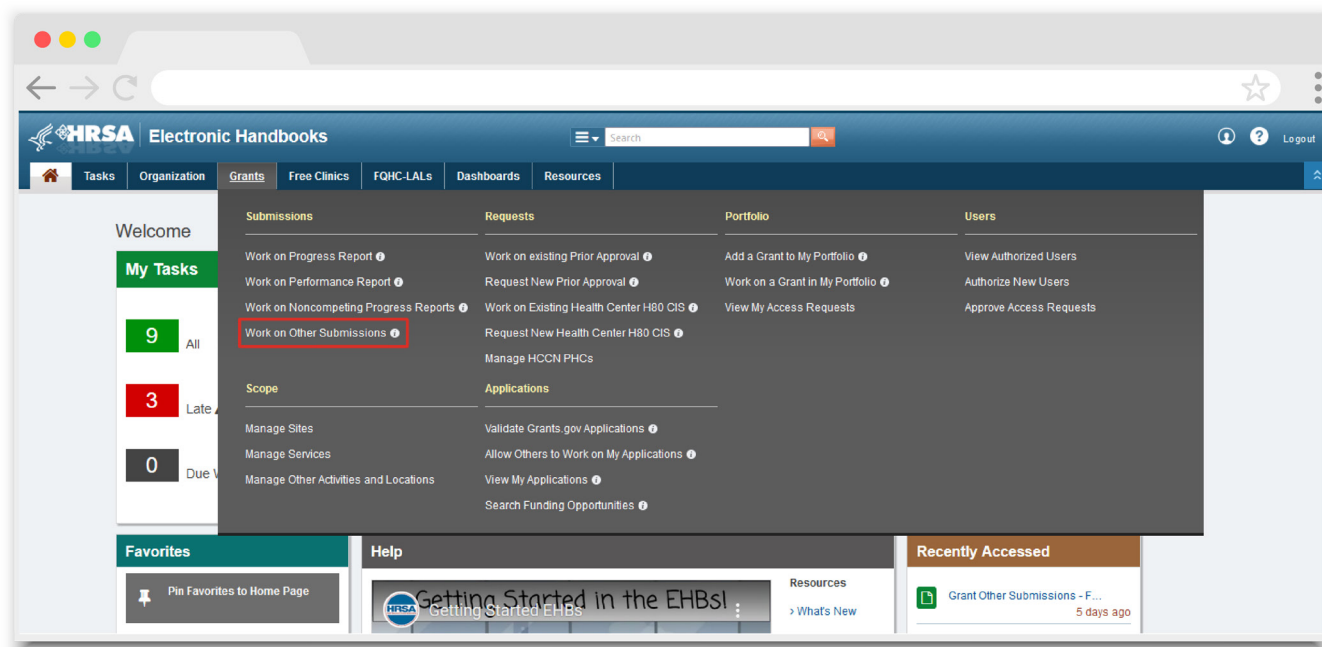
The RWHAP Part B Expenditures Report is accessible via the HRSA EHBs. You must have a HRSA EHBs user account with appropriate access to your agency's grant to view and complete the report. To access the RWHAP Part B Expenditures Report, follow the steps below:

**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, "Submissions – All," under the "Submission Name" column, locate the Expenditures Report you would like to access ([Figure 2](#)). 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

Submission Deadline (mm/dd/yyyy) Between  And

Organization ☒ All ☒ State Health Department

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	State Health Department	X07HA00000		04/01/2024 - 03/31/2025	06/30/2025		Not Started	<a href="#">Start</a>
FY 2024 Program Terms Report	Other Submissions	State Health Department	X07HA00000	123456	04/01/2024 - 03/31/2025	09/30/2024	08/29/2024	Submitted	<a href="#">Submission</a>



Searching for “Expenditures” in the filter header of the “Submission Name” column may help you find your current Expenditures Report faster.



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 THREE:** You are now in the Expenditures Report Inbox (Figure 3). To access your Expenditures Report, select the envelope icon under the “Action” column on the right side of the page. 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 B Expenditures Report: Screenshot of the Expenditures Report Inbox Page**

**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	State Health Department	X07HA00000	04/01/2024 - 03/31/2025			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](#).

# Completing the Expenditures Report

The RWHAP Part B 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 in the HRSA EHBs.

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

Grant recipients can use the information in the Grantee Contract Management System (GCMS) as a reference to support completing the Expenditures Report. Note: These are two separate systems. All expenditures data are entered directly into your agency's Expenditures Report.



