

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

11:30 a.m., Wednesday, August 22, 2018
Meeting Location: 2223 West Loop South, Room 240
Houston, TX 77027

AGENDA

- I. Call to Order Peta-gay Ledbetter and
Bruce Turner, Co-Chairs
- A. Moment of Reflection
 - B. Adoption of the Agenda
 - C. Approval of the Minutes
- II. Public Comment
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. **When signing in, guests are not required to provide their correct or complete names.** All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)
- III. Reports from Ryan White Grant Administration Carin Martin
- IV. Reports from the Resource Group Yvette Garvin
- V. Requests for Allocation Increases
- A. Available Part A funds: \$703,670 - See nine (9) attached requests for increased funds
 - B. Available MAI* funds: \$130,830 – See two (2) attached requests for increased funds
 - C. Available Part B funds: \$325,800 – See two (2) attached requests for increased funds
- VI. New Business
- A. Quarterly Committee Report
- VII. Announcements
- VIII. Adjourn

**MAI = Minority AIDS Initiative*

**Houston Area HIV Services Ryan White Planning Council
Priority & Allocations Committee Meeting**

MINUTES

11:30 a.m., Wednesday, June 27, 2018

Meeting Location: 2223 West Loop South, Room 416; Houston, TX 77027

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Bruce Turner, Co-Chair	Paul Grunenwald, excused	<i>The Resource Group</i>
Allen Murray	J. Hoxi Jones, excused	Yvette Garvin
Angela F. Hawkins	Peta-gay Ledbetter, excused	Sha'Terra Johnson-Fairley
Bobby Cruz	Krystal Perez, excused	
Ella Collins-Nelson		<i>Office of Support</i>
		Tori Williams
OTHERS PRESENT	STAFF PRESENT	Amber Harbolt
Ann Robison, Montrose Center	<i>Ryan White Grant Admin</i>	Diane Beck
Project LEAP Class	Carin Martin	
	Heather Keizman	

See the attached chart at the end of the minutes for individual voting information.

Call to Order: Bruce Turner, Co-Chair, called the meeting to order at 11:33 a.m. and asked for a moment of reflection.

Approval of Agenda: ***Motion #1:*** *it was moved and seconded (Hawkins, Collins-Nelson) to approve the agenda. Motion carried unanimously.*

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Collins-Nelson, Hawkins) to approve the May 24, 2018 minutes. Motion carried unanimously.*

Public Comment and Announcements: See attached.

Updates from the Administrative Agents

Ryan White Part A/MAI: None.

Ryan White Part B and State Services Funding: Garvin stated that there is \$11,340 in Part B funds available to be allocated. ***Motion #3:*** *it was moved and seconded (Collins-Nelson, Hawkins) to allocate the remaining \$11,340 in Part B funds to Oral Health. Motion carried unanimously.*

FY 2019 Part A/MAI, Part B & State Services Allocations

The committee reviewed the proposed FY 2019 Level Funding Scenario - Draft 5, see attached.

Motion #4: *it was moved and seconded (Hawkins, Collins-Nelson) to approve the 2019 Level Funding Scenario for Ryan White Part A Funding. Motion carried unanimously.*

Motion #5: *it was moved and seconded (Collins-Nelson, Hawkins) to approve the 2019 Level Funding Scenario for Ryan White MAI Funding. Motion carried unanimously.*

Motion #6: *it was moved and seconded (Collins-Nelson, Hawkins) to approve the 2019 Level Funding Scenario for Ryan White Part B Funding. Motion carried unanimously.*

Motion #7: *it was moved and seconded (Hawkins, Collins-Nelson) to approve the 2019 Level Funding Scenario for State Services Funding. Motion carried unanimously.*

Motion #8: *it was moved and seconded (Collins-Nelson, Hawkins) to approve the 2019 Level Funding Scenario for State Services-R Funding. Motion carried unanimously.*

FY 2019 Increase/Decrease Funding Scenarios: The committee reviewed the proposed FY 2019 Increase/Decrease Funding Scenarios, see attached. **Motion #9:** *it was moved and seconded (Hawkins, Collins-Nelson) to approve the attached FY 2019 Increase and Decrease Funding Scenarios for Ryan White Part A, MAI, Part B and State Services Funding. Motion carried unanimously.*

Announcements:

- 7:00 p.m., Monday, July 2, 2018 – Public Hearing for the FY19 Priorities & Allocations
- 11:00 a.m., Tuesday, July 3, 2018 – Review comments from Public Hearing, if needed.

Adjournment: The meeting adjourned at 12:00 p.m.

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

Scribe: Beck

C = chaired the meeting; JA – just arrived; LM – left meeting; VP – participated via telephone

2018 Priority & Allocations Committee Voting Record for 06/27/18

MEMBERS	Motion #1 Agenda Carried				Motion #2 May 24, 2018 Minutes Carried				Motion #3 Allocate Part B funds to Oral Health Carried				Motion #4 FY19 Level funding scenario- Part A Carried				Motion #5 FY19 Level funding scenario- MAI Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Bruce Turner, Co-Chair				C				C				C				C				C
Peta-gay Ledbetter, Co-Chair	X				X				X				X				X			
Allen Murray		X				X				X				X				X		
Angela F. Hawkins		X				X				X				X				X		
Bobby Cruz ja 11:36 am	X				X				X				X				X			
Ella Collins-Nelson		X				X				X				X				X		
J. Hoxi Jones	X				X				X				X				X			
Krystal Perez	X				X				X				X				X			
Paul Grunenwald	X				X				X				X				X			

MEMBERS	Motion #6 FY19 Level funding scenario- Part B Carried				Motion #7 FY19 Level funding scenario- State Services Carried				Motion #8 FY19 Level funding scenario- State Services-R Carried				Motion #9 All FY19 Increase and Decrease Scenarios Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Bruce Turner, Co-Chair				C				C				C				C
Peta-gay Ledbetter, Co-Chair	X				X				X				X			
Allen Murray		X				X				X				X		
Angela F. Hawkins		X				X				X				X		
Bobby Cruz ja 11:36 am		X				X				X				X		
Ella Collins-Nelson		X				X				X				X		
J. Hoxi Jones	X				X				X				X			
Krystal Perez	X				X				X				X			
Paul Grunenwald	X				X				X				X			

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	9,634,415	391,824	0	0	0	10,026,239	46.85%	10,026,239	0		925,983	9%	25%
1.a	Primary Care - Public Clinic (a)	3,520,995	70,069	0	0	0	3,591,064	16.78%	3,591,064	0	3/1/2018	\$0	0%	0%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	80,923	0	0	0	1,021,370	4.77%	1,021,370	0	3/1/2018	\$255,661	25%	25%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	80,923	0	0	0	867,347	4.05%	867,347	0	3/1/2018	\$240,254	28%	25%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,003,821	100,899	0	0	0	1,104,720	5.16%	1,104,720	0	3/1/2018	\$175,733	16%	25%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,127,327	22,434	0	0	0	1,149,761	5.37%	1,149,761	0	3/1/2018	\$177,264	15%	25%
1.f	Primary Care - Women at Public Clinic (a)	1,837,964	36,576	0	0	0	1,874,540	8.76%	1,874,540	0	3/1/2018	\$0	0%	0%
1.g	Primary Care - Pediatric (a.1)	15,437	0	0	0	0	15,437	0.07%	15,437	0	3/1/2018	\$2,700	17%	25%
1.h	Vision	402,000	0	0	0	0	402,000	1.88%	402,000	0	3/1/2018	\$74,370	19%	25%
2	Medical Case Management	2,535,802	0	0	0	0	2,535,802	11.85%	2,535,802	0		314,968	12%	25%
2.a	Clinical Case Management	488,656	0	0	0	0	488,656	2.28%	488,656	0	3/1/2018	\$86,555	18%	25%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0	0	482,722	2.26%	482,722	0	3/1/2018	\$0	0%	0%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0	0	321,070	1.50%	321,070	0	3/1/2018	\$82,160	26%	25%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	0	0	321,072	1.50%	321,072	0	3/1/2018	\$30,702	10%	25%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	0	0	107,247	0.50%	107,247	0	3/1/2018	\$18,895	18%	25%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0	0	0	348,760	1.63%	348,760	0	3/1/2018	\$50,241	14%	25%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0	0	0	180,311	0.84%	180,311	0	3/1/2018	\$0	0%	0%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0	0	160,051	0.75%	160,051	0	3/1/2018	\$21,165	13%	25%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0	0	80,025	0.37%	80,025	0	3/1/2018	\$25,250	32%	25%
2.j	Med CM - Targeted to Youth	45,888	0	0	0	0	45,888	0.21%	45,888	0	3/1/2018	\$0	0%	0%
3	Local Pharmacy Assistance Program (a) (e)	1,934,796	256,674	0	0	0	2,191,470	10.24%	2,191,470	0	3/1/2018	\$412,687	19%	25%
4	Oral Health	166,404	0	0	0	0	166,404	0.78%	166,404	0	3/1/2018	53,650	32%	25%
4.a	Oral Health - Untargeted (c)	0	0	0	0	0	0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0	0	0	166,404	0.78%	166,404	0	3/1/2018	\$53,650	32%	25%
5	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
6	Health Insurance (c)	1,244,551	28,519	0	0	0	1,273,070	5.95%	1,273,070	0	3/1/2018	\$286,907	23%	25%
7	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
8	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.21%	45,677	0	3/1/2018	\$8,394	18%	25%
9	Early Intervention Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
10	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	341,395	1.60%	341,395	0	3/1/2018	\$81,422	24%	25%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Outreach Services	420,000	39,927	0	0	0	459,927	2.15%	459,927	0	3/1/2018	\$3,879	1%	25%
13	Non-Medical Case Management	1,231,002	0	0	0	0	1,231,002	5.75%	1,231,002	0		146,467	12%	25%
13.a	Service Linkage targeted to Youth	110,793	0	0	0	0	110,793	0.52%	110,793	0	3/1/2018	\$0	0%	25%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0	0	0	0	100,000	0.47%	100,000	0	3/1/2018	\$21,317	21%	25%
13.c	Service Linkage at Public Clinic (a)	427,000	0	0	0	0	427,000	2.00%	427,000	0	3/1/2018	\$0	0%	0%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	0	0	0	593,209	2.77%	593,209	0	3/1/2018	\$125,149	21%	25%
14	Medical Transportation	482,087	25,824	0	0	0	507,911	2.37%	507,911	0		80,642	16%	25%
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0	0	252,680	1.18%	252,680	0	3/1/2018	\$63,246	25%	25%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0	0	97,185	0.45%	97,185	0	3/1/2018	\$17,396	18%	25%
14.c	Transportation vouchers (bus passes & gas cards)	132,222	25,824	0	0	0	158,046	0.74%	158,046	0	3/1/2018	\$0	0%	0%
15	Linguistic Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
16	Emergency Financial Assistance	450,000	0	0	0	0	450,000	2.10%	450,000	0	3/1/2018	\$0	0%	0%
17	Referral for Health Care and Support Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
	Total Service Dollars	18,486,129	742,768	0	0	0	19,228,897	87.71%	19,228,897	0		2,311,120	12%	25%
	Grant Administration	1,675,047	0	0	0	0	1,675,047	7.83%	1,675,047	0	N/A	0	0%	25%
	HCPHES/RWGA Section	1,146,388	0	0	0	0	1,146,388	5.36%	1,146,388	0	N/A	\$0	0%	25%
PC	RWPC Support*	528,659	0	0	0	0	528,659	2.47%	528,659	0	N/A	0	0%	25%

