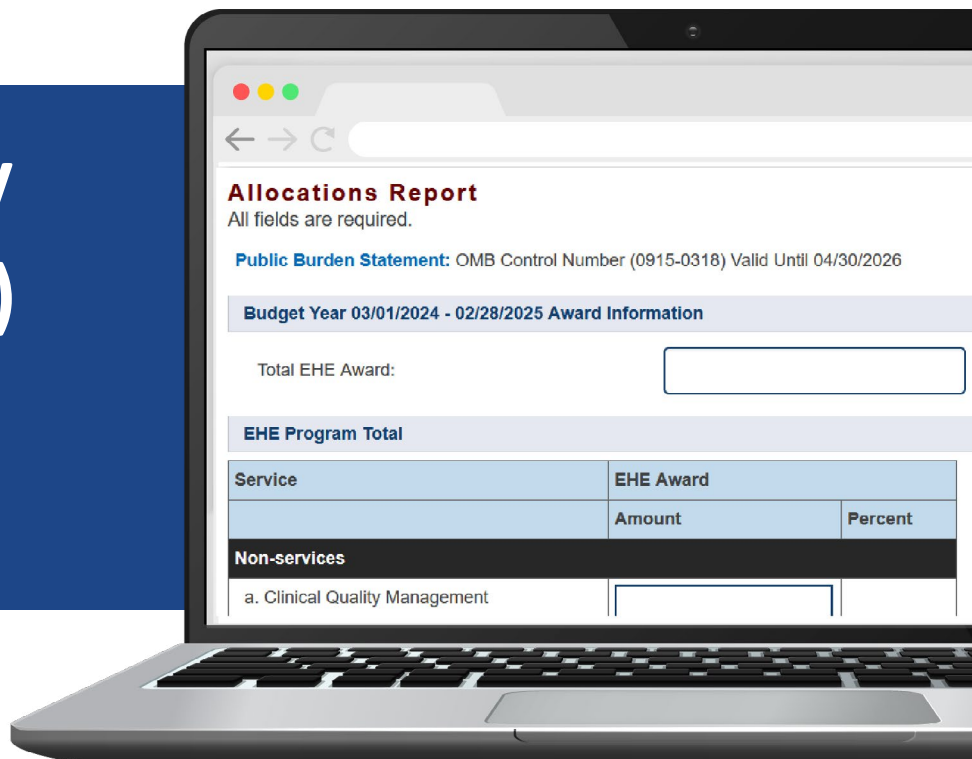


Ending the HIV Epidemic (EHE) Allocations Report



2024 Instruction Manual

Release Date: January 2, 2024

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 0915-0318, and the expiration date is 4/30/2026. Public reporting burden for this collection of information is estimated to average 4 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.

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Icons Used in This Manual

The following icons alert you to important and/or useful information.



The note icon highlights information that 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**.

Background

The federal Ending the HIV Epidemic in the U.S. (EHE) initiative is an ongoing effort to reduce the number of new HIV infections in the United States by at least 90% by 2030. The multiyear EHE initiative currently focuses on 48 counties, Washington, D.C., San Juan, Puerto Rico, and seven states that have a substantial rural HIV burden (collectively referred to as “EHE jurisdictions”). The four pillars of this initiative — diagnose, treat, prevent, and respond — represent a strategic approach to ending the HIV epidemic in the United States.

EHE initiative award recipients are required to provide certain program and fiscal reports each year, including an annual Allocations Report. The Allocations Report is an aggregate report submitted through the HRSA Electronic Handbooks (EHBs) that all EHE initiative recipients must submit within 90 days of the release of their final Notice of Award (NoA).

The Allocations Report serves as a reference to determine how recipients allocate funds each budget period and allow HRSA to monitor and track the use of grant funds for compliance with program and grants policies. This manual provides instructions on how to access, complete, and submit the EHE Allocations Report.

Accessing the Allocations Report

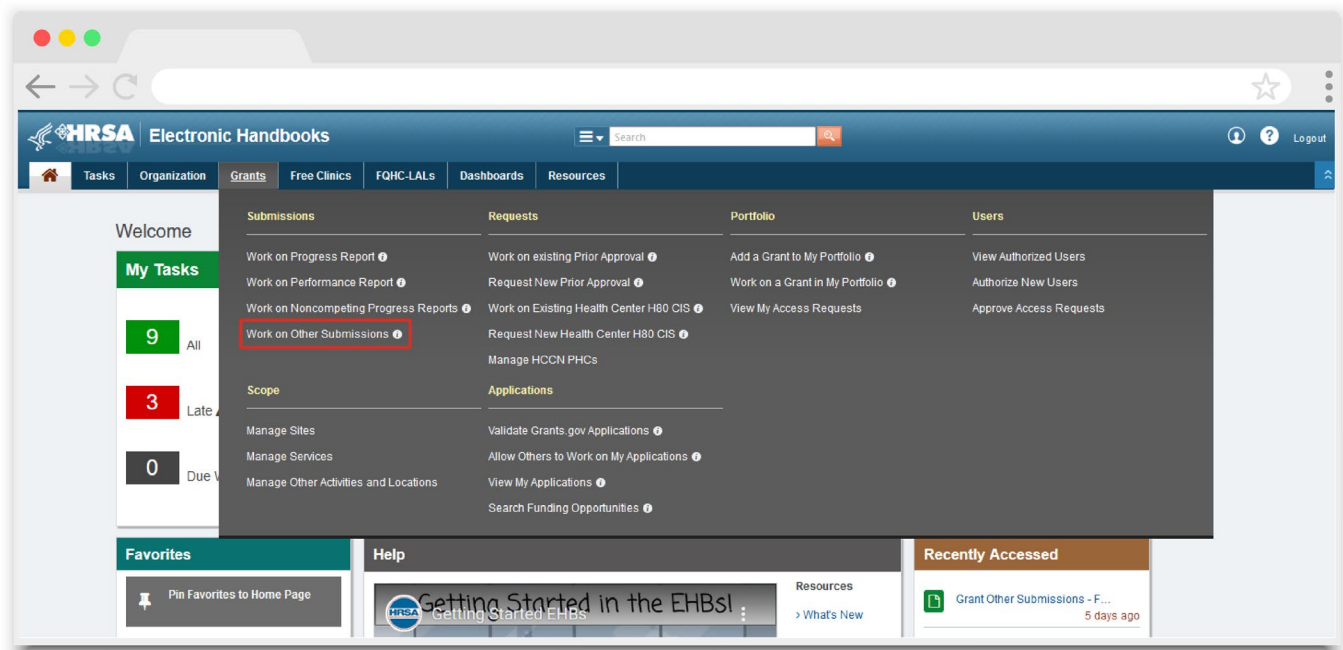
The EHE Allocations Report is submitted via the HRSA EHBs. You must have an EHBs user account with the appropriate access to your agency’s grant to view and complete the report. To access the EHE Allocations Report, follow the steps below:

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 Electronic Handbooks: Screenshot of the Grants Drop-Down Menu



STEP TWO: On the next page, “Submissions – All,” ([Figure 2](#)) under the “Submission Name” column, locate the Allocations Report you would like to access. 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 Electronic Handbooks: Screenshot of the Submissions - All Page

Submission Name	Submission Type	Organization	Grant #	Tracking #	Reporting Period	Deadline	Submitted Date	Status	Options
FY 2024 Allocations Report	Other Submissions	County Health Department	UT8HA00000		03/01/2024 - 02/28/2025	05/30/2024		Not Started	Start
FY 2023 Allocations Report	Other Submissions	County Health Department	UT8HA00000	123456	03/01/2023 - 02/28/2024	06/23/2023	06/21/2023	Submitted	Submission



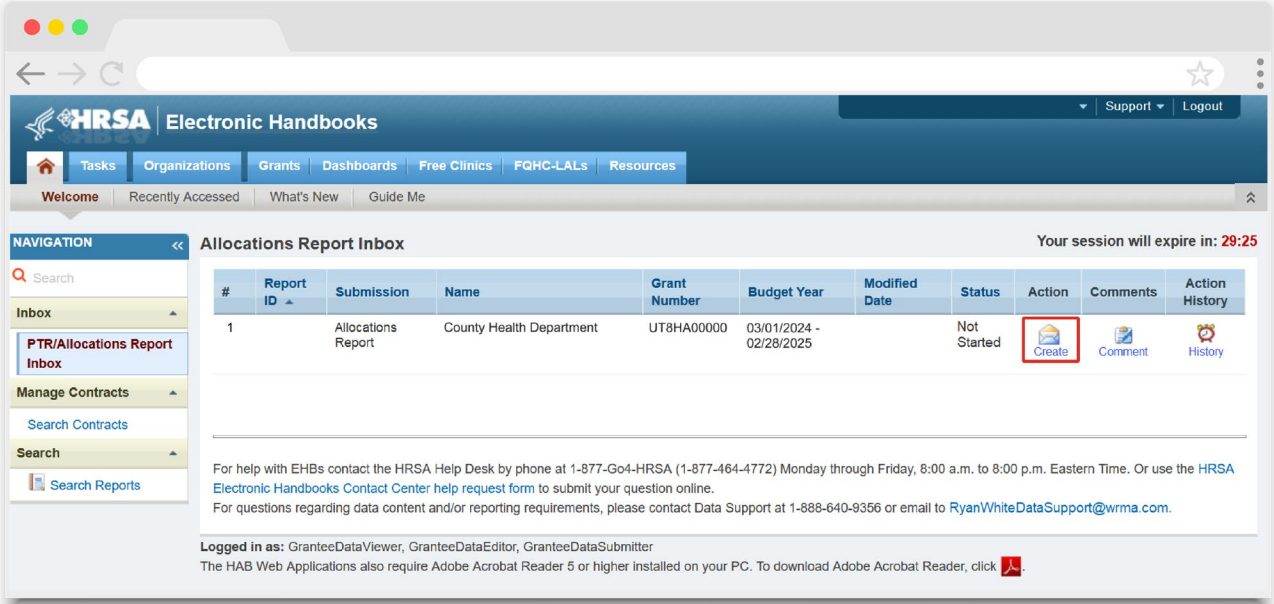
You can find your current Allocations Report faster by searching for “Allocations” in the filter header under “Submission Name.”



If you need help navigating the EHBs to find your annual Allocations Report, contact the EHBs Customer Support Center at 1-877-464-4772.

STEP THREE: You are now in the Allocations Report Inbox ([Figure 3](#)). From here, you can access your contracts in the GCMS and your report. To access the GCMS, select “Search Contracts” in the Navigation panel on the left side of the page. To access your Allocations 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. EHE Allocations Report: Screenshot of the Allocations Report Inbox Page



Completing the Allocations Report

The EHE Allocations Report is an aggregate report that captures budgetary information on the allocation of award funding for the specified budget year. The fiscal data submitted as part of the Allocations Report are entered in two places in the EHE Allocations Report web system: within the Allocations Report itself and in the agency's contracts in the GCMS.

EHE initiative recipients must have a contract in the GCMS for each agency funded to provide services with their EHE initiative award. These contracts include values for the amount of funding allocated to core medical and support services. Details from the GCMS contracts are then imported into the Allocations Report, where recipients will also enter values for their total award amount and funding allocated toward clinical quality management, recipient administration, initiative infrastructure, and planning and evaluation.

