



**Supporting Material:** Notice of sub-grant award

**Prepared By:** Marena Works, Director

**Reviewed By:** Marena Works  
(Health Department)

Date: 6/22/10

(City Manager)

Date: \_\_\_\_\_

Mureen Scully  
(District Attorney)

Date: 6/22/10

Shirley Prohaska  
(Finance Director)

Date: 6/22/10

**Board Action Taken:**

Motion: \_\_\_\_\_

1) \_\_\_\_\_

Aye/Nay

2) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)

STATE OF NEVADA

RECEIVED

JUN 11 2010

JIM GIBBONS  
Governor

MICHAEL J. WILLDEN  
Director



Carson City  
Health & Human Services

RICHARD WHITLEY, MS  
Administrator

TRACEY D. GREEN, MD  
State Health Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH DIVISION

Bureau of Child, Family & Community Wellness  
4150 Technology Way, Suite 210  
Carson City, Nevada 89706

Telephone (775) 684-4285 · Fax (775) 684-4245 · Fax (775) 684-5998

June 7, 2010

Marena Works, Director  
Carson City Health & Human Services (CCHHS)  
900 East Long St.  
Carson City, NV 89706

Re: Subgrant Agreement HD # 10191 - Ryan White Part B

Dear Ms. Works:

Please find enclosed two originals of Subgrant Agreement - HD# 10191. This subgrant in the amount of \$72,270 is funded by Grant #2 X07HA00001-20-00 from the Health Resources and Services Administration (HRSA) – Ryan White Part B Title II.

The purpose of this subgrant agreement is to maintain case management and outreach/intervention services for Ryan White Part B clients in Carson City, Lyon, and Douglas counties.

Please note the following highlights in this subgrant agreement:

1. **Funding** – The approved budget for this subgrant agreement is a one year period – April 1, 2010 through March 31, 2011.
2. **Scope of Work (SOW)** – Please review Section B and contact Beth Handler at [bhandler@health.nv.gov](mailto:bhandler@health.nv.gov) if you have any questions or concerns.
3. **Reporting Requirements**, due dates and the period to be reported are included in the SOW. Note: the intervals of reporting have been revised.
4. **Budget Detail** – Please review the budget detail and contact Barbara Weisenthal at [bweisenthal@health.nv.gov](mailto:bweisenthal@health.nv.gov) if you have any questions or concerns. This budget, along with the SOW, will be the basis of all reimbursement requests.
5. **Quality Management** – Please review and contact Rob Langguth at [rlangguth@health.nv.gov](mailto:rlangguth@health.nv.gov) if you have any questions or concerns.
6. There is a separate calendar with all due dates for reporting to the Nevada State Ryan White Part B program.

Please review, sign and date both copies on behalf of AHN and return both sets of documents to me at this office as quickly as possible. After we obtain Administration's signature, a fully executed original will be returned for your files.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Weisenthal".

Barbara Weisenthal  
Management Analyst II

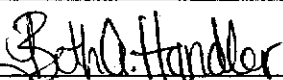
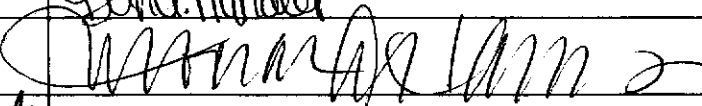

Enclosures

**HEALTH DIVISION**

(hereinafter referred to as the DIVISION)