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
	Quality Management	495,000	0	0	0	0	495,000	2.31%	495,000	0	N/A	\$0	0%	25%
		20,656,176	742,768	0	0	0	21,398,944	97.85%	21,398,944	0		2,311,120	11%	25%
	Part A Grant Award:	21,398,944	Carry Over:	0		Total Part A:	21,398,944	Unallocated	Unobligated	0				
		Original Allocation	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service dollars)	15,903,040	677,017	0	0	0	16,580,057	86.40%	16,580,057	86.40%				
	Non-Core (may not exceed 25% of total service dollars)	2,583,089	25,824	0	0	0	2,608,913	13.60%	2,608,913	13.60%				
	Total Service Dollars (does not include Admin and QM)	18,486,129	702,841	0	0	0	19,188,970		19,188,970					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,675,047	0	0	0	0	1,675,047	7.83%						
	Total QM (must be ≤ 5% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.31%						

MAI Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	1,797,785	49,060	0	0	0	1,846,845	85.23%	1,797,785	49,060		514,250	29%	25%
1.b (MAI)	Primary Care - CBO Targeted to African American	910,163	24,530	0	0	0	934,693	43.13%	910,163	24,530	3/1/2017	\$317,350	35%	25%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	887,622	24,530	0	0	0	912,152	42.09%	887,622	24,530	3/1/2017	\$196,900	22%	25%
2	Medical Case Management	320,100	0	0	0	0	320,100	14.77%	320,100	0		0	0%	0%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	7.39%	160,050	0		\$0		
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	7.39%	160,050	0		\$0	0%	0%
	Total MAI Service Funds	1,797,785	49,060	0	0	0	2,166,945	100.00%	1,797,785	369,160		514,250	29%	25%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Funds	1,797,785	49,060	0	0	0	2,166,945	100.00%	1,797,785	369,160		514,250	29%	25%
	MAI Grant Award	2,166,944	Carry Over:	0		Total MAI:	2,166,944							
	Combined Part A and MAI Original Allocation Total	22,453,961												

Footnotes:

All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.
(a)	Single local service definition is four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.
(b)	Adjustments to reflect actual award based on Increase or Decrease funding scenario.
(c)	Funded under Part B and/or SS
(d)	Not used at this time
(e)	10% rule reallocations

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1819 Ryan White Part B
Procurement Report
April 1, 2018 - March 31, 2019



Reflects spending through June 2018

Spending Target: 25%

Revised 8/6/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care	\$2,085,565	62%	\$0	\$2,085,565	62%	4/1/2018	\$453,953	22%
7	Health Insurance Premiums and Cost Sharing (1)	\$726,885	22%	\$0	\$726,885	22%	4/1/2018	\$149,635	21%
9	Home and Community Based Health Services	\$202,315	6%	\$0	\$202,315	6%	4/1/2018	\$31,680	16%
	Unallocated	\$325,806	10%	\$0	\$325,806	10%	4/1/2018	\$0	0%
Total Houston HSDA		3,340,571	100%	\$0	\$3,340,571	100%		635,268	19%

Note: Spending variances of 10% will be addressed: none
 HCBHS Changes in program have been implemented. Operational cost covered by other funding. Service category may need an allocation reduction.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1718 Ryan White Part B
Procurement Report
April 1, 2017 - March 31, 2018



Reflects spending through March 2018
final

Spending Target: 100%

Revised 8/14/2018

Priority	Service Category	Original Allocation to RWPC	% of Grant Award	Amendment ¹	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care (1)	\$2,370,346	71%	(\$434,450)	\$1,935,896	67%	4/1/2017	\$1,635,581	69%
7	Health Insurance Premiums and Cost Sharing (2)	\$726,885	22%	(\$16,122)	\$710,763	25%	4/1/2017	\$1,112,711	153%
9	Home and Community Based Health Services(3)	\$232,000	7%	(\$3,840)	\$228,160	8%	4/1/2017	\$113,504	49%
Total Houston HSDA		3,329,231	100%	(\$454,412)	\$2,874,819	100%		2,861,796	86%

Note: Spending variances of 10% will be addressed:

- 1 OHS - Services were disrupted during Hurricane Harvey. Staff vacancies during grant period resulted in less services and less expenses.
- 2 HIP - Provider overbilled RWB to minimize returning funds to DSHS resulting in underspending in State Services.
- 3 Services utilization has decreased. Changes in program have been implemented. Service category may need an allocation reduction.

2018-2019 Ryan White Part B Service Utilization Report
4/1/2018 - 6/30/2018 Houston HSDA (4816)
1st Quarter

Revised 8/11/2018

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AAA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	1000	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Home & Community Based Health Services	50	15	73.33%	26.67%	0.00%	0.00%	66.67%	13.33%	20.00%	0.00%	0.00%	0.00%	0.00%	2.00%	6.00%	9.00%	2.00%	0.00%
Oral Health Care	2500	856	72.62%	26.23%	0.00%	1.16%	50.25%	16.48%	30.48%	1.87%	0.00%	0.11%	2.10%	15.53%	19.04%	13.90%	42.52%	6.80%
Unduplicated Clients Served By RW Part B Funds	NA	871	145.95%	52.90%	0.00%	1.16%	115.90%	29.81%	51.43%	1.87%	0.00%	0.11%	2.10%	15.53%	21.04%	19.90%	132.52%	8.80%

2017-2018 Ryan White Part B Service Utilization Report
4/1/2017 - 3/31/2018 Houston HSDA (4816)
4th Quarter - Final Report

Revised 8/14/2018

Funded Service	UDC		Gender			Race			Age Group				
	UDC	YTD	Female	MTF	White	Other	13-19	25-34	45-49	65+			
Health Insurance Premiums & Cost Sharing Assistance	1,351	18.43%	0.22%	29.00%	3.60%	0.01%	15.30%	15.24%	6.90%				
Home & Community Based Health Services	27	33.33%	0.00%	7.41%	0.00%	0.00%	0.00%	18.51%	11.11%				
Oral Health Care	3,208	27.06%	1.27%	15.17%	1.55%	0.17%	18.90%	12.98%	5.90%				
Unduplicated Clients Served By RW Part B Funds:	4,586	78.82%	1.49%	51.58%	5.15%	0.18%	34.00%	47.00%	24.00%				

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1718 DSHS State Services
Procurement Report
September 1, 2017- August 31, 2018



Chart reflects spending through July 2018
 Not all July expenditures have been submitted

Spending Target: 91%

Revised 8/14/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contracted Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Mental Health Services (1)	\$300,000	16%		\$300,000	16%	9/1/2017	\$141,015	47%
7	Health Insurance Premiums and Cost Sharing (2)	\$979,694	52%		\$979,694	53%	9/1/2017	\$841,253	86%
9	Hospice (3)	\$359,832	19%		\$359,832	19%	9/1/2017	\$298,540	84%
11	EIS - Incarcerated (4)	\$166,211	9%	\$3,789	\$170,000	9%	9/1/2017	\$115,423	69%
16	Linguistic Services (5)	\$68,000	4%	-\$16,789	\$51,211	3%	9/1/2017	\$34,200	50%
Total Houston HSDA		1,873,737	100%	-\$13,000	\$1,860,737	100%		1,430,431	76%

Note: Spending variances of 10% will be addressed:

- 1 MHS - Agency is short of staff; More clients are covered under Insurance instead of grant funds. Will need to reallocate funds.
- 2 HIP - Behind in billing submissions - will expend all funds
- 3 HOS- Lower spending reflects changes in service provision by provider and operational expenses are being covered by another funding source
- 4 EIS - Behind in billing submission. Provider had a vacancy but is now fully staffed; service units should increase.
- 5 LIN- Behind in billing submission

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1718 DSHS State Services Rebate
Procurement Report
September 1, 2017- August 31, 2018



Chart reflects spending through June
2018

Spending Target: 83%

Revised 8/6/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contracted Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	ADAP Eligibility Worker (1)	\$375,000	38%		\$225,000	27%	9/1/2017	\$131,740	59%
7	Emergency Financial Assistance (2)	\$600,000	62%		\$600,000	73%	9/1/2017	\$243,940	41%
Total Houston HSDA		975,000	100%	\$0	\$825,000	100%		375,680	46%

Note: Spending variances of 10% will be addressed

1 one (1) position not awarded. One (1) position - finalizing contract

2 Public clinic has yet to utilize services, however, DSHS has expanded statewide. Expenditures continues to increase.

(Note: not sure of impact of change with Gilead not participating in Compassion Care Project)

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2017-06/30/18

Revised:

8/7/2018

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)		Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1457	\$138,503.83	554			0
Medical Deductible	154	\$57,333.70	116			0
Medical Premium	5623	\$2,207,151.11	868			0
Pharmacy Co-Payment	3401	\$432,106.32	1113			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	7	\$2,930.12	14	NA	NA	NA
Totals:	10642	\$2,832,164.84	2665	0	\$0.00	

Comments: This report represents services provided under all grants.

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2017-05/31/2018

Revised:

8/6/2018

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1338	\$127,897.58	515			0
Medical Deductible	134	\$52,146.39	104			0
Medical Premium	5039	\$1,970,473.67	848			0
Pharmacy Co-Payment	3162	\$410,037.78	1096			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	7	\$2,751.12	14	NA	NA	NA
Totals:	9680	\$2,557,804.30	2577	0	\$0.00	

Comments: This report represents services provided under all grants.

FY 2018 RW PART A REQUESTS FOR ALLOCATION INCREASE (July 2018)

REVISED: 8/14/2018

Request Control Number	FY 18 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	FY 2017 Final Contract Amount	Expended 2017	Percent Expended	FY 2018 Contract Amount	FY 2018 Expended YTD	FY 2018 Percent YTD	FY 2018 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes Amount approved detail:
1	5	Health Insurance Assistance	Health Insurance Assistance	\$300,000		\$1,374,551	\$1,374,549	100%	\$1,273,070	\$407,131	32%	33%	Yes	
2	1.b-1.d	Primary Medical Care	Community-based Primary Medical Care targeted to African American, Hispanic and White	\$390,000		\$3,055,258	\$3,054,435	100%	\$2,720,493	\$851,456	31%	33%	Yes	
3	2.a	Medical Case Management	Clinical Case Management	\$25,000		\$233,325	\$233,225	100%	\$244,328	\$46,025	19%	33%	Yes	
4	4.b	Oral Health	Oral Health - Rural	\$50,000		\$196,117	\$196,100	100%	\$166,400	\$53,650	32%	33%	Yes	
5	1e	Primary Medical Care	Primary Medical Care targeted to Rural	\$99,980		\$1,323,781	\$1,323,751	100%	\$1,430,038	\$213,178	15%	33%	Yes	
6	13.a-13.b	Medical Transportation	Medical Transportation - Rural & Urban	\$50,000		\$379,865	\$379,864	100%	\$349,865	\$80,642	23%	33%	Yes	
7	1.b-1.d	Primary Medical Care	Community-based Primary Medical Care targeted to African American, Hispanic and White	\$200,000		\$1,814,403	\$1,814,218	100%	\$2,016,282	\$271,254	13%	33%	Yes	
8	1h	Primary Medical Care	Vision	\$75,000		\$201,000	\$201,000	100%	\$201,000	\$67,600	34%	33%	Yes	
9	1a	Primary Medical Care	Primary Care-Public Clinic	\$638,000		\$7,371,126	\$6,782,069	92%	\$7,263,146	\$1,292,816	18%	25%	Yes	
				\$1,827,980	\$0	\$15,949,426	\$15,359,211		\$15,664,622	\$3,283,752				
Confirmed Funds Avail. for Reallocation				\$703,670	Part A									
Source of Funds Available for Reallocation:					Explanation:									
Anticipated FY 2017 Carryover Funds				\$703,670	Unspent FY 2017 program year funds									