Once recipients have entered all values and completed their report, they can validate and submit it, at which point it is sent to their project officer for review. If you need assistance or have questions about the required EHE Allocations Report submission, please contact your project officer.

The Grantee Contract Management System (GCMS)

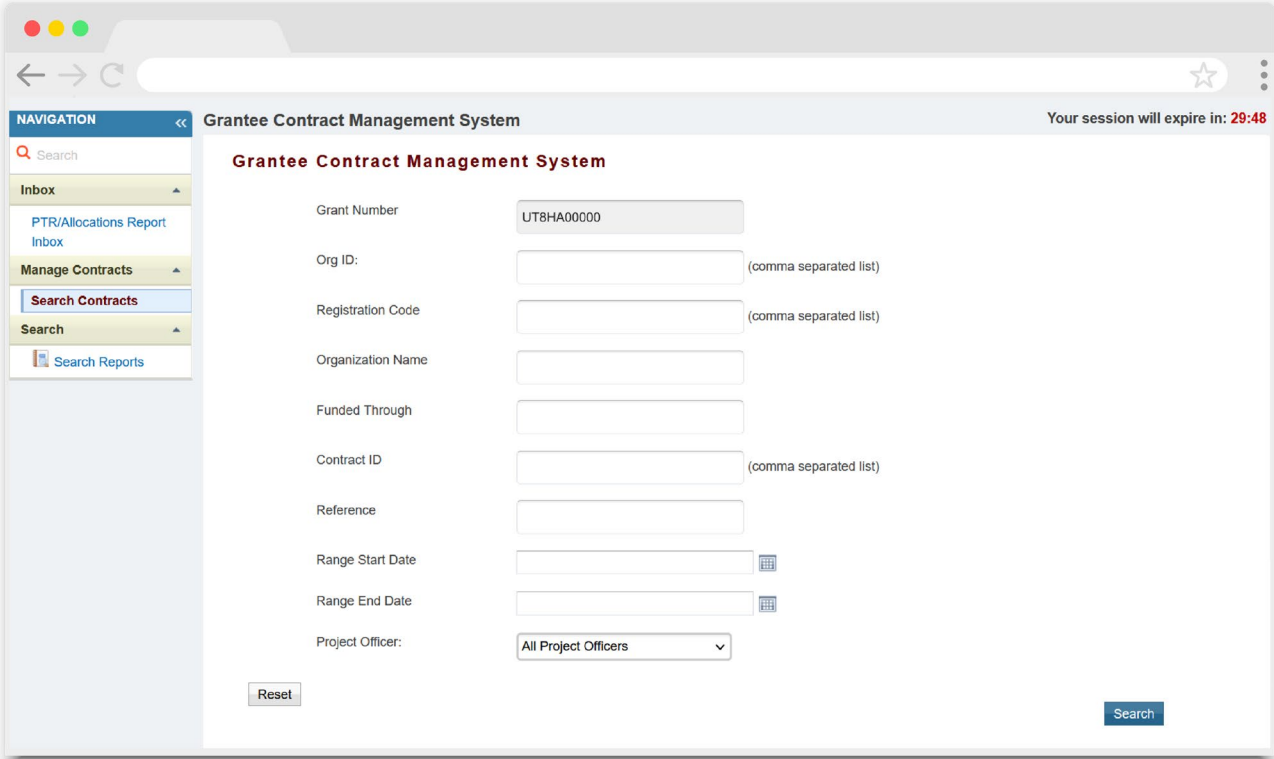
As part of the EHE Allocations Report submission, recipients must have contracts present in the GCMS for all agencies funded to provide services with their EHE initiative award. This includes providers of direct core medical and support services to clients as well as providers of administrative and clinical quality management services. Information from the contracts in the GCMS is imported into both the CLC and Allocations Report sections of the EHE Allocations Report.

Contracts are typically added to the GCMS during submission of the Allocations Report. It is recommended that recipients add their contracts before beginning the Allocations Report, as this saves you the extra step of synchronizing any contract updates with the report. Agencies should also be sure to align their contract dates in the GCMS with the dates of their award's budget period. Each provider should have a separate contract for each year they are funded to provide services. Do not reuse the prior year's contracts by updating the dates to the current year.

You can access the GCMS at any time in the EHE Allocations Report web system by selecting "Search Contracts" in the Navigation panel on the left side of the screen.

For further instructions on adding your contracts to the GCMS, please see the [GCMS Manual](#) and the [Completing the GCMS webinar](#) available on the TargetHIV website.

Figure 4. HRSA Electronic Handbooks: Screenshot of the GCMS Homepage



Allocations Report Navigation

Navigation through the Allocations Report web system and within the Allocations 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 Allocations Report as well as validate and submit it.