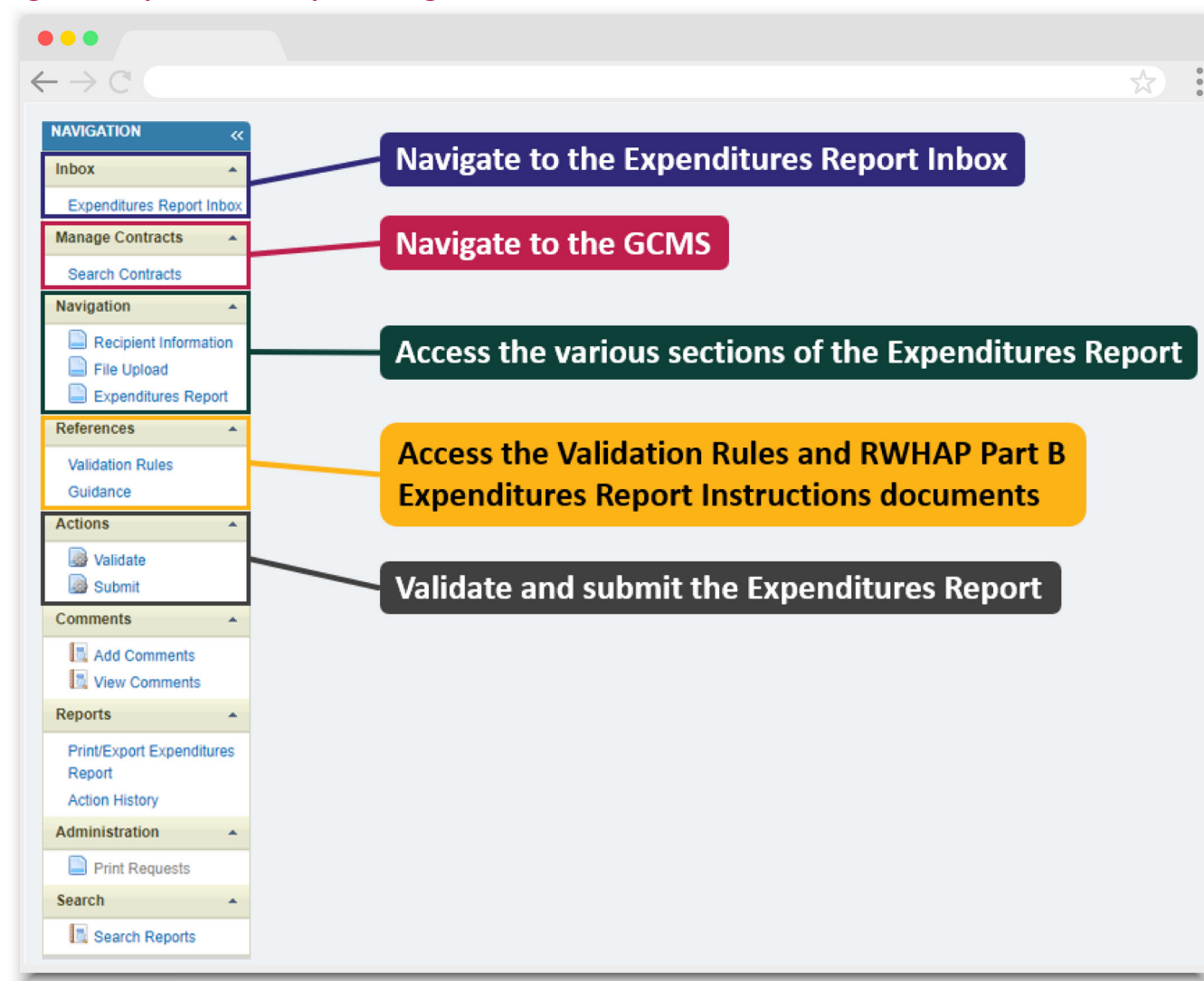
## Expenditures Report Navigation

Navigation through the Expenditures Report web 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 to validate and submit it.



If you need help completing the Expenditures Report, 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

Once you open the Expenditures Report, you will be taken to the Recipient Information section of the report (Figure 5). This section is pre-populated with information from the HRSA EHBs. 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 making any necessary updates, select “Save” on the lower-right corner of the page.

**Figure 5. RWHP Part B Expenditures Report: Screenshot of the Recipient Information Page**

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

▼ X07HA00000 : State Health Department

Report ID: 123456 Status: Working Due Date: 6/30/2025 11:59:58 PM  
 Budget Year: 4/1/2024 - 3/31/2025 Last Modified Date: 5/24/2025 3:33:57 PM Last Modified By: jhalpert@statehealthdepartment.gov  
 Access Mode: ReadWrite UEI: AB1C2DEF34GH

**Recipient Information**

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

**1. Official Mailing Address:**

\* a. Street: 123 Sesame Street  
 \* b. City: City  
 \* c. State: ST  
 \* d. Zip Code: 12345