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Health Insurance Asst Prog				Control No.	1-A
D.	Request for Increase under (check one):	Part A: X	or	MAI:			
	Request Period (check one):	April: X	August:	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	\$300,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1.				\$0.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$1,102,280.00	N/A	\$300,000.00	\$300,000.00		
	9. Total additional funding (must match E. above):					\$300,000.00	
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	2142	47%	27%	26%	81%	19%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	14/260	41%	29%	27%	81%	19%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	4	3	The agency has a large number of Ryan White patients seeking health insurance assistance services. The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking health insurance assistance services. The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency offers a limited number of same day appointment slots for patients.	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. RWA Health Insurance Contract	-----	2/28/19	\$37,341.70	Through the June 2018 billing, the agency has \$37,341.70 in NP (\$1,680.00 in Units and \$35,661.70 in Disbursements). NP should be included in the August 2018 back billing.
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency: [Grant]: ALL [Service]: HINS [Service Performer]: 0
Services performed between 3/1/17 and 2/28/18

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
[Contract 1]: ALL [Sub Cats 1]: ALL [Contract 2]: n/a [Sub Cats 2]: All
[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	1	0	1	0	0	0	1	0	1
	13-19	0	0	0	0	0	0	0	0	0
	20-24	30	1	29	3	0	3	33	1	32
	25-34	186	3	183	25	2	23	211	5	206
	35-44	131	5	126	89	1	88	220	6	214
	45-54	201	7	194	107	1	106	308	8	300
	55-64	127	4	123	72	0	72	199	4	195
	65+	25	0	25	18	0	18	43	0	43
	SubTotals:	701	20	681	314	4	310	1,015	24	991
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	4	0	4	1	0	1	5	0	5
	35-44	10	0	10	1	0	1	11	0	11
	45-54	9	0	9	1	0	1	10	0	10
	55-64	5	0	5	0	0	0	5	0	5
	65+	1	0	1	1	0	1	2	0	2
	SubTotals:	30	0	30	4	0	4	34	0	34
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	2	2	0	0	0	0	2	2	0
	25-34	4	2	2	0	0	0	4	2	2
	35-44	2	1	1	0	0	0	2	1	1
	45-54	3	0	3	1	0	1	4	0	4
	55-64	2	0	2	0	0	0	2	0	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	13	5	8	1	0	1	14	5	9
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	2	2	0	2	2	0
	45-54	3	0	3	0	0	0	3	0	3
	55-64	2	1	1	0	0	0	2	1	1
	65+	1	1	0	0	0	0	1	1	0
	SubTotals:	6	2	4	2	2	0	8	4	4
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	0	0	0	1	0	1
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	0	1	0	0	0	1	0	1
	55-64	1	1	0	0	0	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	3	1	2	0	0	0	3	1	2
WHITE	0-12	1	0	1	0	0	0	1	0	1
	13-19	1	1	0	0	0	0	1	1	0
	20-24	19	12	7	0	0	0	19	12	7
	25-34	147	103	44	11	8	3	158	111	47
	35-44	181	98	83	12	5	7	193	103	90
	45-54	321	142	179	26	14	12	347	156	191
	55-64	238	70	168	25	9	16	263	79	184
	65+	70	23	47	16	6	10	86	29	57
SubTotals:	978	449	529	90	42	48	1,068	491	577	
ALL RACES	0-12	2	0	2	0	0	0	2	0	2
	13-19	1	1	0	0	0	0	1	1	0
	20-24	52	15	37	3	0	3	55	15	40
	25-34	342	108	234	37	10	27	379	118	261
	35-44	324	104	220	104	8	96	428	112	316
	45-54	538	149	389	135	15	120	673	164	509
	55-64	375	76	299	97	9	88	472	85	387
	65+	97	24	73	35	6	29	132	30	102
SubTotals:	1,731	477	1,254	411	48	363	2,142	525	1,617	

Clients Served This Period

Unduplicated clients:	2142
Client visits: ³	12607
Spanish speaking (primary language at home) clients served:	170
Deaf/hard of hearing clients served:	45
Blind/sight impaired clients served:	57
Homeless clients served:	229
Transgender M to F clients served:	5
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1888
Clients served this period who live outside Harris County:	254
Active substance abuse clients served:	12
Active psychiatric illness clients served:	102

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	13
Hemophilia Coagulation	1
Transfusion	13
Heterosexual Contact	536
MSM (not IDU)	938
IV Drug Use (not MSM)	17
MSM/IDU	5
Multiple Exposure Categories	70
Other risk	600
Multi-Race Breakdown	
ASN,HWN	1
BLK,NTV	4
BLK,WHT	7
NTV,WHT	2

FOOTNOTES

¹ Visit = (time spent per client per agency per service per day

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency]: 3 [Grant]: All [Service]: HINS [Service Performer]: 0
Services performed between 3/1/18 and 6/30/18¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: ALL [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All

[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	9	0	9	1	0	1	10	0	10	
	25-34	87	3	84	13	0	13	100	3	97	
	35-44	79	4	75	60	1	59	139	5	134	
	45-54	116	4	112	62	0	62	178	4	174	
	55-64	93	3	90	49	0	49	142	3	139	
	65+	20	0	20	16	0	16	36	0	36	
	SubTotals:	404	14	390	201	1	200	605	15	590	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	5	0	5	1	0	1	6	0	6	
	35-44	9	0	9	0	0	0	9	0	9	
	45-54	7	0	7	1	0	1	8	0	8	
	55-64	4	0	4	0	0	0	4	0	4	
	65+	2	0	2	0	0	0	2	0	2	
	SubTotals:	28	0	28	2	0	2	30	0	30	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	3	2	1	0	0	0	3	2	1	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	2	0	2	1	0	1	3	0	3	
	55-64	2	0	2	0	0	0	2	0	2	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	7	2	5	1	0	1	8	2	6	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	0	0	0	2	2	0	2	2	0	
	45-54	2	0	2	0	0	0	2	0	2	
	55-64	2	0	2	0	0	0	2	0	2	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	5	0	5	2	2	0	7	2	5	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0	0
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	1	1	0	0	0	0	1	1	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	2	1	1	0	0	0	2	1	1	
WHITE	0-12	1	0	1	0	0	0	1	0	1	
	13-19	1	1	0	0	0	0	1	1	0	
	20-24	10	8	2	2	2	0	12	10	2	
	25-34	94	65	29	7	5	2	101	70	31	
	35-44	118	68	50	9	5	4	127	73	54	
	45-54	229	111	118	13	7	6	242	118	124	
	55-64	203	62	141	19	8	11	222	70	152	
	65+	58	14	44	10	4	6	68	18	50	
	SubTotals:	714	329	385	60	31	29	774	360	414	
ALL RACES	0-12	1	0	1	0	0	0	1	0	1	
	13-19	1	1	0	0	0	0	1	1	0	
	20-24	21	8	13	3	2	1	24	10	14	
	25-34	189	70	119	21	5	16	210	75	135	
	35-44	206	72	134	71	8	63	277	80	197	
	45-54	357	115	242	77	7	70	434	122	312	
	55-64	305	66	239	68	8	60	373	74	299	
	65+	80	14	66	26	4	22	106	18	88	
	SubTotals:	1,160	346	814	266	34	232	1,426	380	1,046	

Clients Served This Period

Unduplicated clients:	1426
Client visits: ³	4134
Spanish speaking (primary language at home) clients served:	135
Deaf/hard of hearing clients served:	34
Blind/sight impaired clients served:	34
Homeless clients served:	142
Transgender M to F clients served:	4
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1262
Clients served this period who live outside Harris County:	164
Active substance abuse clients served:	4
Active psychiatric illness clients served:	56

Methods of Exposure (not mutually exclusive)

PerinatalTransmission	8
Hemophilia Coagulation	1
Transfusion	5
Heterosexual Contact	331
MSM (not IDU)	608
IV Drug Use (not MSM)	11
MSM/IDU	3
Multiple Exposure Categories	34
Other risk	416
Multi-Race Breakdown	
ASN,HWN	1
BLK,NTV	4
BLK,WHT	3

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 6/30/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Primary Care/MCM/SLW/Outreach/LPAP			Control No.	2-A	
D.	Request for Increase under (check one):	Part A: X	or	MAI:			
	Request Period (check one):	April: X	August:	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	\$390,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. Medical Case Management	6,162.52	\$25.00	1600	\$40,000.00		
	2. Service Linkage Worker	10594.60	\$20.00	7500	\$150,000.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. LPAP Disbursements (list current amount in column a. and requested amount in column c.)	\$773,576.00	N/A	\$200,000.00	\$200,000.00		
	9. Total additional funding (must match E. above):					\$390,000.00	
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	2588	50%	20%	30%	82%	18%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	1200	49%	20%	29%	82%	18%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	4	3	The agency has a large number of Ryan White patients seeking medical case management, service linkage, and LPAP services. The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking medical case management, service linkage, and LPAP services. The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency offers a limited number of same day appointment slots for patients.	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. RWA Medical Case Management (part of Primary Care/MCM/SLW/Outreach/LPAP Contract)	1	2/28/19	\$25,818.50	Through the June 2018 billing, the agency has \$25,818.50 in NP, expected to be included in the August 2018 back billing.
	2. RWA Service Linkage (part of Primary Care/MCM/SLW/Outreach/LPAP Contract)	2	2/28/19	\$19,048.60	Through the June 2018 billing, the agency has \$19,048.60 in NP, expected to be included in the August 2018 back billing.
	3. RWA LPAP (part of Primary Care/MCM/SLW/Outreach/LPAP Contract)		2/28/19	\$230,240.26	Through the June 2018 billing, the agency has \$230,240.26 in NP (\$54,270.00 in Units and \$175,970.26 in Disbursements), NP should be included in the August 2018 back billing.
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				

Request for Service Category Increase
Ryan White Part A and MAI

This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18	
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**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency]: 1 Grant]: ALL [Service]: ALL [Service Performer]: 0
Services performed between 3/1/17 and 2/28/18 ¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: ALL [Sub Cats 1]: MCCM, SPCMC, PCSLW, ASCMC, DRUG [Contract 2]: n/a [Sub Cats 2]: All