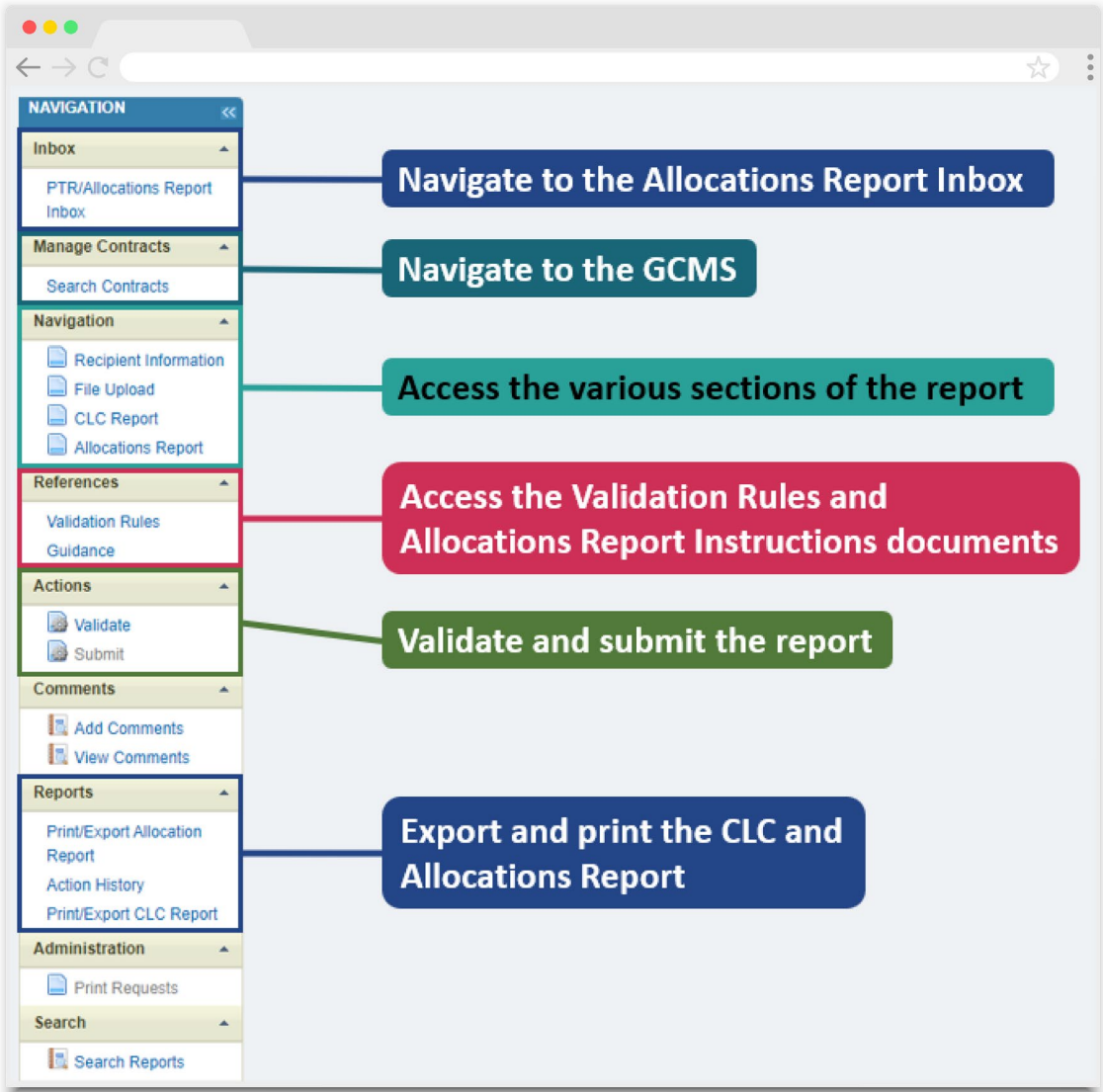
 If you need help navigating the Allocations Report web system, contact RWHAP Data Support for assistance at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.

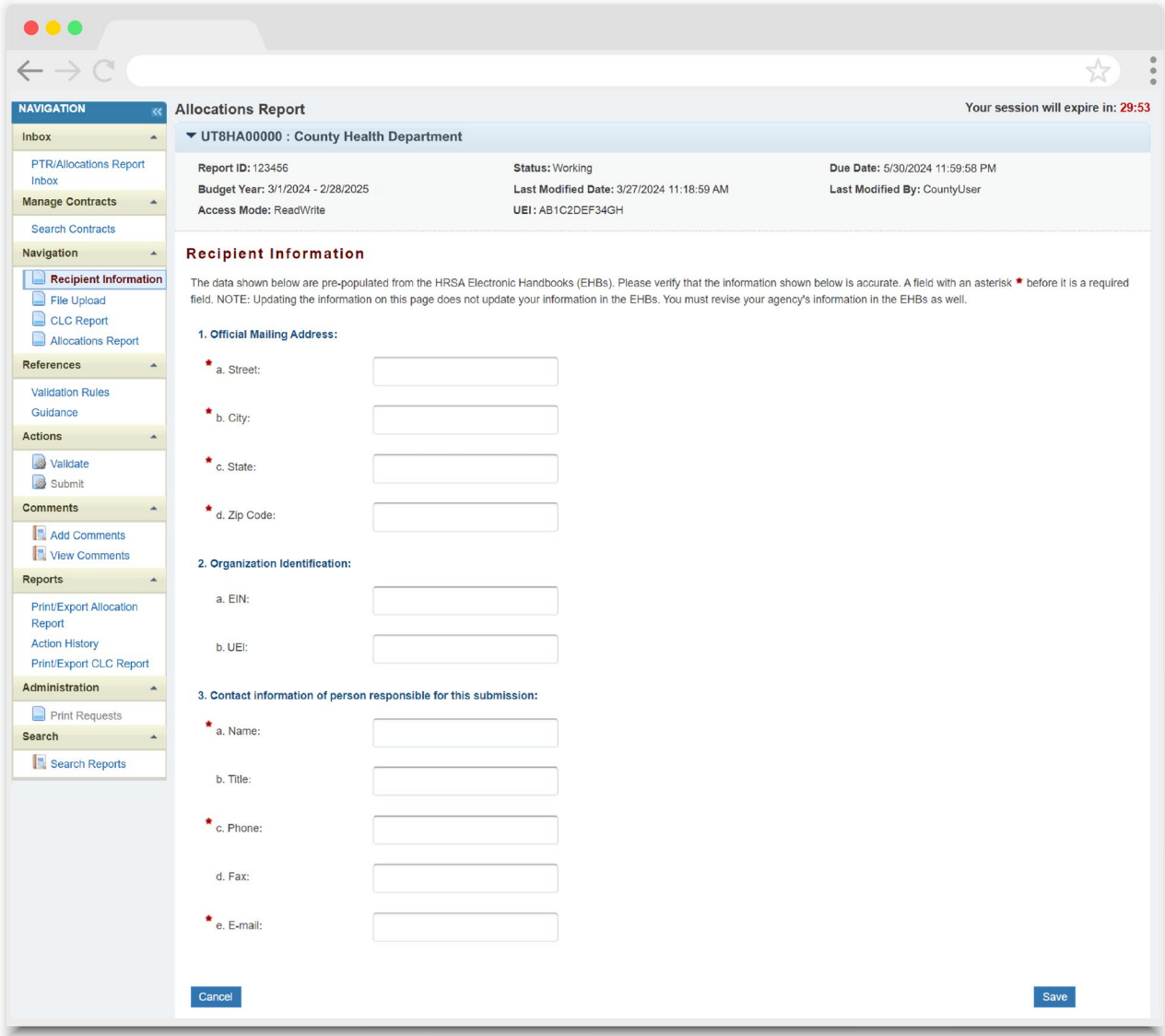
Figure 5. EHE Allocations Report Navigation Panel Guide



