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| **Period of Part A Contract:** | **March 1, 2025 – February 28, 2026** |
| **Agency/Program Name\*** |  |

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| **SUMMARY OF FUNDING SOURCES** |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **OBJECT CLASS CATEGORIES** | **RYAN WHITE PART A\*\***  | **RYAN WHITE PART F (MAI)\*\*** | **RYAN WHITE PART B** | **RYAN WHITE PART C** | **RYAN WHITE PART D** | **HOPWA** | **CITY AND/OR STATE** | **GENERAL OPERATING/ PRIVATE** | **FEDERAL** | **TOTAL BUDGET** |
| **PERSONNEL** |  |   |   |   |   |   |   |   |   |  |
| **FRINGE BENEFITS** |  |   |   |   |   |   |   |   |   |  |
| **TRAVEL** |  |   |   |   |   |   |   |   |   |  |
| **SUPPLIES** |  |   |   |   |   |   |   |   |   |  |
| **CONTRACTUAL** |  |   |   |   |   |   |   |   |   |  |
| **OTHER** |  |   |   |   |   |   |   |   |   |  |
| **TOTAL DIRECT CHARGES** |  |   |   |   |   |   |   |   |   |  |
| **ADMINISTRATIVE COSTS** |  |   |   |   |   |   |   |   |   |  |
| **TOTAL COSTS** |  |  |  |  |  |  |  |  |  |  |

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| **PROGRAM INCOME: Identify sources of program income including Medicaid, Medicare, etc. and description of average reimbursement rate for each.**  |

**1. \*Agency/Program Name - Do not use acronyms.**

**2. \*\*Based on Funding Request.**

**3. Administrative Costs for Part A and MAI cannot exceed 10% of total award, unless written approval is given by the Grantee**

**4. Headings of columns may be changed to accommodate other funding sources.**