[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No ³

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	6	0	6	3	0	3	9	0	9
	20-24	80	0	80	21	0	21	101	0	101
	25-34	343	9	334	53	3	50	396	12	384
	35-44	199	6	193	96	4	92	295	10	285
	45-54	201	3	198	117	3	114	318	6	312
	55-64	108	1	107	50	2	48	158	3	155
	65+	14	0	14	12	0	12	26	0	26
	SubTotals:	951	19	932	352	12	340	1,303	31	1,272
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	3	0	3	0	0	0	3	0	3
	25-34	11	0	11	0	0	0	11	0	11
	35-44	11	0	11	2	0	2	13	0	13
	45-54	8	0	8	0	0	0	8	0	8
	55-64	0	0	0	1	0	1	1	0	1
	65+	2	0	2	0	0	0	2	0	2
	SubTotals:	35	0	35	3	0	3	38	0	38
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	3	1	2	0	0	0	3	1	2
	25-34	9	3	6	0	0	0	9	3	6
	35-44	4	2	2	1	0	1	5	2	3
	45-54	4	2	2	0	0	0	4	2	2
	55-64	1	0	1	0	0	0	1	0	1
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	21	8	13	1	0	1	22	8	14
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	2	0	2	0	0	0	2	0	2
	25-34	2	1	1	0	0	0	2	1	1
	35-44	1	0	1	2	1	1	3	1	2
	45-54	3	1	2	0	0	0	3	1	2
	55-64	1	0	1	1	1	0	2	1	1
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	9	2	7	3	2	1	12	4	8
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	1	0	1	1	0	1
	45-54	1	0	1	0	0	0	1	0	1
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	1	0	1	1	0	1	2	0	2
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	8	7	1	1	1	0	9	8	1
	20-24	52	39	13	4	3	1	56	42	14
	25-34	324	210	114	22	13	9	346	223	123
	35-44	243	152	91	35	30	5	278	182	96
	45-54	313	160	153	26	15	11	339	175	164
	55-64	133	41	92	15	9	6	148	50	98
	65+	29	11	18	6	1	5	35	12	23
	SubTotals:	1,102	620	482	109	72	37	1,211	692	519
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	14	7	7	4	1	3	18	8	10
	20-24	140	40	100	25	3	22	165	43	122
	25-34	689	223	466	75	16	59	764	239	525
	35-44	458	160	298	137	35	102	595	195	400
	45-54	530	166	364	143	18	125	673	184	489
	55-64	243	42	201	67	12	55	310	54	256
	65+	45	11	34	18	1	17	63	12	51
	SubTotals:	2,119	649	1,470	469	86	383	2,588	735	1,853

Clients Served This Period

Unduplicated clients:	2588
Client visits: ³	8316
Spanish speaking (primary language at home) clients served:	281
Deaf/hard of hearing clients served:	66
Blind/sight impaired clients served:	106
Homeless clients served:	542
Transgender M to F clients served:	35
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	2448
Clients served this period who live outside Harris County:	140
Active substance abuse clients served:	25
Active psychiatric illness clients served:	136

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	27
Hemophilia Coagulation	5
Transfusion	15
Heterosexual Contact	596
MSM (not IDU)	1168
IV Drug Use (not MSM)	68
MSM/IDU	6
Multiple Exposure Categories	67
Other risk	682
Multi-Race Breakdown	
ASN,HWN	1
ASN,WHT	3
BLK,NTV	1
BLK,NTV,WHT	1
BLK,WHT	14
NTV,WHT	2

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency]: Grant]: All [Service]: ALL [Service Performer]: 0

Services performed between 3/1/18 and 6/30/18 ¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: ALL [Sub Cats 1]: ASCMC,MCCM,PCSLW,PCSUP,SPCMC [Contract 2]: n/a [Sub Cats 2]: MED,NONHI

[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: Non-MAI [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No ³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	2	0	2	0	0	0	2	0	2	
	20-24	48	1	47	7	0	7	55	1	54	
	25-34	167	5	162	28	1	27	195	6	189	
	35-44	86	2	84	54	2	52	140	4	136	
	45-54	99	1	98	43	1	42	142	2	140	
	55-64	58	1	57	30	0	30	88	1	87	
	65+	6	0	6	5	0	5	11	0	11	
	SubTotals:	466	10	456	167	4	163	633	14	619	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	7	0	7	0	0	0	7	0	7	
	35-44	4	0	4	1	0	1	5	0	5	
	45-54	3	0	3	0	0	0	3	0	3	
	55-64	0	0	0	1	0	1	1	0	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	15	0	15	2	0	2	17	0	17	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	7	2	5	0	0	0	7	2	5	
	35-44	2	1	1	0	0	0	2	1	1	
	45-54	2	2	0	0	0	0	2	2	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	11	5	6	0	0	0	11	5	6	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	2	1	1	1	0	1	3	1	2	
	35-44	1	1	0	0	0	0	1	1	0	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	2	0	2	0	0	0	2	0	2	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	6	2	4	1	0	1	7	2	5	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	4	4	0	0	0	0	4	4	0	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	28	21	7	2	2	0	30	23	7
	25-34	154	103	51	9	6	3	163	109	54
	35-44	111	77	34	14	10	4	125	87	38
	45-54	156	76	80	13	8	5	169	84	85
	55-64	73	24	49	14	8	6	87	32	55
	65+	20	6	14	0	0	0	20	6	14
	SubTotals:	546	311	235	52	34	18	598	345	253
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	6	4	2	0	0	0	6	4	2
	20-24	77	22	55	9	2	7	86	24	62
	25-34	337	111	226	38	7	31	375	118	257
	35-44	204	81	123	69	12	57	273	93	180
	45-54	261	79	182	56	9	47	317	88	229
	55-64	133	25	108	45	8	37	178	33	145
	65+	26	6	20	5	0	5	31	6	25
	SubTotals:	1,044	328	716	222	38	184	1,266	366	900

Clients Served This Period

Unduplicated clients:	1266
Client visits: ³	2691
Spanish speaking (primary language at home) clients served:	158
Deaf/hard of hearing clients served:	29
Blind/sight impaired clients served:	38
Homeless clients served:	256
Transgender M to F clients served:	24
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1200
Clients served this period who live outside Harris County:	66
Active substance abuse clients served:	12
Active psychiatric illness clients served:	62

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	7
Hemophilia Coagulation	0
Transfusion	4
Heterosexual Contact	291
MSM (not IDU)	586
IV Drug Use (not MSM)	24
MSM/IDU	5
Multiple Exposure Categories	29
Other risk	332
Multi-Race Breakdown	
ASN,HWN	1
ASN,WHT	1
BLK,NTV	1
BLK,NTV,WHT	1
BLK,WHT	7

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 6/30/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	CLINICAL CASE MANAGEMENT				Control No.	3-A
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$25,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. CLINICAL CASE MANAGEMENT	9773.12	\$25.00	1000	\$25,000.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9. Total additional funding (must match E. above):						\$25,000.00
G.	Number of new/additional clients to be served with requested increase.	85					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	984	62% raw# 608	16% raw# 159	20% raw# 193	71% raw# 703	29% raw# 281
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	238	70% raw# 166	8% raw# 19	21% raw# 49	69% raw# 164	31% raw# 74

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	3-4 weeks	1-2 weeks	We would like to be able to provide new patients services within 1 week of scheduling an appointment. With the steady increase in new patient appointments the appointment times could easily be expanded to a 4. weeks or greater.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1-2 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency]: [Agency] [Contract]: RW1 [Service]: ALL [Service Performer]: 0
Services performed between 3/1/18 and 6/30/18¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
[Contract 1]: 1 [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All
[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	1	0	1	1	0	1	
	20-24	11	0	11	2	0	2	13	0	13	
	25-34	45	2	43	9	0	9	54	2	52	
	35-44	23	0	23	18	1	17	41	1	40	
	45-54	17	1	16	19	1	18	36	2	34	
	55-64	14	0	14	10	0	10	24	0	24	
	65+	1	0	1	1	0	1	2	0	2	
	SubTotals:	111	3	108	60	2	58	171	5	166	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	1	0	1	0	0	0	1	0	1	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	2	0	2	0	0	0	2	0	2	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	1	0	1	1	0	1	
	35-44	0	0	0	1	0	1	1	0	1	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	0	0	0	2	0	2	2	0	2	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	3	3	0	0	0	0	3	3	0	
	25-34	17	15	2	2	2	0	19	17	2	
	35-44	15	13	2	5	3	2	20	16	4	
	45-54	9	4	5	2	1	1	11	5	6	
	55-64	7	2	5	2	1	1	9	3	6	
	65+	0	0	0	1	0	1	1	0	1	
	SubTotals:	51	37	14	12	7	5	63	44	19	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	1	0	1	1	0	1	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
ALL RACES	20-24	14	3	11	2	0	2	16	3	13
	25-34	63	17	46	12	2	10	75	19	56
	35-44	38	13	25	24	4	20	62	17	45
	45-54	27	5	22	21	2	19	48	7	41
	55-64	21	2	19	12	1	11	33	3	30
	65+	1	0	1	2	0	2	3	0	3
	SubTotals:	164	40	124	74	9	65	238	49	189

Clients Served This Period

Unduplicated clients:	238
Client visits: ³	289
Spanish speaking (primary language at home) clients served:	25
Deaf/hard of hearing clients served:	1
Blind/sight impaired clients served:	0
Homeless clients served:	45
Transgender M to F clients served:	2
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	224
Clients served this period who live outside Harris County:	14
Active substance abuse clients served:	5
Active psychiatric illness clients served:	17

Methods of Exposure (not mutually exclusive)

Perinatal/Transmission	3
Hemophilia Coagulation	0
Transfusion	2
Heterosexual Contact	107
MSM (not IDU)	100
IV Drug Use (not MSM)	1
MSM/IDU	0
Multiple Exposure Categories	5
Other risk	27
<u>Multi-Race Breakdown</u>	
ASN,WHT	1
BLK,ASN	1

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 6/30/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	ORAL HEALTH				Control No.	4-A
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI:			
	Request Period (check one):	April:	August: <input checked="" type="checkbox"/>	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	\$50,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1.General Dentistry	1364.04	\$100.00	350	\$35,000.00		
	2.Prostodontics	200	\$150.00	100	\$15,000.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9.Total additional funding (must match E. above):					\$50,000.00	
G.	Number of new/additional clients to be served with requested increase.	80					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	322	39% raw# 126	33% raw# 106	26% raw# 82	66% raw# 214	34% raw# 108
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	175	42% raw# 73	32% raw# 56	24% raw# 42	67% raw# 117	33% raw# 58

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	3 weeks	1-2 weeks	We would like to be able to provide new patients services within 1-2 week of scheduling an appointment. With the steady increase in new patient appointments the appointment times could easily end up greater than 4 weeks to appt.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	2 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency] [nt]: RW1 [Service]: ALL [Service Performer]: 0

Services performed between 3/1/18 and 6/30/18 ¹

[Age Group]: AgeGrn1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All

[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No ³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1	
	20-24	3	0	3	1	0	1	4	0	4	
	25-34	13	0	13	3	0	3	16	0	16	
	35-44	10	0	10	8	0	8	18	0	18	
	45-54	12	1	11	3	0	3	15	1	14	
	55-64	14	0	14	5	0	5	19	0	19	
	65+	0	0	0	1	0	1	1	0	1	
	SubTotals:	53	1	52	21	0	21	74	1	73	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	1	0	1	1	0	1	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	1	0	1	0	0	0	1	0	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	2	0	2	1	0	1	3	0	3	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	1	1	0	1	0	1	2	1	1	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	1	1	0	1	0	1	2	1	1	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	1	0	0	0	0	1	1	0	
	25-34	7	3	4	3	2	1	10	5	5	
	35-44	18	10	8	12	9	3	30	19	11	
	45-54	20	7	13	10	4	6	30	11	19	
	55-64	11	2	9	9	1	8	20	3	17	
	65+	4	1	3	1	0	1	5	1	4	
	SubTotals:	61	24	37	35	16	19	96	40	56	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	
	13-19	1	0	1	0	0	0	1	0	1	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
ALL RACES	20-24	4	1	3	1	0	1	5	1	4
	25-34	20	3	17	7	2	5	27	5	22
	35-44	29	11	18	21	9	12	50	20	30
	45-54	33	8	25	13	4	9	46	12	34
	55-64	26	2	24	14	1	13	40	3	37
	65+	4	1	3	2	0	2	6	1	5
	SubTotals:	117	26	91	58	16	42	175	42	133

