

FY 2008 Part C Expenditures Report

Section A: Identifying Information
~ Enter Name of Grantee Here ~
~ Enter Grant Number Here ~
~ Enter Preparer's Name Here ~
~ Enter Preparer's Phone Number Here ~
~ Enter Preparer's Email Address Here ~

NOTE: Detailed instructions for completing and submitting you

Section B: FY 2008 Award Information
1. Part C Grant Award Amount

Section C: Expenditure Categories	CURRENT FY		PRIOR FY CARRYOVER		TOTAL	
	Amount	Percent	Amount	Percent	Amount	Percent
1. Core Medical Services Subtotal¹ (see CHECKLIST)	\$0	0%	\$0	0%	\$0	0%
a. Outpatient /Ambulatory Health Services		--		--	\$0	--
b. AIDS Drug Assistance Program (ADAP) Treatments		--		--	\$0	--
c. AIDS Pharmaceutical Assistance (local)		--		--	\$0	--
d. Oral Health Care		--		--	\$0	--
e. Health Insurance Premium & Cost Sharing Assistance		--		--	\$0	--
f. Home Health Care		--		--	\$0	--
g. Home and Community-based Health Services		--		--	\$0	--
h. Hospice Services		--		--	\$0	--
i. Mental Health Services		--		--	\$0	--
j. Medical Nutrition Therapy		--		--	\$0	--
k. Medical Case Management (including Treatment Adherence)		--		--	\$0	--
l. Substance Abuse Services - outpatient		--		--	\$0	--
2. Support Services Subtotal	\$0	0%	\$0	0%	\$0	0%
a. Case Management (non-Medical)		--		--	\$0	--
b. Health Education/Risk Reduction		--		--	\$0	--
c. Linguistics Services		--		--	\$0	--
d. Medical Transportation Services		--		--	\$0	--
e. Outreach Services		--		--	\$0	--
f. Psychosocial Support Services		--		--	\$0	--
g. Referral for Health Care/Supportive Services		--		--	\$0	--
h. Rehabilitation Services		--		--	\$0	--
i. Respite Care		--		--	\$0	--
j. Treatment Adherence Counseling		--		--	\$0	--
3. Total Service Expenditures	\$0	--	\$0	--	\$0	--
4. Non-services Subtotal	\$0	--	\$0	--	\$0	--
a. Clinical Quality Management Activities ¹ (see CHECKLIST)		--		--	\$0	--
b. Grantee Administration ² (see CHECKLIST)		--		--	\$0	--
5. Total Expenditures (Service + Non-service)	\$0	--	\$0	--	\$0	--

FOR OFFICE USE ONLY:
<input type="checkbox"/> Grantee received waiver for 5% clinical quality management activities.
<input type="checkbox"/> Grantee received waiver for 75% core medical services requirement.

FY 2008 Part C Expenditures Report Checklist

OMB No. 0915-xxxx Expiration Date:

Please check the following before submitting your report!

1	75% of your award must be spent on core medical services. After meeting the requirements below, this percentage should not be less than 75%.	0.0%
2	You may not spend more than 5% on clinical quality management unless you have received a waiver from the Division of Community Based Programs. If this percentage is more than 5% you must have received a waiver from the Division of Community Based Programs.	0.0%
3	You may not spend more than 10% on grantee administration. This percentage should not be more than 10%.	0.0%

[NOTE: Detailed instructions for completing and submitting your report can be downloaded from the HR:](#)