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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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.**