Budget Account #: 3215  
 Category #: 24  
 GL #: 8501

**NOTICE OF SUBGRANT AWARD**

|  |  |  |                         |
|--|--|--|-------------------------|
| <b>Program Name:</b><br>Ryan White CARE Act Program<br>Bureau of Child, Family and Community Wellness<br>Nevada State Health Division  |  | <b>Subgrantee Name:</b><br>Carson City Health & Human Services<br>Marina Works, Director<br>775-887-2190 |                         |
| <b>Address:</b><br>4150 Technology Way, Suite #106<br>Carson City, NV 89706-2009   |  | <b>Address:</b><br>900 East Long St.<br>Carson City, NV 89706  |                         |
| <b>Subgrant Period:</b><br>April 1, 2010 through March 31, 2011  |  | <b>Subgrantee EIN#:</b>  | <b>88-6000189</b>       |
|  |  | <b>Vendor#:</b>  | <b>T80990941J</b>       |
|  |  | <b>Dun &amp; Bradstreet#:</b>  | <b>073787152</b>        |
| <b>Reason for Award:</b> HIV/AIDS Non-Medical Case Management and Intervention Services  |  |  |                         |
| <b>County(ies) to be served:</b> ( ) Statewide (x) Specific county or counties: Carson City, Lyon, & Douglas Counties  |  |  |                         |
| <b>Approved Budget Categories:</b>   |  |  |                         |
| 1. Personnel   | \$   | 54,960   |                         |
| 2. Travel  | \$   | 2,780  |                         |
| 3. Operating   | \$   | 9,515  |                         |
| 4. Equipment   | \$   | 0  |                         |
| 5. Contractual/Consultant  | \$   | 0  |                         |
| 6. Training  | \$   | 515  |                         |
| 7. Other   | \$   | 4,500  |                         |
| <b>Total Budget</b>  | <b>\$</b>  | <b>72,270</b>  |                         |
| <b>Disbursement of funds will be as follows:</b><br>Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$ <b>72,270.00</b> during the subgrant period.                       |  |  |                         |
| <b>Source of Funds:</b>  | <b>% of Funds:</b>   | <b>CFDA#:</b>  | <b>Federal Grant #:</b> |
| 1. Health Resources and Services Administration  | 100 %  | 93.917   | 2 X07HA00001-20-00      |
| <b>Terms and Conditions</b><br>In accepting these grant funds, it is understood that:<br>1. Expenditures must comply with appropriate state and/or federal regulations.<br>2. This award is subject to the availability of appropriate funds.<br>3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award. |  |  |                         |
| Authorized Sub-grantee Official<br>Title   | Signature  |  | Date                    |
| Beth A. Handler, MPH<br>RWCA Program Manager   |   |  | 6/2/10                  |
| Deborah A. Harris, MA, CPM<br>Bureau Chief   |  |  | 6/4/10                  |
| Richard Whitley, MS<br>Administrator, Health Division  |   |  |                         |

**HEALTH DIVISION**  
**NOTICE OF SUBGRANT AWARD**  
**SECTION A**  
**Assurances**

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
  - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
  - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. any federal, state, county or local agency, legislature, commission, council, or board;
  - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
  - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. ascertain whether policies, plans and procedures are being followed;
  - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27<sup>th</sup>, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.**

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION B**

Description of services, scope of work, deliverables and reimbursement

**Service Category: Non Medical Case Management, Outreach, and Intervention Support Services**

Carson City Health and Human Services (CCHHS) and Nevada's Ryan White CARE Act (RWCA) Program join together to maintain case management and outreach/intervention services for Ryan White Part B clients in Carson City, Lyon, and Douglas counties. CCHHS is the public health authority for the Carson Area which has realized an increased enrollment of Part B clients from 35 to 50 (43%) between 2007 and 2010. CCHHS will assist the RWCA Program in meeting goals to provide Ryan White Part B clients case management, support groups, and outreach in the Carson Area.

**CCHHS** hereafter referred to as the subgrantee agrees to provide the services detailed as follows:

Through March 31, 2011, subgrantee will:

- Provide HIV/AIDS Case Management, HIV/AIDS Outreach, and Intervention Services to Carson area Ryan White Part B clients.
- Address two service goals:
  1. Provide non-medical case management services for existing clientele, serving at least 20 unduplicated clients in FY 10-11.
  2. Facilitate getting diagnosed individuals back into care providing a minimum of 150 interventions with a goal of 10% re-engagement into stable care.
- Record the numbers of patients served, in each service category and the units of service provided will be a part of the reporting requirements in each quarterly report. Attendance logs for group activities are required.
- Services must be delivered according to established HIV/AIDS guidelines for best clinical practices. Program monitoring will include a random chart review by a clinician to ensure best practices, appropriate documentation, referral systems when needed and appropriate treatment for diagnosis.
- Submit the following reports to the Health Division electronically in the format provided by the Health Division on or before:
  - **Ryan White Part B Quarterly** – included as Attachment A.
    - July 15, 2010 – (From April 1, 2010 through June 30, 2010)
    - October 15, 2010 – (From July 1, 2010 through September 30, 2010)
    - January 15, 2011 – (From October 1, 2010 through December 31, 2010)
    - May 15, 2011 – (From January 1, 2011 through March 31, 2011)
  - **RSR** – February 15, 2011 – (From January 1, 2010 through December 31, 2010)
  - **RDR** – February 15, 2011 – (From January 1, 2010 through December 31, 2010)
  - **WICY** Report – By May 15, 2011 (From April 1, 2010 through March 31, 2011)
    - All subgrantees must document Part B expenditures separately for WICY, as mandated by the Ryan White Treatment and Modernization Extension Act of 2009.
    - **Subgrantee will provide the amounts and percentages of Part B service-related expenditures to provide services to WICY.**