**2. Organization Identification:**

a. EIN: 123456789  
 b. UEI: AB1C2DEF34GH

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

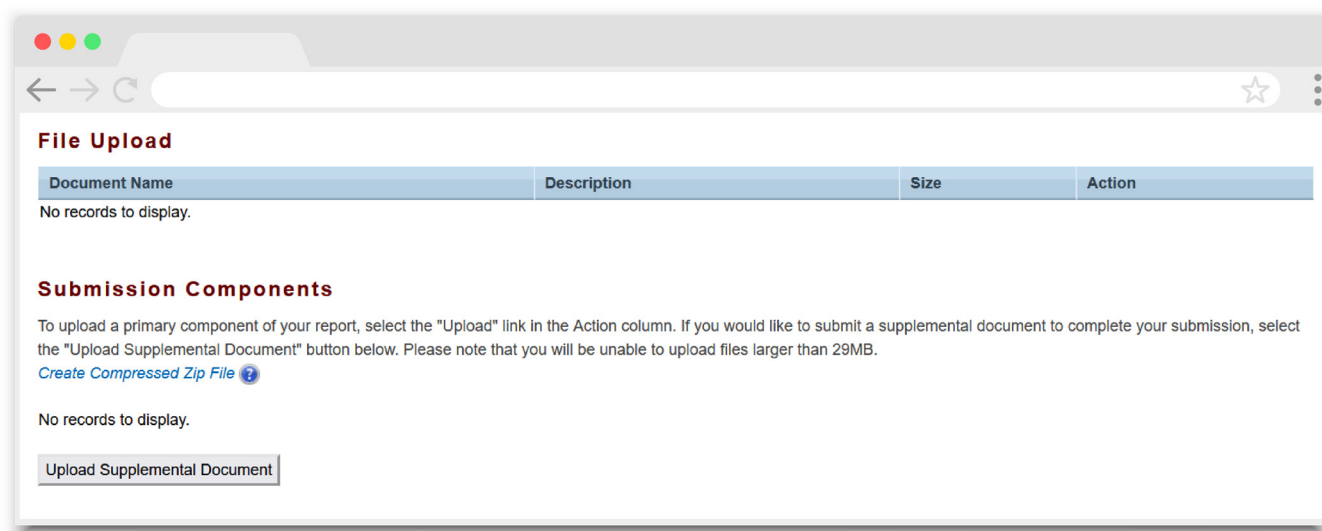
\* a. Name: Jim Halpert  
 b. Title: Project Director  
 \* c. Phone: (000) 000 - 0000  
 d. Fax: (000) 000 - 0000  
 \* e. E-mail: jhalpert@statehealthdepartment.gov

Cancel Save

## File Upload

For the RWHAP Part B Expenditures Report, there are no required additional forms to upload. In rare instances, your project officer may request additional supplemental documentation as part of your Expenditures Report submission. In these cases, use the supplemental document upload feature in the File Upload section of the report. Select “File Upload” in the Navigation panel on the left side of the screen and then select the “Upload Supplemental Document” button at the bottom of the page. Locate and select the supplemental documentation saved on your computer to add it to your report.

**Figure 6. RWHAP Part B Expenditures Report: Screenshot of the 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*
- *RWHAP Part B Expenditures by Program Component*
- *RWHAP Part B Expenditures Categories*
- *MAI Expenditure by Program Component*

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 170 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.



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 B Expenditures Report has 10 editable fields that require a response:

### 1. RWHAP Part B Base Award

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

### 2. RWHAP Part B ADAP Earmark Award

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



The RWHAP Part B ADAP Earmark Award field refers to your agency’s RWHAP Part B ADAP base award.

**3. RWHAP Part B ADAP Supplemental Award**

- *Prior FY Carryover:* Enter the total unobligated RWHAP Part B ADAP supplemental award amount remaining at the end of the previous budget period that, with the approval of the DGMO or GMS, your agency carried forward to the current budget period to cover allowable costs of this budget period.
- *Current FY:* 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 FY Carryover:* Enter the total unobligated RWHAP Part B Emerging Communities award amount remaining at the end of the previous budget period that, with the approval of the DGMO or GMS, your agency carried forward to the current budget period to cover allowable costs of this budget period.
- *Current FY:* 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.