Recipient Information

Once you open the Allocations Report, you will be taken to the Recipient Information section (Figure 6). This section is pre-populated with information from the HRSA EHBs. Review all fields and ensure they are 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 6. EHE Allocations Report: Screenshot of the Recipient Information Page



File Upload

For the EHE Allocations Report, there are no required additional forms to upload. In rare instances, your project officer may request additional supplemental documentation as part of your Allocations 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 7. EHE Allocations Report: Screenshot of the File Upload Page



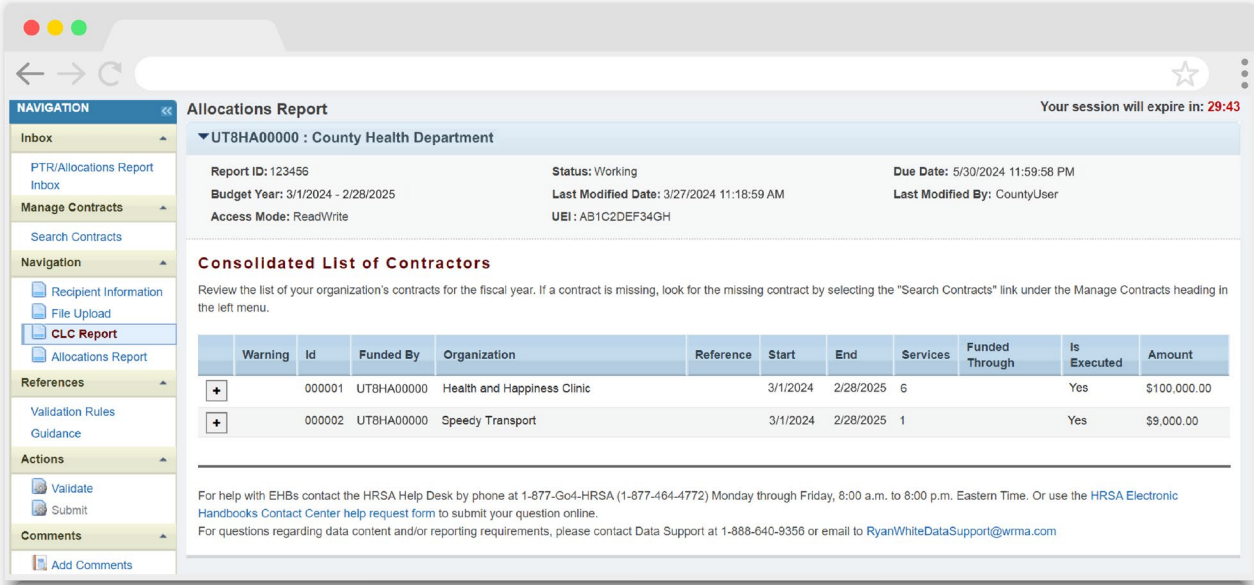
Consolidated List of Contractors (CLC)

To access the Consolidated List of Contractors (CLC) Report, select “CLC Report” in the Navigation panel on the left side of the screen. The CLC is a list of all organizations that are funded to provide services with your agency’s EHE initiative award, including providers of core medical and support services to clients as well as providers of administrative and technical services. The list is generated automatically based on the information entered into the GCMS.

Review the CLC Report (Figure 8) for accuracy and completeness, paying attention to the contract dates, funding amounts, and funded services (select the expansion button to view for each provider). All agencies funded to provide services with your EHE initiative award (including your own organization if it provides services) should have a contract in the GCMS and be listed in the CLC Report. The contract dates should align with your budget year to prevent future reporting issues.