Subgrantee agrees to adhere to the following budget:

|                           |           |               |           |  |
|---------------------------|-----------|---------------|-----------|--|
| 1. Personnel              | \$        | 54,960        |           |  |
|                           |           |               | \$ 54,960 | 0.75 FTE, Medical Case Manager w/Fringe    |
| 2. Travel                 | \$        | 2,780         |           |  |
|                           |           |               | \$ 1,000  | 2,000 miles x \$.50 per mile x 1 staff.    |
|                           |           |               | \$ 800    | Airfare: \$800 x 1 trip x 1 staff          |
|                           |           |               | \$ 700    | Lodging: \$175/night x 4 nights x 1 staff  |
|                           |           |               | \$ 280    | Per Diem: \$56/day x 5 days x 1 staff      |
| 3. Operating              | \$        | 9,515         |           |  |
|                           |           |               | \$ 1,200  | Office Supplies                            |
|                           |           |               | \$ 4,015  | Support Group Supplies; 52 mtgs            |
|                           |           |               | \$ 500    | Educational Material                       |
|                           |           |               | \$ 1,350  | Incentives for Support Group               |
|                           |           |               | \$ 2,400  | Advertising & Printing                     |
| 4. Equipment              | \$        | 0             |           |  |
|                           |           |               | \$ 0      | N/A  |
| 5. Contractual Consultant | \$        | 0             |           |  |
|                           |           |               | \$ 0      | N/A  |
| 6. Training               | \$        | 515           |           |  |
|                           |           |               | \$ 450    | Registration Fees (USCA): 1 staff          |
|                           |           |               | \$ 45     | Registration Fees (Autumn Update): 1 staff |
| 7. Other                  | \$        | 4,500         |           |  |
|                           |           |               | \$ 2,000  | 10% Administrative Costs                   |
|                           |           |               | \$ 2,500  | Client Financial Assistance                |
| <b>Total Budget</b>       | <b>\$</b> | <b>72,270</b> |           |  |

- Health Division policy is to allow adjustments to the budget not to exceed 10% (\$7,227), within the approved Scope of Work, unless prior authorization is approved.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- When salaries are part of the subgrant invoices for payment, personnel costs will not be paid without the submission of payroll reports which document the time and effort of all staff paid under the terms of this subgrant. The Subgrantee will notify the Bureau of Child, Family & Community Wellness of any changes in personnel responsible for the provisions of these duties within 30-days of the change taking place.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Requests for Reimbursements will be submitted monthly,
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;



- Submit monthly Requests for Reimbursement no later than 15 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 15, 2010.
- The maximum amount of funding available through this subgrant is \$72,270.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

**The Nevada State Health Division agrees:**

- Annual program monitoring will occur with technical assistance available throughout the grant period. The new site monitoring tool is provided as Attachment B.
- Provide reimbursements, not to exceed a total of \$72,270 for the entire subgrant period.
- Provide technical assistance as requested and within our ability to provide it.
- Provide the Health Resources and Services Administration with all OMB A-133 Audits submitted by the Subgrantee.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

**Both parties agree:**

- The Nevada State Health Division will conduct a programmatic and fiscal site monitor in the second half of the grant period (March 31, 2011).

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Subgrantee is considered a Business Associate of the Health Division.

- Both parties agree that no work related to this subgrant may begin until a Business Associate Agreement has been signed and placed on file with the Nevada State Health Division's Administration Office.
- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.

All reports of expenditures and requests for reimbursement processed by the Health Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION C  
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant agreement, no later than the 15<sup>th</sup> of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

**A. Approved Budget:** List the approved budget amounts in this column by category.

**B. Total Prior Requests:** List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

**C. Current Request:** List the **current** expenditures requested at this time for reimbursement in this column, for each category.