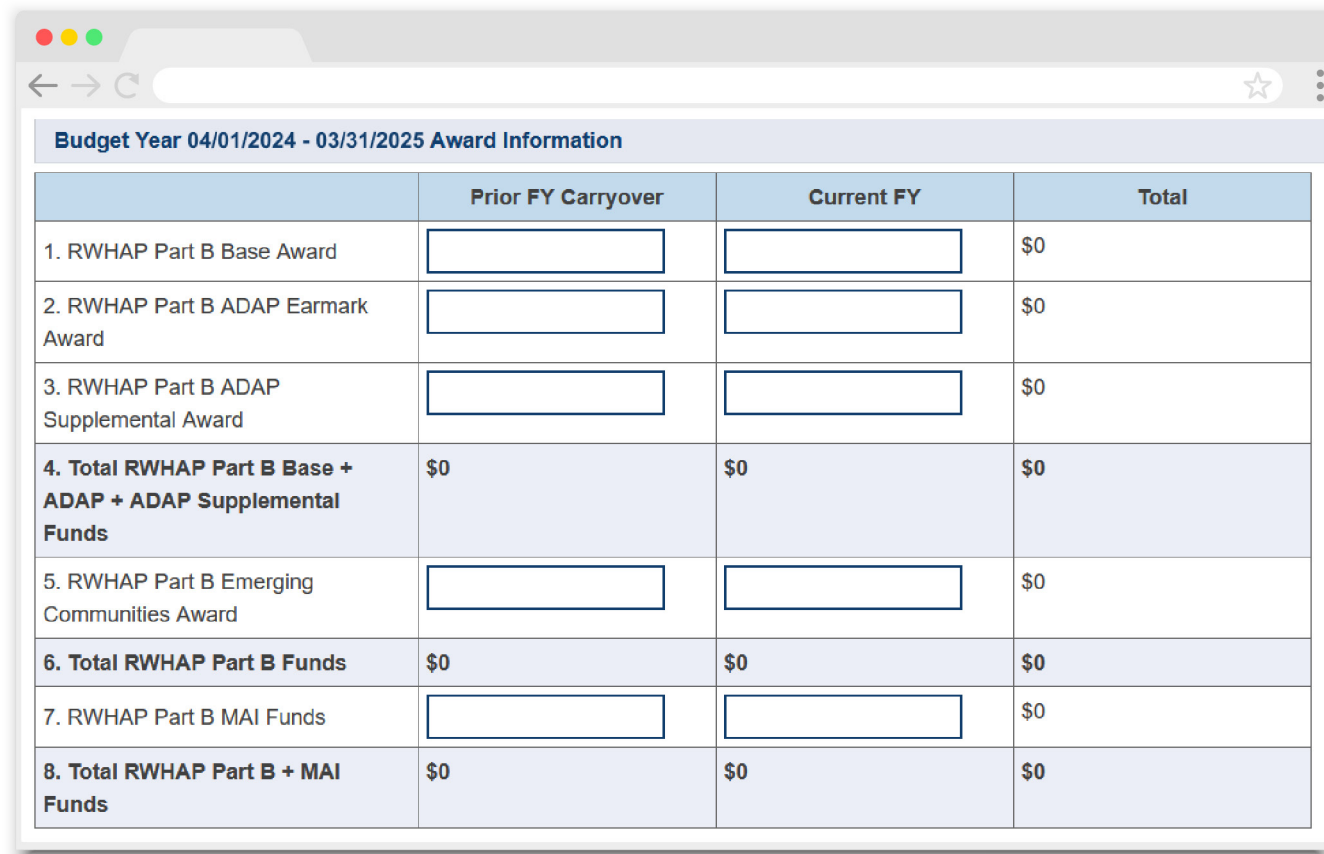
**7. RWHAP Part B MAI Award**

- *Prior FY Carryover:* Enter the total unobligated RWHAP Part B MAI award remaining at the end of the previous budget period that, with the approval of the DGMO or GMS, your agency carried forward to the current budget period to cover allowable costs of this budget period.
- *Current FY:* 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 7. RWHAP Part B Expenditures Report: Screenshot of the Award Information Table**



Budget Year 04/01/2024 - 03/31/2025 Award Information			
	Prior FY Carryover	Current FY	Total
1. RWHAP Part B Base Award	<input type="text"/>	<input type="text"/>	\$0
2. RWHAP Part B ADAP Earmark Award	<input type="text"/>	<input type="text"/>	\$0
3. RWHAP Part B ADAP Supplemental Award	<input type="text"/>	<input type="text"/>	\$0
4. Total RWHAP Part B Base + ADAP + ADAP Supplemental Funds	\$0	\$0	\$0
5. RWHAP Part B Emerging Communities Award	<input type="text"/>	<input type="text"/>	\$0
6. Total RWHAP Part B Funds	\$0	\$0	\$0
7. RWHAP Part B MAI Funds	<input type="text"/>	<input type="text"/>	\$0
8. Total RWHAP Part B + MAI Funds	\$0	\$0	\$0

## RWHAP Part B Expenditures by Program Component

The *RWHAP Part B Expenditures by Program Component* section ([Figure 8](#)) of the RWHAP Part B Expenditures Report has 41 total fields, 37 of which require a response:



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

### 1a. ADAP Services

- *Base Award*
  - *Prior FY Carryover:* Enter the approved amount of RWHAP Part B base award carryover from the previous budget period that your agency expended on ADAP medication purchases in the current budget period.
  - *Current FY:* Enter the amount of your agency's RWHAP Part B base award that your agency expended on ADAP medication purchases.

- *ADAP Earmark + ADAP Supplemental*
  - *Prior FY Carryover:* Enter the combined total approved amount of ADAP earmark and ADAP supplemental award carryover from the previous budget period that your agency expended on ADAP medication purchases in the current budget period.
  - *Current FY:* Enter the combined total amount of your agency's ADAP earmark and ADAP supplemental awards that was expended on ADAP medication purchases.
- *Emerging Communities Award*
  - *Prior FY Carryover:* Enter the approved amount of Emerging Communities award carryover from the previous budget period that your agency expended on ADAP medication purchases in the current budget period.
  - *Current FY:* Enter the amount of your agency's Emerging Communities award that your agency expended on ADAP medication purchases.