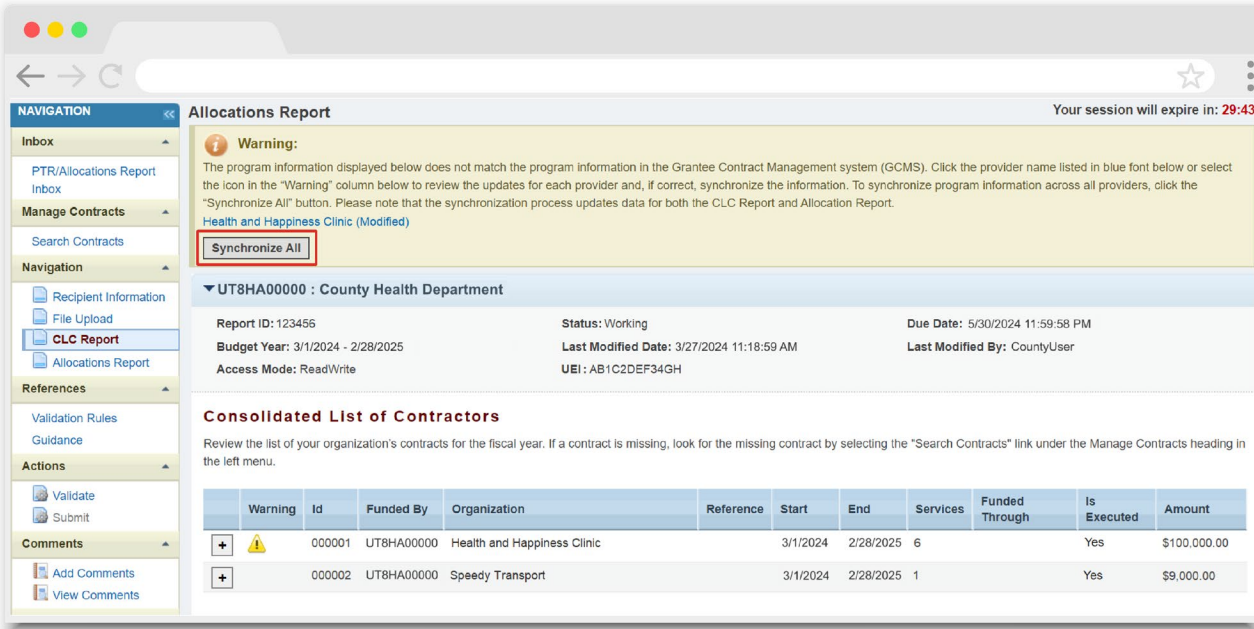
To update the CLC, you must modify the associated contract(s) in the GCMS. For further instructions on editing contracts, see the [GCMS Manual](#).

Figure 8. EHE Allocations Report: Screenshot of the Consolidated List of Contractors Page



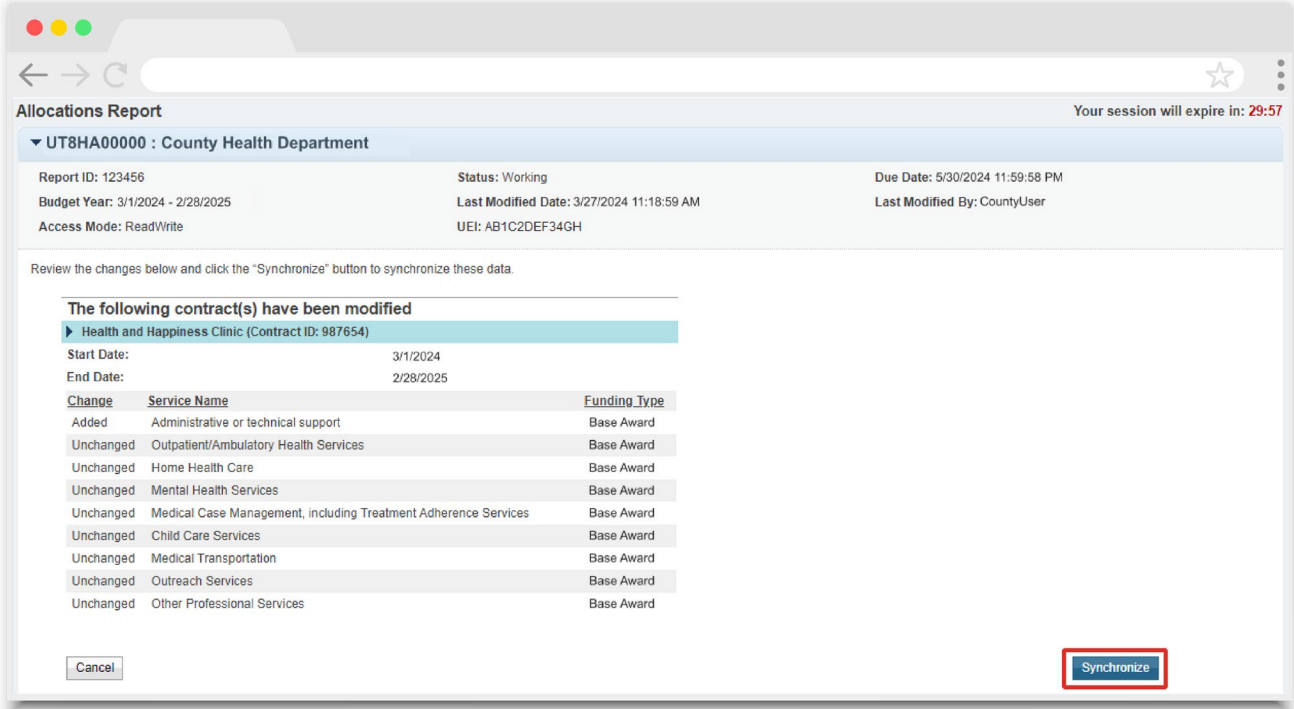
If you make any changes to your contracts in the GCMS after starting your Allocations Report, you will need to synchronize these changes to add them to your report. You will know that you have pending changes to synchronize if a yellow warning banner is present at the top of the page (Figure 9). Select the "Synchronize All" button to synchronize all changes at once or synchronize changes individually by selecting the agency's name in blue in the yellow warning banner.

Figure 9. EHE Allocations Report: Screenshot of the Consolidated List of Contractors Page with Synchronization Warning Banner



On the next page (Figure 10), review the changes for accuracy and select the “Synchronize” button to add the contract updates to your report.