**D. Year to Date Total:** Add Column B and Column C for each category.

**E. Budget Balance:** Subtract Column D from Column A for each category.

**F. Percent Expended:** Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

***\* An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***

**Nevada Department of Health and Human Services**

**HEALTH DIVISION**

**REQUEST FOR REIMBURSEMENT / ADVANCE**

Health Division # 10191  
 Bureau Program # 3215  
 GL Number # 8501  
 Draw #:

|   |   |
|---|---|
| <b>Program Name:</b><br>Ryan White CARE Act Program<br>Bureau of Child, Family & Community Wellness<br>Nevada State Health Division | <b>Subgrantee Name:</b><br>Carson City Health & Human Services (CCHHS)  |
| <b>Address:</b><br>4150 Technology Way, Suite 106<br>Carson City, NV 89706  | <b>Address:</b><br>900 East Long Street<br>Carson City, NV 89706  |
| <b>Subgrant Period:</b><br>April 1, 2010 through March 31, 2011   | <b>Subgrantee EIN#:</b> 88-6000189<br><b>Subgrantee D&amp;B #:</b> 073787152<br><b>Subgrantee Vendor#:</b> T80990941J |

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

(report in whole dollars; must be accompanied by expenditure report/back-up)

**Month(s):**

**Calendar Year:**

| Approved Budget Category | A<br>Approved Budget | B<br>Total Prior Requests | C<br>Current Request | D<br>Year To Date Total | E<br>Budget Balance | F<br>Percent Expended |
|--------------------------|----------------------|---------------------------|----------------------|-------------------------|---------------------|-----------------------|
| 1 Personnel              | \$ 54,960            | \$ 0                      | \$ 0                 | \$ 0                    | \$ 54,960           | 0%                    |
| 2 Travel                 | \$ 2,780             | \$ 0                      | \$ 0                 | \$ 0                    | \$ 2,780            | 0%                    |
| 3 Operating              | \$ 9,515             | \$ 0                      | \$ 0                 | \$ 0                    | \$ 9,515            | 0%                    |
| 4 Equipment              | \$ 0                 | \$ 0                      | \$ 0                 | \$ 0                    | \$ 0                | #DIV/0!               |
| 5 Contract/Consultant    | \$ 0                 | \$ 0                      | \$ 0                 | \$ 0                    | \$ 0                | #DIV/0!               |
| 6 Training               | \$ 515               | \$ 0                      | \$ 0                 | \$ 0                    | \$ 515              | 0%                    |
| 7 Other                  | \$ 4,500             | \$ 0                      | \$ 0                 | \$ 0                    | \$ 4,500            | 0%                    |
| 8 <b>Total</b>           | \$ 72,270            | \$ 0                      | \$ 0                 | \$ 0                    | \$ 72,270           | 0%                    |

This report is true and correct to the best of my knowledge.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Reminder: Request for Reimbursement cannot be processed without an expenditure report/back-up. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

**FOR HEALTH DIVISION USE ONLY**

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_ Date: \_\_\_\_\_

ATTACHMENT A

REPORTING FORMS

**Ryan White CARE Act Title II/HOPWA**  
**Subgrantee Semi Annual/Annual Report**  
**(A separate report is required for each subgrant)**

Reporting Period: \_\_\_\_\_ Prepared By: \_\_\_\_\_

Company Name: \_\_\_\_\_ Service Type: \_\_\_\_\_

HD# \_\_\_\_\_

Total Contractual Funds \_\_\_\_\_ Reimbursement turned in by 15<sup>th</sup> Y N

Number of Funded Positions \_\_\_\_\_ Number of Vacant Positions \_\_\_\_\_

Number of Consumers with Discontinued Service

1. ADAP \_\_\_\_\_ Reason: \_\_\_\_\_
2. HICP \_\_\_\_\_ Reason: \_\_\_\_\_
3. HOPWA \_\_\_\_\_ Reason: \_\_\_\_\_
4. Ryan White \_\_\_\_\_ Reason: \_\_\_\_\_

Number of Consumer Grievances Filed \_\_\_\_\_ Consumer Name: \_\_\_\_\_  
(Attach a copy of all grievances)

If more than one service is provided under this subgrant, duplicate the information box below for each service. It is required that you provide quarterly data for each individual service. **\*Define service units i.e., per client or per ¼ hour, etc.**

Total Units of Service Provided \_\_\_\_\_  
Total Number of Clients Served \_\_\_\_\_  
Total Number of Unduplicated Persons Served \_\_\_\_\_

**Quality Management**

- Identify each Performance-Based Measure (PBM)
- Identify data/outcomes to support measure
- Identify any corrective action to improve outcomes
- Attach copies of minutes of Quality Management meetings
- 

**Program Narrative: (Bullets only under each specific topic, please)**

- A. Administrative Management Issues
- B. Fiscal Issues
- C. Board Issues Related to Funding
- D. Unresolved Problems
- E. Request for Technical Assistance
- F. Potential Media/Congressional Issues:
- G. Program Performance and/or Personnel Issues
- H. ARIES Issues