#### **1b. Health Insurance to Provide Medications**

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

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

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

- *Base Award*
  - *Prior FY Carryover:* Enter the approved amount of RWHAP Part B base award carryover from the previous budget period that your agency expended to support ADAP access, adherence, and monitoring activities in the current budget period.
  - *Current FY:* Enter the amount of your agency's RWHAP Part B base award that your agency expended to support ADAP access, adherence, and monitoring activities.
- *ADAP Earmark + ADAP Supplemental*
  - *Prior FY Carryover:* Enter the combined total approved amount of ADAP earmark and ADAP supplemental award carryover from the previous budget period that your agency expended to support ADAP access, adherence, and monitoring activities in the current budget period.
  - *Current FY:* Enter the combined total amount of your agency's ADAP earmark and ADAP supplemental awards that your agency expended to support ADAP access, adherence, and monitoring activities.
- *Emerging Communities Award*
  - *Prior FY Carryover:* Enter the approved amount of Emerging Communities award carryover from the previous budget period that your agency expended to support ADAP access, adherence, and monitoring activities in the current budget year.
  - *Current FY:* Enter the amount of your agency's Emerging Communities award that your agency expended to support ADAP access, adherence, and monitoring activities.



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

- *Base Award*
  - *Prior FY Carryover:* Enter the approved amount of RWHP Part B base award carryover from the previous budget period that your agency expended to directly fund HIV care consortia in the current budget year.
  - *Current FY:* The amount of your agency's RWHP Part B base award that your agency expended to directly fund HIV care consortia. This amount is calculated automatically from the values entered in the *RWHP Part B Expenditures Categories* table.
- *Emerging Communities Award*
  - *Prior FY Carryover:* Enter the approved amount of Emerging Communities award carryover from the previous budget period that your agency expended to directly fund HIV care consortia in the current budget period.
  - *Current FY:* Enter the amount of your agency's Emerging Communities award that your agency expended to directly fund HIV care consortia.

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

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



The total amount expended on HIV care consortia administration must not exceed 10 percent of your agency's total consortia funding.



The combined amount expended on all administration, including *HIV Care Consortia Administration* and *Recipient Administration*, must not exceed 10 percent of your agency's total X07 award.

#### 4b. RWHP Part B HIV Care Consortia Planning and Evaluation

- *Base Award*
  - *Current FY:* Enter the amount of your agency's RWHP Part B base award that your agency expended on HIV care consortia planning and evaluation activities.
- *Emerging Communities Award*
  - *Current FY:* Enter the amount of your agency's Emerging Communities award that your agency expended on HIV care consortia planning and evaluation activities.

#### 4c. RWHP Part B HIV Care Consortia CQM

- *Base Award*
  - *Current FY:* Enter the amount of your agency's RWHP Part B base award that your agency expended on HIV care consortia clinical quality management (CQM) activities.
- *Emerging Communities Award*
  - *Current FY:* Enter the amount of your agency's Emerging Communities award that your agency expended on HIV care consortia CQM activities.

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

- *Base Award*
  - *Prior FY Carryover:* The approved amount of RWHP Part B base award carryover from the previous budget period that your agency expended to directly provide RWHP Part B direct services in the current budget period. This amount is calculated automatically from the values entered in the *RWHP Part B Expenditures Categories* table.
  - *Current FY:* The amount of RWHP Part B base award that your agency expended to directly provide RWHP Part B direct services in the current budget year. This amount is calculated automatically from the values entered in the *RWHP Part B Expenditures Categories* table.
- *Emerging Communities Award*
  - *Prior FY Carryover:* Enter the approved amount of Emerging Communities award carryover from the previous budget period that your agency expended to directly provide RWHP Part B direct services in the current budget period.

- *Current FY:* The amount of your agency's Emerging Communities award that your agency expended to directly provide RWHAP Part B direct services. This amount is calculated automatically from the values entered in the *RWHAP Part B Expenditures Categories* table.

## 6. RWHAP Part B Clinical Quality Management

- *Base Award*
  - *Current FY:* Enter the amount of your agency's RWHAP Part B base award that your agency expended to support CQM activities.
- *ADAP Earmark + ADAP Supplemental*
  - *Current FY:* Enter the combined total amount of your agency's ADAP earmark and ADAP supplemental awards that your agency expended to support CQM activities.
- *Emerging Communities Award*
  - *Current FY:* Enter the amount of your agency's Emerging Communities award that your agency expended to support CQM 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*
  - *Current FY:* Enter the amount of your agency's RWHAP Part B base award that your agency expended to support planning and evaluation activities.
- *ADAP Earmark + ADAP Supplemental*
  - *Current FY:* Enter the combined total amount of your agency's ADAP earmark and ADAP supplemental awards that your agency expended to support planning and evaluation activities.

- *Emerging Communities Award*
  - *Current FY:* Enter the amount of your agency's Emerging Communities award that your agency 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.

## 8. *Recipient Administration*

- *Base Award*
  - *Current FY:* Enter the amount of your agency's RWHAP Part B base award that your agency expended to support its administration activities.
- *ADAP Earmark + ADAP Supplemental*
  - *Current FY:* Enter the combined total amount of your agency's ADAP earmark and ADAP supplemental awards that your agency expended to support its administration activities.
- *Emerging Communities Award*
  - *Current FY:* Enter the amount of your agency's Emerging Communities award that your agency expended to support its 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) must not exceed 10 percent of your agency's total X07 award.