Figure 10. EHE Allocations Report: Screenshot of the Synchronize Contract Page



Allocations Report

To access the Allocations Report section, select “Allocations Report” in the Navigation panel on the left side of the screen. The EHE Allocations Report ([Figure 9](#)) comprises three sections: *Award Information*, *EHE Program Total*, and the *EHE Allocations Categories*.

Only whole number values are allowed in the editable fields. Each field requires a response. Therefore, if you don’t have any allocations to report for a specific category, enter a “0.”

The Allocations Report section contains five editable fields that you must complete using your agency’s final Notice of Award (NoA). Once you have entered a value for every field, select “Save” at the bottom-right of the page.

Award Information

- *Total EHE Award*: Enter the total amount of your agency’s EHE initiative award as indicated on the final NoA.

EHE Program Total

- Clinical Quality Management*: Enter the amount of your agency’s EHE initiative award that is allocated for supporting clinical quality management activities.



The total amount allocated for clinical quality management may not exceed 5% of your total award.

- Recipient Administration*: Enter the amount of your agency’s EHE initiative award that is allocated for supporting recipient administration activities.



The total amount allocated for recipient administration may not exceed 10% of your total award.

- Initiative Infrastructure*: Enter the amount of your agency’s EHE initiative award that is allocated for supporting initiative infrastructure activities.



What services are included under Initiative Infrastructure?

Initiative Infrastructure are costs associated with the development and expansion of data systems. It may include technical assistance on the type, design, and building of new data systems; bridging existing systems to achieve data integration; improving data entry to decrease

burden and increase accuracy; training of staff and providers on collecting and using data; and employing experts to provide accurate and in-depth data analysis.

- d. *Planning and Evaluation*: Enter the amount of your agency's EHE award that is allocated to support planning and evaluation activities.



What services are included under Planning and Evaluation?

Planning and evaluation are costs associated with stakeholder engagement and process and outcome evaluation activities.



The combined total amount allocated for recipient administration and planning and evaluation may not exceed 15% of your total award.

Figure 11. EHE Allocations Report: Screenshot of the Award Information and EHE Program Total

Allocations Report
All fields are required.

Public Burden Statement: OMB Control Number (0915-0318) Valid Until 04/30/2026

Budget Year 03/01/2024 - 02/28/2025 Award Information

Total EHE Award:

EHE Program Total

Service	EHE Award	
	Amount	Percent
Non-services		
a. Clinical Quality Management	<input type="text"/>	
b. Recipient Administration	<input type="text"/>	
c. Initiative Infrastructure ¹	<input type="text"/>	
d. Planning and Evaluation ²	<input type="text"/>	
Non-services Subtotal		
Client Services		
e. EHE Initiative Services		
f. Core Medical Services		
g. Support Services		
Service Allocation Subtotal		
Total Allocations (Service+Non-service)		

EHE Allocations Categories

All fields in the EHE Allocations Categories table ([Figure 12](#)) are populated from the GCMS. The table is split into three sections: EHE Initiative Services, Core Medical Services, and Support Services. Review the amounts listed here, and if you need to adjust any amount, you must modify the associated contract(s) in the GCMS for the organization(s) providing the service. See the [GCMS Manual](#) for further assistance editing contracts in the GCMS.



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



EHE Initiative Services includes any service provided with your EHE initiative award that does not meet the definition of one of the RWHAP service categories.



Shouldn't I report all of my EHE-funded services under the EHE Initiative Services category?

No, the EHE Initiative Services category should only be used when services do not meet the definition of one of the other RWHAP service categories. For example, if you fund a provider for Medical Case Management with your EHE initiative award, you must report that as Medical Case Management.

Figure 12. EHE Allocations Report: Screenshot of the EHE Allocations Categories

Service	EHE Award	
	Amount	Percent
EHE Initiative Services		
1. EHE Initiative Services³ Subtotal	\$0	0.00%
Core Medical Services		
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	\$0	0.00%
h. Medical Case Management, including Treatment Adherence Services	\$0	0.00%
i. Medical Nutrition Therapy	\$0	0.00%

Validating and Submitting the Allocations Report

After you have completed all required sections of the Allocations Report, the next step is to validate it. The validation process looks for potential problems 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. For the EHE Allocations Report, there is only one type of validation message: errors. Errors must be corrected before you are able to submit your Allocations Report.

If you receive an error, correct the information in your report based on the validation message and revalidate your report using the instructions above.



If you need help understanding or resolving a specific validation message, contact RWHAP Data Support by phone at 1-888-640-9356 or via email at RyanWhiteDataSupport@wrma.com.



If you make changes to the information in your report, you must validate your report again using the instructions in this section of the manual.

Figure 13. EHE Allocations 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.					