Clients Served This Period

Unduplicated clients:	175
Client visits: ³	495
Spanish speaking (primary language at home) clients served:	21
Deaf/hard of hearing clients served:	0
Blind/sight impaired clients served:	2
Homeless clients served:	23
Transgender M to F clients served:	1
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	29
Clients served this period who live outside Harris County:	146
Active substance abuse clients served:	4
Active psychiatric illness clients served:	12

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	2
Hemophilia Coagulation	0
Transfusion	3
Heterosexual Contact	80
MSM (not IDU)	66
IV Drug Use (not MSM)	2
MSM/IDU	0
Multiple Exposure Categories	5
Other risk	22

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 6/30/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
ALL RACES	20-24	12	5	7	2	1	1	14	6	8
	25-34	54	14	40	16	4	12	70	18	52
	35-44	51	18	33	44	15	29	95	33	62
	45-54	58	11	47	29	7	22	87	18	69
	55-64	32	4	28	15	1	14	47	5	42
	65+	6	2	4	1	0	1	7	2	5
	SubTotals:	214	54	160	108	28	80	322	82	240

Clients Served This Period

Unduplicated clients:	322
Client visits: ³	1788
Spanish speaking (primary language at home) clients served:	37
Deaf/hard of hearing clients served:	2
Blind/sight impaired clients served:	2
Homeless clients served:	58
Transgender M to F clients served:	1
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	76
Clients served this period who live outside Harris County:	246
Active substance abuse clients served:	7
Active psychiatric illness clients served:	31

Methods of Exposure (not mutually exclusive)

Perinatal/Transmission	4
Hemophilia Coagulation	1
Transfusion	3
Heterosexual Contact	146
MSM (not IDU)	119
IV Drug Use (not MSM)	5
MSM/IDU	0
Multiple Exposure Categories	8
Other risk	47

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	ADULT COMPREHENSIVE PRIMARY CARE TARGETING RURAL				Control No.	5-A
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$99,980.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1.MD/Phys Extenders	3341	\$275.00	200	\$55,000.00		
	2. PSYCH	770	\$130.00	346	\$44,980.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9. Total additional funding (must match E. above):						\$99,980.00
G.	Number of new/additional clients to be served with requested increase.	75					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	1200	55% raw# 654	21% raw# 248	23% raw# 270	73% raw# 880	27% raw# 320
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	737	53% raw# 394	19% raw# 143	25% raw# 184	73% raw# 538	27% raw# 199

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	2 - 3	0	The need for same day appointments for new patients is consistently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing an average of 20-25 new patients each month. New patient appt timeframes is currently 2-3 weeks, but with the steady increase of new patients the timeframe could reach 4 weeks without the increase in funding. Currently we have \$36,628.54.00 in no pay status.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1 - 2	0	We would be able to see existing patients within the same week with funding increase.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	13	10	3	2	0	2	15	10	5
	25-34	80	48	32	13	8	5	93	56	37
	35-44	63	37	26	25	13	12	88	50	38
	45-54	62	36	26	17	11	6	79	47	32
	55-64	24	5	19	11	2	9	35	7	28
	65+	3	1	2	2	1	1	5	2	3
	SubTotals:		245	137	108	70	35	35	315	172
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1
	20-24	42	11	31	7	0	7	49	11	38
	25-34	205	53	152	44	8	36	249	61	188
	35-44	118	39	79	71	13	58	189	52	137
	45-54	120	39	81	40	11	29	160	50	110
	55-64	46	6	40	30	2	28	76	8	68
	65+	6	1	5	7	1	6	13	2	11
	SubTotals:		538	149	389	199	35	164	737	184

Clients Served This Period

Unduplicated clients:	737
Client visits: ³	2496
Spanish speaking (primary language at home) clients served:	88
Deaf/hard of hearing clients served:	0
Blind/sight impaired clients served:	1
Homeless clients served:	132
Transgender M to F clients served:	8
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	393
Clients served this period who live outside Harris County:	344
Active substance abuse clients served:	13
Active psychiatric illness clients served:	28

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	6
Hemophilia Coagulation	1
Transfusion	9
Heterosexual Contact	304
MSM (not IDU)	321
IV Drug Use (not MSM)	11
MSM/IDU	0
Multiple Exposure Categories	19
Other risk	101
Multi-Race Breakdown	
BLK,ASN	1
BLK,NTV	2
BLK,WHT	5

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 6/30/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency] Grant]: RW1 [Service]: ALL [Service Performer]: 0
Services performed between 3/1/17 and 2/28/18 ¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
[Contract 1] Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All
[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No ³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	3	0	3	1	0	1	4	0	4	
	20-24	27	1	26	0	0	0	27	1	26	
	25-34	80	1	79	14	0	14	94	1	93	
	35-44	42	2	40	36	1	35	78	3	75	
	45-54	48	1	47	25	0	25	73	1	72	
	55-64	17	2	15	11	0	11	28	2	26	
	65+	3	0	3	5	0	5	8	0	8	
	SubTotals:	220	7	213	92	1	91	312	8	304	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	2	0	2	0	0	0	2	0	2	
	25-34	1	0	1	3	0	3	4	0	4	
	35-44	1	0	1	0	0	0	1	0	1	
	45-54	1	1	0	0	0	0	1	1	0	
	55-64	2	0	2	0	0	0	2	0	2	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	7	1	6	3	0	3	10	1	9	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	1	0	1	1	0	1	2	0	2	
	35-44	0	0	0	1	0	1	1	0	1	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	1	0	1	2	0	2	3	0	3	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	1	0	1	1	0	1	
	35-44	0	0	0	3	0	3	3	0	3	
	45-54	2	1	1	0	0	0	2	1	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	2	1	1	4	0	4	6	1	5	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	16	10	6	3	2	1	19	12	7
	25-34	71	36	35	19	11	8	90	47	43
	35-44	67	29	38	36	18	18	103	47	56
	45-54	71	30	41	20	9	11	91	39	52
	55-64	39	7	32	16	5	11	55	12	43
	65+	6	1	5	3	1	2	9	2	7
	SubTotals:	270	113	157	97	46	51	367	159	208
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	3	0	3	1	0	1	4	0	4
	20-24	45	11	34	3	2	1	48	13	35
	25-34	153	37	116	38	11	27	191	48	143
	35-44	110	31	79	76	19	57	186	50	136
	45-54	122	33	89	45	9	36	167	42	125
	55-64	58	9	49	27	5	22	85	14	71
	65+	9	1	8	8	1	7	17	2	15
	SubTotals:	500	122	378	198	47	151	698	169	529

Clients Served This Period

Unduplicated clients:	698
Client visits: ³	4499
Spanish speaking (primary language at home) clients served:	66
Deaf/hard of hearing clients served:	0
Blind/sight impaired clients served:	1
Homeless clients served:	121
Transgender M to F clients served:	2
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	178
Clients served this period who live outside Harris County:	520
Active substance abuse clients served:	20
Active psychiatric illness clients served:	41

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	8
Hemophilia Coagulation	1
Transfusion	8
Heterosexual Contact	297
MSM (not IDU)	284
IV Drug Use (not MSM)	13
MSM/IDU	0
Multiple Exposure Categories	20
Other risk	98
Multi-Race Breakdown	
BLK,NTV	1
BLK,WHT	2

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	MEDICAL TRANSPORTATION URBAN/RURAL				Control No.	CO-A
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$50,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. TRIPS	171521	\$2.00	25000	\$50,000.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9. Total additional funding (must match E. above):					\$50,000.00	
G.	Number of new/additional clients to be served with requested increase.	125					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	746	54% raw# 401	17% raw# 130	26% raw# 197	70% raw# 522	30% raw# 224
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018.						
	a. April Request Period = Not Applicable						
	b. August Request Period = 03/01/18 - 06/30/18	315	57% raw# 179	17% raw# 55	23% raw# 72	67% raw# 210	33% raw# 106
	c. October Request Period = 03/01/18 - 09/30/18						
	d. 4th Qtr. Request Period = 03/01/18 - 11/30/18						

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	2 - 2 1/2 Weeks	0	With the increase of new medical (25) and dental patients (15) agency is experiencing higher request of appointments for the same week trips. Due to the increase in new patients many pts have more complex needs that are requiring transportation services to and from medial and dental appointments at multiple primary care providers. Currently transportation has \$6,690 in no pay for services.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1-2 Weeks	0	Next day with a possibility of same day service with increased funding.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA SERVICE UTILIZATION REPORT

[Agency]: \ [Grant]: RW1 [Service]: ALL [Service Performer]: 0
Services performed between 3/1/18 and 6/30/18 ¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
[Contract 1] All [Contract 2]: All
[Contract 3]: n/a [Sub Cats 3]: All
[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No ³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1	
	20-24	14	0	14	1	0	1	15	0	15	
	25-34	37	1	36	13	0	13	50	1	49	
	35-44	26	0	26	23	0	23	49	0	49	
	45-54	19	1	18	17	0	17	36	1	35	
	55-64	13	0	13	14	0	14	27	0	27	
	65+	3	0	3	2	0	2	5	0	5	
	SubTotals:	113	2	111	70	0	70	183	2	181	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	4	0	4	0	0	0	4	0	4	
	55-64	1	0	1	0	0	0	1	0	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	6	0	6	0	0	0	6	0	6	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	1	0	1	0	0	0	1	0	1	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	1	0	1	0	0	0	1	0	1	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	1	1	0	1	0	1	2	1	1	
	45-54	1	1	0	1	0	1	2	1	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	2	2	0	2	0	2	4	2	2	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	5	5	0	1	0	1	6	5	1
	25-34	24	18	6	3	1	2	27	19	8
	35-44	19	12	7	5	4	1	24	16	8
	45-54	29	10	19	16	9	7	45	19	26
	55-64	18	7	11	8	3	5	26	10	16
	65+	3	2	1	2	1	1	5	3	2
	SubTotals:		98	54	44	35	18	17	133	72
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1
	20-24	20	5	15	2	0	2	22	5	17
	25-34	62	19	43	16	1	15	78	20	58
	35-44	46	13	33	29	4	25	75	17	58
	45-54	53	12	41	34	9	25	87	21	66
	55-64	32	7	25	22	3	19	54	10	44
	65+	6	2	4	4	1	3	10	3	7
	SubTotals:		220	58	162	107	18	89	327	76

Clients Served This Period

Unduplicated clients:	327
Client visits: ³	722
Spanish speaking (primary language at home) clients served:	40
Deaf/hard of hearing clients served:	2
Blind/sight impaired clients served:	1
Homeless clients served:	59
Transgender M to F clients served:	3
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	247
Clients served this period who live outside Harris County:	80
Active substance abuse clients served:	7
Active psychiatric illness clients served:	18

Methods of Exposure (not mutually exclusive)

PerinatalTransmission	1
Hemophilia Coagulation	0
Transfusion	3
Heterosexual Contact	145
MSM (not IDU)	127
IV Drug Use (not MSM)	4
MSM/IDU	1
Multiple Exposure Categories	12
Other risk	50
Multi-Race Breakdown	
BLK,NTV	1

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 6/30/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency]: All [Grant]: RW1 [Service]: ALL [Service Performer]: 0