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

**Figure 8. RWHP Part B Expenditures Report: Screenshot of the RWHP Part B Expenditures by Program Component Table**

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RWHAP Part B Expenditures by Program Component

	1. Base Award			2. ADAP Earmark + ADAP Supplemental			3. Emerging Communities Award			4. Total Prior FY Carryover		5. Total (including carryover)	
	Prior FY Carryover	Current FY	Percent	Prior FY Carryover	Current FY	Percent	Prior FY Carryover	Current FY	Percent	Amount	Percent	Amount	Percent
1. RWHP Part B AIDS Drug Assistance Program Subtotal													
a. ADAP Services										\$0	0.00 %	\$0	0.00 %
b. Health Insurance to Provide Medications										\$0	0.00 %	\$0	0.00 %
c. ADAP Access/Adherence /Monitoring Services										\$0	0.00 %	\$0	0.00 %
2. RWHP Part B Health Insurance Premium & Cost Sharing Assistance													
3. RWHP Part B Home and Community-based Health Services													
4. RWHP Part B HIV Care Consortia		\$0	0.00 %							\$0	0.00 %	\$0	0.00 %
4a. RWHP Part B HIV Care Consortia Administration												\$0	
4b. RWHP Part B HIV Care Consortia Planning & Evaluation												\$0	
4c. RWHP Part B HIV Care Consortia CQM												\$0	
5. RWHP Part B State Direct Services	\$0	\$0	0.00 %							\$0	0.00 %	\$0	0.00 %
6. RWHP Part B Clinical Quality Management												\$0	
7. RWHP Part B Recipient Planning & Evaluation Activities												\$0	
8. Recipient Administration												\$0	
9. Column Totals	\$0	\$0	0.00 %	\$0	\$0	0.00 %	\$0	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
10.Total RWHP Part B Expenditures (excluding carryover)		\$0											

## RWHP Part B Expenditures Categories

The *RWHP Part B Expenditures Categories* section ([Figure 9](#)) comprises two subsections: *Core Medical Services* and *Support Services*.

There are four fields (109 total) (represented by the table columns) that must be entered for each service category in the *Core Medical Services* and *Support Services* subsections as detailed below:

### 1. Consortia

- **Award:** Enter the amount of consortia funding from your agency's RWHP Part B base award that your agency expended to support the service category.

## 2. Direct Services

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

## 3. Emerging Communities

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

## 4. Prior Year Carryover

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



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



Expenditure amounts for ADAP treatments from your Direct Services, Emerging Communities, and Prior Year Carryover funding are entered into the *RWHAP Part B Expenditures by Program Component* table unless used for consortia.



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

**Figure 9. RWHP Part B Expenditures Report: Screenshot of the RWHP Part B Expenditure Categories Table**

RWHP Part B Expenditures Categories										
	1. Consortia		2. Direct Services		3. Emerging Communities		4. Prior FY 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									\$0	0.00 %
b. AIDS Pharmaceutical Assistance									\$0	0.00 %
c. Early Intervention Services (EIS)									\$0	0.00 %
d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals									\$0	0.00 %
e. Home and Community-Based Health Services									\$0	0.00 %
f. Home Health Care									\$0	0.00 %
g. Hospice Services									\$0	0.00 %
h. Medical Case Management, including Treatment Adherence Services									\$0	0.00 %
i. Medical Nutrition Therapy									\$0	0.00 %
j. Mental Health Services									\$0	0.00 %
k. Oral Health Care									\$0	0.00 %
l. Outpatient/Ambulatory Health Services									\$0	0.00 %
m. Substance Abuse Outpatient Care									\$0	0.00 %
<b>1. Core Medical Services Subtotal</b>	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
<b>Support Services</b>										
a. Child Care Services									\$0	0.00 %
b. Emergency Financial Assistance									\$0	0.00 %
c. Food Bank/Home Delivered Meals									\$0	0.00 %
d. Health Education/Risk Reduction									\$0	0.00 %
e. Housing									\$0	0.00 %
f. Linguistic Services									\$0	0.00 %
g. Medical Transportation									\$0	0.00 %
h. Non-Medical Case Management Services									\$0	0.00 %
i. Other Professional Services									\$0	0.00 %
j. Outreach Services									\$0	0.00 %
k. Psychosocial Support Services									\$0	0.00 %
l. Referral for Health Care and Support Services									\$0	0.00 %
m. Rehabilitation Services									\$0	0.00 %
n. Respite Care									\$0	0.00 %
o. Substance Abuse Services (residential)									\$0	0.00 %
<b>2. Support Services Subtotal</b>	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
<b>3. Total Service Expenditures</b>	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %

## MAI Expenditure by Program Component

The MAI<sup>1</sup> Expenditure by Program Component section (Figure 10) of the RWHP Part B Expenditures Report has seven editable fields that require a response:

<sup>1</sup> The Minority AIDS Initiative ("MAI") is a statutory requirement to provide additional funding to RWHP Parts A, B, C, D, and F to improve access to HIV care and health outcomes for racial and ethnic minority populations disproportionately affected by HIV. See 42 U.S.C. § 300ff-121 (§ 2693 of the Public Health Service Act).

### 5. 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.
- *Current FY:* Enter the amount of your agency's MAI award that it expended to support MAI education.

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

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

### 7. Clinical Quality Management

- *Current FY:* Enter the amount of your agency's MAI award that your agency expended to support CQM activities.