Consolidated List of Contractors

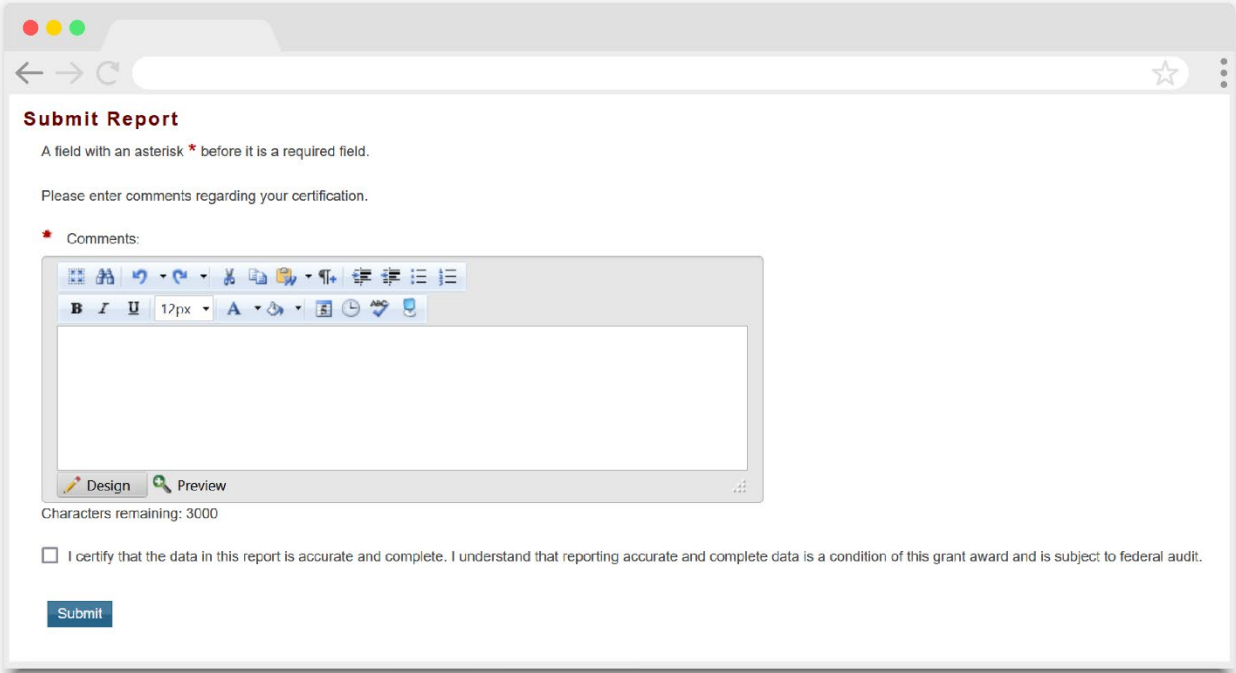
Row No.	Check No.	Message	Type	Comment Count	Action
1	29	At least one contract with at least one service must be specified. To correct this issue, please add a contract in the GCMS and/or synchronize contracts into your report.	Error	0	

Allocations Report

Row No.	Check No.	Message	Type	Comment Count	Action
No report validation errors found.					

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 Allocations 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. EHE Allocations Report: Screenshot of the Submit Report Page



Frequently Asked Questions

How can we correct funding amounts within the report if we need to make changes?

If your agency needs to change amounts allocated to administrative activities, update those amounts in the “Allocations Report” section of your Allocations Report. If your agency needs to change amounts allocated to client services, update those amounts in the associated contract(s) in the GCMS. See the [GCMS Manual](#) for more details.

Why are we required to enter new contracts into the GCMS each year?

Your agency is required to enter new contracts for your own agency and/or subrecipients into the GCMS every year to ensure that the GCMS shows accurate funding amounts and subrecipient relationships.

In the Allocations Report, there are fields that I cannot edit, such as Core Medical Services. How do I edit them?

Funds allocated to core medical services and support services are captured in your contracts in the GCMS. Therefore, you will need to make the required updates in the GCMS. See the [GCMS Manual](#) for more details. Once you have updated any core medical or support services, you will need to synchronize the changes in the CLC.

The Allocations Report or CLC are not capturing my contracts even though I have entered them in the GCMS. What do I do?

Information entered into the GCMS is not automatically pulled into the Allocations Report or CLC once your agency’s Allocations Report has been opened. You will need to synchronize the changes you have made with your report. See the [CLC](#) section for details.

My Allocations Report says that 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.

If my agency awards part of our grant to subrecipients, why is our agency not marked as an administrative agent, fiscal intermediary, or lead agency in the GCMS?

Based on HRSA HAB’s reporting requirements, recipients cannot indicate themselves as an administrative agent, fiscal intermediary, or lead agency for their grant. As a recipient, your agency is expected to manage all RWHAP funds. Management of RWHAP funds includes but is not limited to selecting subrecipients, awarding contracts, providing clinical quality management guidelines, and ensuring subrecipient compliance with RWHAP policies. As a recipient, you may choose to delegate some of your agency’s responsibilities. If your agency does choose to delegate some responsibilities to a

third party, the third-party entity would be classified as an administrative agent, fiscal intermediary, or lead agency. See the [Glossary](#) for definitions of these terms.

Are the contracts I entered into the GCMS also used for other RWHAP reports?

Yes, the EHE contract information entered into the GCMS populates the EHE Allocations Report, the Ryan White HIV/AIDS Program Services Report (RSR), and the EHE Triannual Report. Please see the [GCMS Manual](#) for more details.

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 different service categories.

Consolidated List of Contractors (CLC): Summarizes each EHE-funded contract, the contract amount, and the service(s) provided under the contract.

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.

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.

Expenditures: The actual allotment of funds to different service categories after they have been spent.

Fiscal Intermediary: An administrative agent that acts on the 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 EHE initiative contracts.

Initiative Infrastructure: Initiative infrastructure are costs associated with the development and expansion of data systems. It may include technical assistance on the type, design, and building of new data systems; bridging existing systems to achieve data integration; improving data entry to decrease burden and increase accuracy; training of staff and providers on collecting and using data; and employing experts to provide accurate and in-depth data analysis.

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.

Notice of Award (NoA): An official document from Health Resources Services Administration (HRSA), HIV/AIDS Bureau (HAB), stating an agency's EHE initiative funding amount and funding terms and conditions.

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.

Subrecipient: An organization that receives EHE initiative 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.

Synchronization: The process of incorporating changes made in the GCMS into the report that is being updated.

Validation: A system-administered check that reviews all data entered into the Allocations Report for consistency with reporting guidelines.