**SEMI-ANNUAL and/or YEAR END REPORT**

End of Quarter Date:

Sub Grant Name: \_\_\_\_\_ Person Completing Form: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

HD# \_\_\_\_\_ Grant Amount: \_\_\_\_\_ 1st Amended Amount: \_\_\_\_\_ 2nd Amended Amount: \_\_\_\_\_

| OBJECTIVES                                 | Service Unit Definition                | # of Unduplicated People Served        | Total # of Service Units Provided      | Cumulative # of Unduplicated People Served        | Total # of Service Units Provided      |
|--|--|--|--|---|--|
|  |  |  |  |   |  |
|  |  |  |  |   |  |
| HICP                                       | 1 unit = 1 Insurance premium per month |  |  |   |  |
| Grantee Quality Management                 | 1 unit = QM Project                    |  |  |   |  |
| Grantee Planning & Evaluation Activities   | 1 unit = P&E Project                   |  |  |   |  |
| <b>OBJECTIVES</b>                          | <b>Service Unit Definition</b>         | <b># of Unduplicated People Served</b> | <b>Total # of Co-Pays</b>              | <b>Cumulative # of Unduplicated People Served</b> | <b>Total # of Co-Pays</b>              |
| Co-payments - Medical                      | 1 unit = 1 co-pay                      |  |  |   |  |
| <b>OBJECTIVES</b>                          | <b>Service Unit Definition</b>         | <b># of Unduplicated People Served</b> | <b>Total # of Prescriptions Filled</b> | <b>Cumulative # of Unduplicated People Served</b> | <b>Total # of Prescriptions Filled</b> |
| Co-payments Rx                             | 1 unit = 1 prescription                |  |  |   |  |
| <b>OBJECTIVES</b>                          | <b>Service Unit Definition</b>         | <b># of Unduplicated People Served</b> | <b>Total # of Programs</b>             | <b>Cumulative # of Unduplicated People Served</b> | <b>Total # of Programs</b>             |
| MAI Base Funds for Outreach/Education      | 1 unit = 1 program presented           |  |  |   |  |
| Ryan White NEW Applicants                  |  |  |  |   |  |
| Ryan White Recertifications                |  |  |  |   |  |
| Ryan White Applicants NOT Eligible         |  |  |  |   |  |
| Ryan White Patients that DID NOT Recertify |  |  |  |   |  |
| Women enrolled (25 + years old)            |  |  |  |   |  |
| Youth enrolled (13-24 years old)           |  |  |  |   |  |
| Children enrolled (2-12 years old)         |  |  |  |   |  |
| Infants enrolled (under 2 years old)       |  |  |  |   |  |
| <b>OBJECTIVES</b>                          | <b>QUARTER Total Amount</b>            | <b>QUARTER Total Amount</b>            | <b>FINAL REPORT Total Amount</b>       | <b>FINAL REPORT Total Amount</b>                  | <b>FINAL REPORT Total Amount</b>       |
| HICP                                       |  |  |  |   |  |
| Grantee Quality Management                 |  |  |  |   |  |
| Grantee Planning & Evaluation Activities   |  |  |  |   |  |
| Co-payments - Medical                      |  |  |  |   |  |
| Co-payments Rx                             |  |  |  |   |  |
| MAI Base Funds for Outreach/Education      |  |  |  |   |  |
| NOTES:                                     |  |  |  |   |  |

**SEMI-ANNUAL and/or YEAR END REPORT**

End of Quarter Date:

Sub Grant Name: \_\_\_\_\_ Person Completing Form: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

HD# \_\_\_\_\_ Grant Amount: \_\_\_\_\_ 1st Amended Amount: \_\_\_\_\_ 2nd Amended Amount: \_\_\_\_\_