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

### 8. Recipient Planning & Evaluation Activities

- *Current FY:* Enter the amount of your agency's MAI award that your agency 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 agency's total X07 award.

### 9. Recipient Administration

- *Current FY:* Enter the amount of your agency's MAI award that your agency expended to support its administration activities.





The total amount expended on recipient administration (including from your agency's RWHP Part B base, ADAP earmark, ADAP supplemental, Emerging Communities, and MAI awards) must not exceed 10 percent of your agency's total X07 award.



The combined total amount expended on recipient administration and planning and evaluation (including from your agency's RWHP Part B base, ADAP earmark, ADAP supplemental, Emerging Communities, and MAI awards) must not exceed 15 percent of your agency's total X07 award.

**Figure 10. RWHP Part B Expenditures Report: Screenshot of the MAI Expenditure by Program Component Section**

MAI Expenditure by Program Component						
	Prior FY Carryover		Current FY		Total	
	Amount	Percent	Amount	Percent	Amount	Percent
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	
4. Recipient Planning & Evaluation Activities					\$0	
5. Recipient Administration					\$0	
6. Total MAI Expenditures	\$0	0.00 %	\$0	0.00 %	\$0	

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

Below the *MAI Expenditure by Program Component* table, there is a checkbox that you should select if your agency received a waiver for the 75 percent core medical services requirement (Figure 10). 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 the expenditures entered. If you are unsure if your organization received a waiver, please contact your DSHAP project officer for further assistance.

## Legislative Requirements Checklist

The Legislative Requirements Checklist ([Figure 11](#)) is there for your reference when completing the report. You can quickly view the capped amounts that pertain to each legislative requirement once you have saved your expenditures to make sure that your agency is in compliance with the requirements.

**Figure 11. RWHAP Part B Expenditures Report: Screenshot of the Legislative Requirements Checklist**

Legislative Requirements Checklist		
<b>75% Core Medical Services Expenditures Requirement</b>	<b>Amount</b>	<b>Percent (Amount/Total Service Expenditures)</b>
<b>ADAP Services</b>		
State-Direct Services: Core Medical Services	\$0	0.00 %
Emerging Communities: Core Medical Services	\$0	0.00 %
<b>Subtotal Core Medical Services Expenditures</b>	<b>\$0</b>	<b>0.00 %</b>
<b>Support Services Expenditures</b>	<b>Amount</b>	<b>Percent (Amount/Total Service Expenditures)</b>
Consortia Services (Base & EC)	\$0	0.00 %
State-Direct Services: Support Services	\$0	0.00 %
Emerging Communities: Support Services	\$0	0.00 %
MAI Allocations for Education + Outreach Services		
<b>Subtotal Support Services Expenditures</b>	<b>\$0</b>	<b>0.00 %</b>
<b>Total Service Expenditures (excludes carryover dollars)</b>	<b>\$0</b>	<b>0.00 %</b>
<b>Clinical Quality Management</b>		
In the aggregate, total CQM expenditures may be 5% of the total X07 award or \$3 million (whichever is smaller). This amount includes the following for CQM: base, base consortia, ADAP earmark/ADAP supplemental, EC, EC consortia, and MAI.		
Below is the maximum amount (capped amount) that a recipient can spend on CQM as well as the amount of current fiscal year dollars spent (CQM expenditures) on CQM. Carryover dollars are excluded from this calculation as carryover dollars may not be used for CQM. Please check to make sure the expenditures do not exceed the capped amount.		
<b>Expenditures</b>	<b>Amount</b>	
<b>Capped Amount</b>	\$0	
<b>CQM Expenditures</b>		
<b>Planning and Evaluation / Recipient Administration</b>		
In the aggregate, total recipient administration expenditures may not exceed 10% of the total X07 award. In the aggregate, total P&E expenditures may not exceed 10% of the total X07 award. When the two (i.e., recipient administration and P&E) are combined it may not exceed in the aggregate 15% of the total X07 award. This includes recipient administration and P&E for the following: base, base consortia, ADAP earmark/ADAP supplemental, EC, EC consortia, and MAI. Carryover dollars are excluded from this calculation as carryover dollars may be used for neither recipient administration nor P&E.		
Below reflects in the aggregate expenditures for recipient administration, P&E, and recipient administration/P&E. It also reflects the percentage for each in the aggregate. Please check to make sure these percentages are not greater than 10% individually and 15% collectively (i.e., recipient administration and P&E).		
<b>Expenditures</b>	<b>Amount</b>	<b>Percent</b>
<b>Planning &amp; Evaluation</b>		
<b>Recipient Administration</b>		
<b>Planning &amp; Evaluation + Recipient Administration</b>		

## Certification of Aggregate Administrative Costs

In the *Certification of Aggregate Administrative Costs* section, recipients must certify that the actual aggregate amount of funds expended on administrative costs by subrecipients does not exceed 10 percent of the aggregate total of all HIV service dollars expended. This section ([Figure 12](#)) contains five fields that require a response:

1. **Total Current FY Grant Award (including approved Prior FY carryover):** Enter the amount of your agency's total X07 award as indicated on your agency's final NoA. Include the total amount of your agency's prior FY carryover in this field.
2. **Recipient Administrative Expenses:** Enter the total amount of your agency's X07 award that was expended to support your agency's administration activities.