Services performed between 3/1/17 and 2/28/18¹

[Age Group]: All [Contract 1 (Amended)]: All [Include/Exclude Sub-Cats]: INCLUDE

[Contract 1]: All [Contract 2]: All [Sub Cats 1]: All [Sub Cats 2]: All

[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAT]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1
	20-24	31	1	30	8	0	8	39	1	38
	25-34	86	0	86	27	2	25	113	2	111
	35-44	69	4	65	50	2	48	119	6	113
	45-54	53	2	51	32	0	32	85	2	83
	55-64	23	2	21	24	1	23	47	3	44
	65+	7	0	7	4	0	4	11	0	11
	SubTotals:	270	9	261	145	5	140	415	14	401
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	2	0	2	3	0	3
	35-44	1	0	1	0	0	0	1	0	1
	45-54	2	0	2	0	0	0	2	0	2
	55-64	3	0	3	0	0	0	3	0	3
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	7	0	7	2	0	2	9	0	9
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	1	0	0	0	0	1	1	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	2	0	2	1	0	1	3	0	3
	55-64	1	1	0	0	0	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	4	2	2	1	0	1	5	2	3
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	1	0	1	1	0	1
	35-44	0	0	0	1	0	1	1	0	1
	45-54	0	0	0	1	0	1	1	0	1
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	0	0	0	3	0	3	3	0	3
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	0	1	0	0	0	1	0	1
	55-64	1	0	1	1	0	1	2	0	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	2	0	2	1	0	1	3	0	3
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	1	0	0	0	0	1	1	0
	20-24	10	10	0	2	1	1	12	11	1
	25-34	75	56	19	6	4	2	81	60	21
	35-44	53	36	17	29	16	13	82	52	30
	45-54	57	26	31	16	9	7	73	35	38
	55-64	35	8	27	14	4	10	49	12	37
	65+	8	6	2	5	4	1	13	10	3
	SubTotals:	239	143	96	72	38	34	311	181	130
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	1	1	0	0	0	2	1	1
	20-24	41	11	30	10	1	9	51	12	39
	25-34	163	57	106	36	6	30	199	63	136
	35-44	123	40	83	80	18	62	203	58	145
	45-54	115	28	87	50	9	41	165	37	128
	55-64	63	11	52	39	5	34	102	16	86
	65+	15	6	9	9	4	5	24	10	14
	SubTotals:	522	154	368	224	43	181	746	197	549

Clients Served This Period

Unduplicated clients:	746
Client visits: ³	2454
Spanish speaking (primary language at home) clients served:	101
Deaf/hard of hearing clients served:	5
Blind/sight impaired clients served:	6
Homeless clients served:	122
Transgender M to F clients served:	8
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	581
Clients served this period who live outside Harris County:	165
Active substance abuse clients served:	15
Active psychiatric illness clients served:	50

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	6
Hemophilia Coagulation	1
Transfusion	10
Heterosexual Contact	302
MSM (not IDU)	316
IV Drug Use (not MSM)	11
MSM/IDU	2
Multiple Exposure Categories	22
Other risk	105
Multi-Race Breakdown	
BLK,ASN	1
BLK,NTV	1
BLK,WHT	1
NTV,WHT	2

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	ADULT COMPREHENSIVE PRIMARY CARE TARGETING URBAN				Control No.	7-A
D.	Request for Increase under (check one):	Part A: X	or	MAI:			
	Request Period (check one):	April:	August: X	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	\$200,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. MD/Phys Extenders	2672	\$275.00	400	\$110,000.00		
	2. PSYCH	1269	\$130.00	251	\$32,630.00		
	3. MCM	11563.40	\$25.00	1520	\$38,000.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$22,631.00	N/A	\$19,370.00	\$19,370.00		
	9. Total additional funding (must match E. above):					\$200,000.00	
G.	Number of new/additional clients to be served with requested increase.	150					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	2272	64% raw# 1458	9% raw# 202	25% raw# 562	74% raw# 1676	26% raw# 596
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	1391	64% raw# 888	7% raw# 97	27% raw# 376	74% raw# 1034	26% raw# 357

Request for Service Category Increase
Ryan White Part A and MAI

I. Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
1. Length of waiting time (in weeks) for an appointment for a new client:	2 - 3	0	The need for same day appointments for new patients is consistently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing an average of 20-25 new patients each month. New patient appt timeframes is currently 2-3 weeks, but with the steady increase of new patients the timeframe could reach 4 weeks without the increase in funding. Currently we have \$131,933.00 in no pay status.	
2. Length of waiting time (in weeks) for an appointment for a current client:	1 - 2	0	We would be able to see existing patients within the same week with funding increase.	
3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J. List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
1.				
2.				
3.				
4.				
K. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updatd 2/12/18				

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency] [Contract]: RW1 [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/18 and 6/30/18¹
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1] [Contract 1]: All [Contract 2] [Contract 2]: All [Contract 3] [Contract 3]: All
 [Contract 4] [Contract 4]: All [Contract 5] [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	4	2	2	0	0	0	4	2	2
	20-24	57	1	56	11	0	11	68	1	67
	25-34	262	6	256	67	1	66	329	7	322
	35-44	140	4	136	89	1	88	229	5	224
	45-54	105	5	100	61	1	60	166	6	160
	55-64	53	1	52	37	1	36	90	2	88
	65+	5	0	5	5	0	5	10	0	10
	SubTotals:	626	19	607	270	4	266	896	23	873
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	5	0	5	0	0	0	5	0	5
	35-44	1	0	1	1	0	1	2	0	2
	45-54	7	1	6	1	0	1	8	1	7
	55-64	1	0	1	1	0	1	2	0	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	15	1	14	3	0	3	18	1	17
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	5	2	3	2	0	2	7	2	5
	35-44	0	0	0	1	0	1	1	0	1
	45-54	1	0	1	1	1	0	2	1	1
	55-64	1	1	0	0	0	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	7	3	4	4	1	3	11	4	7
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	1	0	1	1	0	1
	35-44	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	1	0	1	1	0	1
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	0	0	0	2	0	2	2	0	2
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	0	0	0	1	0	1
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	0	1	0	0	0	1	0	1
	55-64	2	1	1	1	0	1	3	1	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	4	1	3	1	0	1	5	1	4
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	3	1	2	0	0	0	3	1	2
	20-24	25	21	4	2	0	2	27	21	6
	25-34	128	108	20	15	14	1	143	122	21
	35-44	95	82	13	26	18	8	121	100	21
	45-54	75	53	22	17	13	4	92	66	26
	55-64	35	20	15	7	5	2	42	25	17
	65+	10	8	2	1	0	1	11	8	3
	SubTotals:	371	293	78	68	50	18	439	343	96
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	7	3	4	0	0	0	7	3	4
	20-24	83	22	61	13	0	13	96	22	74
	25-34	401	116	285	85	15	70	486	131	355
	35-44	236	86	150	117	19	98	353	105	248
	45-54	189	59	130	81	15	66	270	74	196
	55-64	92	23	69	46	6	40	138	29	109
	65+	15	8	7	6	0	6	21	8	13
	SubTotals:	1,023	317	706	348	55	293	1,371	372	999

Clients Served This Period

Unduplicated clients:	1371
Client visits: ³	3956
Spanish speaking (primary language at home) clients served:	240
Deaf/hard of hearing clients served:	3
Blind/sight impaired clients served:	2
Homeless clients served:	185
Transgender M to F clients served:	24
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1363
Clients served this period who live outside Harris County:	8
Active substance abuse clients served:	20
Active psychiatric illness clients served:	54

Methods of Exposure (not mutually exclusive)

Perinatal/Transmission	6
Hemophilia Coagulation	0
Transfusion	9
Heterosexual Contact	520
MSM (not IDU)	648
IV Drug Use (not MSM)	9
MSM/IDU	2
Multiple Exposure Categories	29
Other risk	187
Multi-Race Breakdown	
ASN,WHT	1
BLK,ASN	2
BLK,NTV	3
BLK,WHT	4
NTV,WHT	1

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 6/30/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency:] [Contract 1]: All [Service]: ALL [Service Performer]: 0

Services performed between 3/1/17 and 2/28/18

[Contract 2] (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 2] Sub Cats 1]: All [Contract 2] Sub Cats 2]: All

[Contract 2] Sub Cats 3]: All

[Contract 4] Sub Cats 4]: All [Contract 4] Sub Cats 5]: All

[MAT]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	8	1	7	1	0	1	9	1	8	
	20-24	91	3	88	20	0	20	111	3	108	
	25-34	442	6	436	96	4	92	538	10	528	
	35-44	223	6	217	166	3	163	389	9	380	
	45-54	194	6	188	135	0	135	329	6	323	
	55-64	92	1	91	62	1	61	154	2	152	
	65+	11	0	11	10	0	10	21	0	21	
	SubTotals:	1,061	23	1,038	490	8	482	1,551	31	1,520	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	3	0	3	0	0	0	3	0	3	
	25-34	5	0	5	4	0	4	9	0	9	
	35-44	3	0	3	1	0	1	4	0	4	
	45-54	9	1	8	1	0	1	10	1	9	
	55-64	2	0	2	1	0	1	3	0	3	
	65+	1	0	1	0	0	0	1	0	1	
	SubTotals:	23	1	22	7	0	7	30	1	29	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	7	2	5	1	0	1	8	2	6	
	35-44	3	1	2	2	0	2	5	1	4	
	45-54	2	0	2	2	1	1	4	1	3	
	55-64	2	1	1	0	0	0	2	1	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	15	4	11	5	1	4	20	5	15	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	3	0	3	2	0	2	5	0	5	
	35-44	2	1	1	1	0	1	3	1	2	
	45-54	2	2	0	1	0	1	3	2	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	7	3	4	4	0	4	11	3	8	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER								
		MALE		FEMALE		BOTH GENDERS				
		Hispanic	Non-Hisp	Hispanic	Non-Hisp	Hispanic	Non-Hisp			
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	0	0	0	1	0	1
	35-44	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0
	55-64	2	1	1	1	0	1	3	1	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	3	1	2	1	0	1	4	1	3
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	4	3	1	0	0	0	4	3	1
	20-24	46	37	9	3	2	1	49	39	10
	25-34	245	180	65	28	20	8	273	200	73
	35-44	176	129	47	53	34	19	229	163	66
	45-54	152	97	55	37	26	11	189	123	66
	55-64	72	28	44	22	11	11	94	39	55
	65+	17	12	5	2	1	1	19	13	6
	SubTotals:	712	486	226	145	94	51	857	580	277
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	12	4	8	1	0	1	13	4	9
	20-24	141	40	101	23	2	21	164	42	122
	25-34	703	188	515	131	24	107	834	212	622
	35-44	407	137	270	223	37	186	630	174	456
	45-54	359	106	253	176	27	149	535	133	402
	55-64	170	31	139	86	12	74	256	43	213
	65+	29	12	17	12	1	11	41	13	28
	SubTotals:	1,821	518	1,303	652	103	549	2,473	621	1,852

Clients Served This Period

Unduplicated clients:	2473
Client visits: ³	13060
Spanish speaking (primary language at home) clients served:	347
Deaf/hard of hearing clients served:	9
Blind/sight impaired clients served:	7
Homeless clients served:	362
Transgender M to F clients served:	30
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	2216
Clients served this period who live outside Harris County:	257
Active substance abuse clients served:	38
Active psychiatric illness clients served:	130

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	17
Hemophilia Coagulation	1
Transfusion	19
Heterosexual Contact	952
MSM (not IDU)	1124
IV Drug Use (not MSM)	24
MSM/IDU	2
Multiple Exposure Categories	59
Other risk	356
Multi-Race Breakdown	
ASN,WHT	1
BLK,ASN	2
BLK,NTV	6
BLK,WHT	8
NTV,WHT	3