| OBJECTIVES                                 | Service Unit Definition                | # of Unduplicated People Served | QUARTER                           |  | FINAL REPORT                      |  |
|--|--|---------------------------------|-----------------------------------|--|-----------------------------------|--|
|  |  |                                 | Total # of Service Units Provided | Cumulative # of Unduplicated People Served | Total # of Service Units Provided | Cumulative # of Unduplicated People Served |
| HICP                                       | 1 unit = 1 Insurance premium per month |                                 |                                   |  |                                   |  |
| Grantee Quality Management                 | 1 unit = QM Project                    |                                 |                                   |  |                                   |  |
| Grantee Planning & Evaluation Activities   | 1 unit = P&E Project                   |                                 |                                   |  |                                   |  |
| OBJECTIVES                                 | Service Unit Definition                | # of Unduplicated People Served | Total # of Co-Pays                | Cumulative # of Unduplicated People Served | Total # of Co-Pays                |  |
| Co-payments - Medical                      | 1 unit = 1 co-pay                      |                                 |                                   |  |                                   |  |
| OBJECTIVES                                 | Service Unit Definition                | # of Unduplicated People Served | Total # of Prescriptions Filled   | Cumulative # of Unduplicated People Served | Total # of Prescriptions Filled   |  |
| Co-payments Rx                             | 1 unit = 1 prescription                |                                 |                                   |  |                                   |  |
| OBJECTIVES                                 | Service Unit Definition                | # of Unduplicated People Served | Total # of Programs               | Cumulative # of Unduplicated People Served | Total # of Programs               |  |
| MAL Base Funds for Outreach/Education      | 1 unit = 1 program presented           |                                 |                                   |  |                                   |  |
| Ryan White NEW Applicants                  |  |                                 |                                   |  |                                   |  |
| Ryan White Recertifications                |  |                                 |                                   |  |                                   |  |
| Ryan White Applicants NOT Eligible         |  |                                 |                                   |  |                                   |  |
| Ryan White Patients that DID NOT Recertify |  |                                 |                                   |  |                                   |  |
| Women enrolled (25 + years old)            |  |                                 |                                   |  |                                   |  |
| Youth enrolled (13-24 years old)           |  |                                 |                                   |  |                                   |  |
| Children enrolled (2-12 years old)         |  |                                 |                                   |  |                                   |  |
| Infants enrolled (under 2 years old)       |  |                                 |                                   |  |                                   |  |
| OBJECTIVES                                 |  | QUARTER Total Amount            | FINAL REPORT Total Amount         |  |                                   |  |
| HICP                                       |  |                                 |                                   |  |                                   |  |
| Grantee Quality Management                 |  |                                 |                                   |  |                                   |  |
| Grantee Planning & Evaluation Activities   |  |                                 |                                   |  |                                   |  |
| Co-payments - Medical                      |  |                                 |                                   |  |                                   |  |
| Co-payments Rx                             |  |                                 |                                   |  |                                   |  |
| MAL Base Funds for Outreach/Education      |  |                                 |                                   |  |                                   |  |
| NOTES:                                     |  |                                 |                                   |  |                                   |  |

ATTACHMENT B

SITE VISIT MONITOR FORM

(to be sent at a later time)



FY2010 Ryan White HIV/AIDS Part B Program Grant Reporting Requirements Calendar

| FY2009 Requirements   | Submission Date   | Report Period     | Responsible Parties | Submitted Via |
|---|-------------------|-------------------|---------------------|---------------|
| FY 2009 WIC/Report  | August 30, 2010   | 04/01/09-03/31/10 | Subgrantee/NSHD     | EHB           |
| FY2010 Requirements   | Submission Date   | Report Period     | Responsible Parties | Submitted Via |
| WIC Annual Plan   | July 31, 2010     | 04/01/10-03/31/11 | Subgrantee/NSHD     | EHB           |
| Ryan White Part B Quarterly Report -<br>(* ) refers to Semi-Annual/Annual Reporting | July 15, 2010     | 04/01/10-06/30/10 | Subgrantee          | Email/Mail    |
|   | * October/15/2010 | 07/01/10-09/30/10 | Subgrantee          | Email/Mail    |
|   | January 15, 2011  | 10/01/10-12/31/10 | Subgrantee          | Email/Mail    |
|   | * April/15/2011   | 01/01/11-03/31/11 | Subgrantee          | Email/Mail    |
| WIC Final Progress Report   | October 31, 2010  | 04/01/10-09/30/10 | Subgrantee/NSHD     | EHB           |
| Ryan White Program Data Report-RDR  | March 15, 2011    | 01/01/10-12/31/10 | Subgrantee/NSHD     | HAB           |
| Ryan White HIV/AIDS Services Report-RSR   | March 15, 2011    | 01/01/10-12/31/10 | Subgrantee/NSHD     | HAB           |
| Final Annual Progress Report  | August 29, 2011   | 04/01/10-03/31/11 | Subgrantee/NSHD     | EHB           |
| FY 2009 WIC/Report  | August 29, 2011   | 04/01/10-03/31/11 | Subgrantee/NSHD     | EHB           |