Do not include pharmacy benefits manager and insurance benefits manager administrative costs in the total administrative expenses.

3. *Recipient Planning and Evaluation Expenses:* Enter the total amount of your agency's X07 award that was expended to support your agency's planning and evaluation activities.
4. *Recipient Clinical Quality Management Expenses:* Enter the total amount of your agency's X07 award that was expended to support your agency's CQM activities.
7. *Actual Subrecipients Administrative Costs:* Enter the total amount of your agency's X07 award that was expended to support subrecipient administrative activities.

The financial officer responsible for the RWHP Part B funds must then attest that the amount entered in row 7 does not exceed 10 percent of the aggregate total of all HIV service dollars expended in row 5 by selecting the checkbox and entering their name in the signature box. You will not be able to submit your report without the financial officer's signature.



Recipients are not required to submit a separate Certification of Aggregate Administrative Costs outside of the RWHP Part B Expenditures Report.

**Figure 12. RWHP Part B Expenditures Report: Screenshot of the Certification of Aggregate Administrative Costs**

Certification of Aggregate Administrative Costs	
Section A	Current FY
1. Total Current FY Grant Award (including approved Prior FY carryover)	<input type="text"/>
2. Recipient Administrative Expenses: This includes ADAP Base Administrative Expenses, excluding Pharmacy Benefits Manager and Insurance Benefits Manager Administrative Costs.	<input type="text"/>
3. Recipient Planning and Evaluation Expenses	<input type="text"/>
4. Recipient Clinical Quality Management Expenses	<input type="text"/>
5. Current FY Grant Award (line 1) minus Recipient Administration/Planning and Evaluation/Clinical Quality Management Expenses (lines 2, 3 and 4)	
6. Subrecipients Aggregate Allowable Administrative Cost Cap (10% of line 5)	
7. Actual Subrecipients Administrative Costs: This includes Direct Services (non ADAP Base Direct Services) and does not include Pharmacy Benefits Manager or Insurance Benefits Manager Costs.	<input type="text"/>
8. Subrecipients Administrative Expenditures as a Percentage of Amount of Funds on line 5: (Note: Divide line 7 / line 5 then multiply 100%)	
Section B: This certifies that administrative expenses for the RWHP Part B do not exceed allowable cap	
<input type="checkbox"/> 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)	
Recipient Budget (Fiscal) Officer/Designee Name	<input type="text" value="Enter Full Name"/>
Cancel	Save

## Validating and Submitting the Expenditures Report

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

Select “Validate” in the Navigation panel on the left side of the screen to begin the validation process. Wait a few minutes for the process to complete and then refresh the page by selecting “Validate” in the Navigation panel again. The system will either display your validation results or ask you to continue to wait while the validation request continues to process.

If you receive a green congratulations message, then you can proceed to submitting your report. Alternatively, you will see a table of validation results ([Figure 13](#)). Validation messages are sorted into categories: errors, warnings, and alerts.

- **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 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, 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 13. RWHAP Part B 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 B ADAP Earmark Award Amount (\$250,000) does not match the corresponding amount from Notice of Award (\$300,000).	Warning	0	<a href="#">Add Comment</a>



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



If you make any changes to your report after validating, you must revalidate your report before submitting.

Once you have addressed all validation messages, you are ready to submit your report. To submit the report, select “Submit” in the Navigation panel on the left side of the screen. On the next page ([Figure 14](#)), enter a comment in the text box with any meaningful feedback you have related to your Expenditures Report submission. Read and acknowledge the statement under the comment box by selecting the checkbox. Once done, select the “Submit” button at the bottom of the page.

**Figure 14. RWHAP Part B 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:

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

# 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. Access to the GCMS in the Expenditures Report system is solely for your reference while you complete the Expenditures Report.

**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 (including program income 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 RWHAP Data Support by phone at 1-888-640-9356 or via email at [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

**Can I edit my report after I submit it?**

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

# 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:** An association of public and nonprofit health care 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. For further information, see the [RWHAP Part B Manual](#) available on the HRSA HAB website.

**Core Medical Services:** A set of essential, direct health care services provided to people with HIV and specified in the Ryan White HIV/AIDS Treatment Extension Act. For definitions of each core medical service category, please see [PCN 16-02: RWHAP Services: Eligible Individuals and Allowable Uses of Funds](#) on the HRSA HAB website.

**Emerging Community Funding:** Funding distributed to the states or territories for communities that report between 500 and 999 cumulative reported living 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 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 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):** 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 ... care grants under part B.” 42 U.S.C. 300ff-121(b)(1)(B).

**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 the terms and conditions imposed on such funding.



**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:** 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:** 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 services.

**Support Services:** A set of services needed to achieve medical outcomes that affect the HIV-related clinical status of a person with HIV. For definitions of each support service category, please see [PCN 16-02: RWHAP Services: Eligible Individuals and Allowable Uses of Funds](#) on the HRSA HAB website.

**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.