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

Request for Service Category Increase
Ryan White Part A and MAI

A. Name of Agency (not provided to RWPC)								
B. Contract Number (not provided to RWPC)								
C. Service Category Title (per RFP)			VISION		Control No.			
D. Request for Increase under (check one):			Part A: <input checked="" type="checkbox"/> or MAI: <input type="checkbox"/>		8-A			
Request Period (check one):			April: <input type="checkbox"/> August: <input checked="" type="checkbox"/> Oct: <input type="checkbox"/> Final Qtr: <input type="checkbox"/>					
E. Amount of additional funding Requested:			\$75,000.00					
F. Unit of Service: (list only those units and disbursements where an increase is requested)			a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
1. Vision Services			2010	\$100.00	750	\$75,000.00		
2.						\$0.00		
3.						\$0.00		
4.						\$0.00		
5.						\$0.00		
6.						\$0.00		
7.						\$0.00		
8. Disbursements (list current amount in column a. and requested amount in column c.)				N/A		\$0.00		
9. Total additional funding (must match E. above):			\$75,000.00					
G. Number of new/additional clients to be served with requested increase.			300					
H. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.			a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"			1305	56% raw# 728	10% raw# 134	32% raw# 416	73% raw# 955	27% raw# 350
2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18			494	58% raw# 287	12% raw# 59	28% raw# 140	70% raw# 346	30% raw# 148

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	3-4 weeks	1-2 weeks	We would like to be able to provide new patients services within 1 week of scheduling an appointment. With the steady increase in new patient appointments the appointment times could easily be expanded to a 4-5 week appointment time without increased funding. Currently we have \$18,900 in no pay for services we are unable to bill for.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	2 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase, we would see patients five days a week.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updatd 2/12/18				

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0	0
	55-64	1	1	0	0	0	0	1	1	0	0
	65+	0	0	0	0	0	0	0	0	0	0
	SubTotals:	1	1	0	0	0	0	1	1	0	0
WHITE	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	12	10	2	1	0	1	13	10	3	3
	25-34	61	49	12	13	11	2	74	60	14	14
	35-44	50	38	12	21	13	8	71	51	20	20
	45-54	51	29	22	14	11	3	65	40	25	25
	55-64	20	9	11	8	4	4	28	13	15	15
	65+	3	2	1	0	0	0	3	2	1	1
	SubTotals:	197	137	60	57	39	18	254	176	78	78
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	2	0	2	0	0	0	2	0	2	2
	20-24	30	10	20	2	0	2	32	10	22	22
	25-34	168	52	116	44	12	32	212	64	148	148
	35-44	98	40	58	62	13	49	160	53	107	107
	45-54	108	31	77	60	12	48	168	43	125	125
	55-64	61	11	50	32	4	28	93	15	78	78
	65+	6	2	4	4	0	4	10	2	8	8
	SubTotals:	473	146	327	204	41	163	677	187	490	490

Clients Served This Period

Unduplicated clients:	677
Client visits: ³	961
Spanish speaking (primary language at home) clients served:	106
Deaf/hard of hearing clients served:	1
Blind/sight impaired clients served:	1
Homeless clients served:	101
Transgender M to F clients served:	10
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	590
Clients served this period who live outside Harris County:	87
Active substance abuse clients served:	8
Active psychiatric illness clients served:	31

Methods of Exposure (not mutually exclusive)

PerinatalTransmission	8
Hemophilia Coagulation	0
Transfusion	7
Heterosexual Contact	278
MSM (not IDU)	287
IV Drug Use (not MSM)	11
MSM/IDU	1
Multiple Exposure Categories	18
Other risk	99
Multi-Race Breakdown	
BLK,NTV	2
BLK,WHT	2

FOOTNOTES¹ Visit = time spent per client per agency per service per day² Age as of 12/31/18³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency: [Grant]: RW1 [Service]: ALL [Service Performer]: 0

Services performed between 3/1/17 and 2/28/18 ¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All

[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No ³

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	4	1	3	0	0	0	4	1	3
	20-24	39	3	36	8	0	8	47	3	44
	25-34	186	2	184	36	0	36	222	2	220
	35-44	111	2	109	74	1	73	185	3	182
	45-54	97	5	92	78	1	77	175	6	169
	55-64	62	2	60	39	1	38	101	3	98
	65+	6	0	6	6	0	6	12	0	12
	SubTotals:	505	15	490	241	3	238	746	18	728
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	3	0	3	3	0	3	6	0	6
	35-44	2	0	2	0	0	0	2	0	2
	45-54	8	1	7	1	0	1	9	1	8
	55-64	2	0	2	0	0	0	2	0	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	15	1	14	4	0	4	19	1	18
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	3	1	2	1	0	1	4	1	3
	35-44	2	1	1	0	0	0	2	1	1
	45-54	1	0	1	0	0	0	1	0	1
	55-64	1	1	0	0	0	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	7	3	4	1	0	1	8	3	5
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	0	0	0	1	0	1
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	1	0	1	0	1	2	1	1
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	2	1	1	1	0	1	3	1	2
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0	0
	55-64	2	1	1	1	0	1	3	1	2	
	65+	0	0	0	0	0	0	0	0	0	0
	SubTotals:	2	1	1	1	0	1	3	1	2	
WHITE	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	4	3	1	0	0	0	4	3	1	
	20-24	29	29	0	3	1	2	32	30	2	
	25-34	137	108	29	17	11	6	154	119	35	
	35-44	110	92	18	39	32	7	149	124	25	
	45-54	102	72	30	24	15	9	126	87	39	
	55-64	36	16	20	18	9	9	54	25	29	
	65+	6	4	2	1	0	1	7	4	3	
	SubTotals:	424	324	100	102	68	34	526	392	134	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	8	4	4	0	0	0	8	4	4	
	20-24	68	32	36	11	1	10	79	33	46	
	25-34	330	111	219	57	11	46	387	122	265	
	35-44	225	95	130	113	33	80	338	128	210	
	45-54	209	79	130	104	16	88	313	95	218	
	55-64	103	20	83	58	10	48	161	30	131	
	65+	12	4	8	7	0	7	19	4	15	
	SubTotals:	955	345	610	350	71	279	1,305	416	889	

Clients Served This Period

Unduplicated clients:	1305
Client visits: ³	2020
Spanish speaking (primary language at home) clients served:	259
Deaf/hard of hearing clients served:	5
Blind/sight impaired clients served:	5
Homeless clients served:	189
Transgender M to F clients served:	16
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1139
Clients served this period who live outside Harris County:	166
Active substance abuse clients served:	19
Active psychiatric illness clients served:	83

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	9
Hemophilia Coagulation	0
Transfusion	13
Heterosexual Contact	506
MSM (not IDU)	589
IV Drug Use (not MSM)	10
MSM/IDU	1
Multiple Exposure Categories	36
Other risk	196
Multi-Race Breakdown	
BLK,NTV	1
BLK,WHT	6
NTV,WHT	1

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Primary Medical Care				Control No.	9-A
D.	Request for Increase under (check one):	Part A: X	or	MAI:			
	Request Period (check one):	April:	August: X	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	\$638,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. Primary Health Care Visit	9,600	\$350.00	1200	\$420,000.00		
	2. Medical Intake - New Clients	400	\$900.00	20	\$18,000.00		
	3.						
	4.				\$0.00		
	5.						
	6.						
	7.						
	8. Disbursements (list current amount in column a. and requested amount in column c.) LPAP	\$366,225.00	N/A	\$200,000.00	\$200,000.00		
	9. Total additional funding (must match E. above):				\$638,000.00		
G.	Number of new/additional clients to be served with requested increase.	250					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	4,959	56.05%	10.94%	31.19%	68.25%	31.74%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	2,968 *	53.47%	9.77%	34.77%	66.64%	33.35%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	2 weeks	2 weeks		
	2. Length of waiting time (in weeks) for an appointment for a current client:	1 month	1 month		
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0		
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Ryan White Part C	HRSA	12/31/18	\$830,629	These funds do not pay for medications
	2. Ryan White Part D	HRSA	7/31/19	\$371,851	These funds do not pay for medications
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updatd 2/12/18				

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	20	18	2	6	5	1	26	23	3
	25-34	203	163	40	40	31	9	243	194	49
	35-44	264	225	39	97	82	15	361	307	54
	45-54	296	218	78	112	83	29	408	301	107
	55-64	189	133	56	65	42	23	254	175	79
	65+	32	14	18	14	12	2	46	26	20
	SubTotals:	1,007	773	234	335	255	80	1,342	1,028	314
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	9	2	7	1	0	1	10	2	8
	20-24	55	20	35	16	5	11	71	25	46
	25-34	423	166	257	130	32	98	553	198	355
	35-44	459	230	229	282	86	196	741	316	425
	45-54	603	221	382	323	85	238	926	306	620
	55-64	470	142	328	215	44	171	685	186	499
	65+	82	14	68	56	12	44	138	26	112
	SubTotals:	2,101	795	1,306	1,023	264	759	3,124	1,059	2,065

Clients Served This Period

Unduplicated clients:	3124
Client visits: ³	8146
Spanish speaking (primary language at home) clients served:	705
Deaf/hard of hearing clients served:	17
Blind/sight impaired clients served:	23
Homeless clients served:	436
Transgender M to F clients served:	35
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	3029
Clients served this period who live outside Harris County:	95
Active substance abuse clients served:	33
Active psychiatric illness clients served:	66

Methods of Exposure (not mutually exclusive)

PerinatalTransmission	20
Hemophilia Coagulation	2
Transfusion	17
Heterosexual Contact	1430
MSM (not IDU)	747
IV Drug Use (not MSM)	41
MSM/IDU	6
Multiple Exposure Categories	212
Other risk	955
Multi-Race Breakdown	
ASN,WHT	2
BLK,NTV	4
BLK,WHT	14

FOOTNOTES

- ¹ Visit = time spent per client per agency per service per day
- ² Age as of 6/30/18
- ³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency, ...] [Contract]: RW1 [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/17 and 2/28/18
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract ...]: All [Contract 2] ... Sub Cats 2]: All
 [Contract ...]: All [Contract ...]: All
 [Contract ...]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	12	1	11	4	0	4	16	1	15	
	20-24	81	4	77	23	0	23	104	4	100	
	25-34	319	2	317	147	2	145	466	4	462	
	35-44	339	4	335	287	4	283	626	8	618	
	45-54	479	4	475	314	3	311	793	7	786	
	55-64	431	6	425	212	3	209	643	9	634	
	65+	84	0	84	48	0	48	132	0	132	
	SubTotals:	1,745	21	1,724	1,035	12	1,023	2,780	33	2,747	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	2	0	2	0	0	0	2	0	2	
	25-34	10	0	10	1	0	1	11	0	11	
	35-44	15	0	15	3	0	3	18	0	18	
	45-54	12	0	12	2	0	2	14	0	14	
	55-64	4	0	4	1	0	1	5	0	5	
	65+	2	0	2	2	0	2	4	0	4	
	SubTotals:	45	0	45	9	0	9	54	0	54	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	1	0	1	0	0	0	1	0	1	
	20-24	3	1	2	0	0	0	3	1	2	
	25-34	5	1	4	1	0	1	6	1	5	
	35-44	5	0	5	1	0	1	6	0	6	
	45-54	3	0	3	4	0	4	7	0	7	
	55-64	2	1	1	1	1	0	3	2	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	19	3	16	7	1	6	26	4	22	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	4	1	3	0	0	0	4	1	3	
	35-44	1	1	0	0	0	0	1	1	0	
	45-54	3	1	2	0	0	0	3	1	2	
	55-64	4	3	1	1	1	0	5	4	1	
	65+	0	0	0	3	1	2	3	1	2	
	SubTotals:	13	6	7	4	2	2	17	8	9	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	5	4	1	1	0	1	6	4	2	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	48	37	11	14	11	3	62	48	14
	25-34	318	247	71	76	62	14	394	309	85
	35-44	409	334	75	138	112	26	547	446	101
	45-54	430	302	128	149	105	44	579	407	172
	55-64	280	171	109	87	56	31	367	227	140
	65+	53	30	23	18	16	2	71	46	25
	SubTotals:	1,543	1,125	418	483	362	121	2,026	1,487	539
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	18	5	13	5	0	5	23	5	18
	20-24	135	42	93	37	11	26	172	53	119
	25-34	656	251	405	225	64	161	881	315	566
	35-44	769	339	430	429	116	313	1,198	455	743
	45-54	927	307	620	469	108	361	1,396	415	981
	55-64	721	181	540	302	61	241	1,023	242	781
	65+	139	30	109	71	17	54	210	47	163
	SubTotals:	3,365	1,155	2,210	1,538	377	1,161	4,903	1,532	3,371

Clients Served This Period

Unduplicated clients:	4903
Client visits: ³	28243
Spanish speaking (primary language at home) clients served:	965
Deaf/hard of hearing clients served:	24
Blind/sight impaired clients served:	55
Homeless clients served:	701
Transgender M to F clients served:	40
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	4731
Clients served this period who live outside Harris County:	172
Active substance abuse clients served:	60
Active psychiatric illness clients served:	155

Methods of Exposure (not mutually exclusive)

Perinatal/Transmission	50
Hemophilia Coagulation	5
Transfusion	33
Heterosexual Contact	2221
MSM (not IDU)	1155
IV Drug Use (not MSM)	82
MSM/IDU	11
Multiple Exposure Categories	340
Other risk	1497
Multi-Race Breakdown	
ASN,WHT	2
BLK,ASN	1
BLK,NTV	2
BLK,WHT	20
NTV,WHT	1

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)					
B.	Contract Number (not provided to RWPC)					
C.	Service Category Title (per RFP)				Control No.	I - M
D.	Request for Increase under (check one):		Part A:	or	MAI: X	
	Request Period (check one):		April: X	August:	Oct:	Final Qtr:
E.	Amount of additional funding Requested:		\$40,000.00			
F.	Unit of Service: (list only those units and disbursements where an increase is requested)		a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)
	1. Medical Case Management		4642.76	\$25.00	1600	\$40,000.00
	2.					\$0.00
	3.					\$0.00
	4.					\$0.00
	5.					\$0.00
	6.					\$0.00
	7.					\$0.00
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A			\$0.00
	9. Total additional funding (must match E. above):					\$40,000.00
G.	Number of new/additional clients to be served with requested increase.					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.		a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"		N/A	N/A	N/A	N/A
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18					

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	4	3	The agency has a large number of Ryan White patients seeking medical case management services. The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking medical case management services. The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency offers a limited number of same day appointment slots for patients.	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	ADULT COMPREHENSIVE PRIMARY CARE MAI			Control No.	Z-M	
D.	Request for Increase under (check one):	Part A:	<input type="radio"/>	MAI: X			
	Request Period (check one):	April:	August: X	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	\$130,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. MD/Phys Extenders	2517	\$275.00	335	\$92,125.00		
	2. MCM	4708	\$25.00	1515	\$37,875.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9. Total additional funding (must match E. above):				\$130,000.00		
G.	Number of new/additional clients to be served with requested increase.	100					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	1165	66% raw# 773	0% raw# 0	33% raw# 388	77% raw# 895	23% raw# 270
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	484	63% raw# 303	0% raw# 0	37% raw# 179	76% raw# 367	24% raw# 117

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	2 - 3	0	The need for same day appointments for new patients is consistently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing an average of 25 new patients each month. New patient appt timeframes is currently 2-3 weeks, but with the steady increase of new patients the timeframe could reach 3-4 weeks without the increase in funding.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1 - 2	0	Will be able to see patients same week with funding increase	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency]: RW1 [Service]: ALL [Service Performer]: 0
Services performed between 3/1/18 and 6/30/18

[Age Group]: AgeGrn1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: Sub Cats 1]: All [Contract 2] s 2]: All

[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	2	1	1	0	0	0	2	1	1	
	20-24	20	0	20	5	0	5	25	0	25	
	25-34	98	1	97	28	0	28	126	1	125	
	35-44	44	3	41	31	1	30	75	4	71	
	45-54	35	1	34	17	0	17	52	1	51	
	55-64	12	0	12	15	0	15	27	0	27	
	65+	1	0	1	2	0	2	3	0	3	
	SubTotals:	212	6	206	98	1	97	310	7	303	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	2	1	1	0	0	0	2	1	1	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	1	0	1	1	1	0	2	1	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	3	1	2	1	1	0	4	2	2	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	13	13	0	0	0	0	13	13	0	
	25-34	61	61	0	5	5	0	66	66	0	
	35-44	47	47	0	8	8	0	55	55	0	
	45-54	23	23	0	3	3	0	26	26	0	
	55-64	5	5	0	2	2	0	7	7	0	
	65+	3	3	0	0	0	0	3	3	0	
	SubTotals:	152	152	0	18	18	0	170	170	0	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	
	13-19	2	1	1	0	0	0	2	1	1	
	20-24	33	13	20	5	0	5	38	13	25	
	25-34	161	63	98	33	5	28	194	68	126	
	35-44	91	50	41	39	9	30	130	59	71	
	45-54	59	24	35	21	4	17	80	28	52	
	55-64	17	5	12	17	2	15	34	7	27	
	65+	4	3	1	2	0	2	6	3	3	
	SubTotals:	367	159	208	117	20	97	484	179	305	

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency]: RW1 [Service]: ALL [Service Performer]: 0

Services performed between 3/1/17 and 2/28/18¹

[App Group]: 1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: [Sub Cats 1]: All [Contract 2]: [Sub Cats 2]: All

[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	6	1	5	0	0	0	6	1	5	
	20-24	63	1	62	13	0	13	76	1	75	
	25-34	264	4	260	51	1	50	315	5	310	
	35-44	126	5	121	75	2	73	201	7	194	
	45-54	86	5	81	48	0	48	134	5	129	
	55-64	28	0	28	27	1	26	55	1	54	
	65+	3	0	3	3	0	3	6	0	6	
	SubTotals:	576	16	560	217	4	213	793	20	773	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	1	1	0	0	0	0	1	1	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	1	1	0	0	0	0	1	1	0	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	3	2	1	1	0	1	4	2	2	
	35-44	0	0	0	1	0	1	1	0	1	
	45-54	1	0	1	1	1	0	2	1	1	
	55-64	1	1	0	0	0	0	1	1	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	5	3	2	3	1	2	8	4	4	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	1	1	0	0	0	0	1	1	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	1	1	0	0	0	0	1	1	0	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	2	2	0	0	0	0	2	2	0	

FY 2018-19 TRG Requests For Reallocation Increase (August 2018)

Revised 8/14/2018

Request Control Number	FY1819 Priority Ranking	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	FY1718 Final Contract Amount	Expended 2017-18	Percent Expended	FY1819 Contract Amount	FY1819 Expended YTD	FY1819 Percent YTD	FY1819 Percent Expected	Is agency currently in compliance with contract conditions and therefore eligible for an increase?
1	4	Oral Health	General	\$300,000		\$535,100	\$536,800	100%	\$813,300	\$204,000	25%	25%	Yes
		Oral Health	Prosthodontics	\$25,000		\$120,000	\$124,425	104%	\$229,520	\$71,270	31%	25%	Yes
2	5	Health Insurance Premiums and Cost Sharing Assistance	Health Insurance Assistance	\$325,000		\$726,885	\$1,112,711	153%	\$726,885	\$149,635	21%	25%	Yes
Confirmed Amount for Reallocation				\$325,800	Explanation		Increased Award Amount						
Source of Fund Available For Reallocation				Ryan White Part B									

Request for Service Category Increase
Ryan White Part B

A. Name of Agency (not provided to RWPC)							
B. Contract Number (not provided to RWPC)							
C. Service Category Title (per RFP)		ORAL HEALTH CARE / GENERAL & PROSTHODONTICS			Control No.	1-B	
D. Amount of additional funding Requested:							
E. Unit of Service: (list only those units and disbursements where an increase is requested)		a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
1. GENERAL DENTISTRY		8133	\$100.00	3000	\$300,000.00		
2. PROSTHODONTICS		1520	\$151.00	170	\$25,670.00		
3.					\$0.00		
4.					\$0.00		
5.					\$0.00		
6.					\$0.00		
7.					\$0.00		
8. Disbursements (list current amount in column a. and requested amount in column c.)					\$0.00		
9. Total additional funding (must match D. above):					\$325,670.00		
F. Number of new/additional clients to be served with requested increase.		250					
G. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.		a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
1. Number of clients that received this service under Part B in FY 2017.* (April 1, 2017 - March 31, 2018) *If agency was funded for service under Part B in FY 2017 - if not, mark these cells as "NA"		1313	60% raw# 788	10% raw# 133	28% raw# 370	71% raw# 934	29% raw# 379

Request for Service Category Increase
Ryan White Part B

I.	Additional Information Provided by Requesting Agency. Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	3 weeks	1 week	We would like to be able to provide new patients services within 1 week of scheduling an appointment. With the steady increase in new patient appointments the appointment times could easily end up greater than 4 weeks to appt.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	2 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase.	
	3. Number of clients on a "waiting list" for services:	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment):	0	0		

H.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				

J.	Submit the following documentation at the same time as the request (line item and budget justification narrative budgets):				
	Revised Budget Narrative corresponding to the revised contract total (amount in Item E.9.d. plus current contract amount).				
	This form must be submitted electronically via email by deadline of 08/10/18 to Yvette Garvin at: ygarvin@hivtrg.org				

Request for Service Category Increase
Ryan White Part B

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)				Control No.	2-B	
D.	Amount of additional funding Requested:		\$325,800.00				
E.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. Health Insurance Premium and Cost Sharing Assistance	4696	\$30.00	2350	\$70,500.00		
	Unit Cost plus at cost		\$0.00		\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$586,000.00		\$255,300.00	\$255,300.00		
	9. Total additional funding (must match D. above):				\$325,800.00		
F.	Number of new/additional clients to be served with requested increase.		215				
G.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part B in FY 2017.* (April 1, 2017 - March 31, 2018) *If agency was funded for service under Part B in FY 2017 - If not, mark these cells as "NA"	1339	41	29	27	81	19

Request for Service Category Increase
Ryan White Part B

I.	Additional Information Provided by Requesting Agency. Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	2	2		
	2. Length of waiting time (in weeks) for an appointment for a current client:	1	1		
	3. Number of clients on a "waiting list" for services:	0	0		
	3. Number of clients unable to access services monthly (number unable to make an appointment):	0	0		
H.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Health Insurance Premium and Cost Sharing Assistance	Part A	3.31.19	\$1,744,551	
	2. Health Insurance Premium and Cost Sharing Assistance	State Services	8.31.18	\$979,694	Disbursements have been fully expended.
	4.				
J.	Submit the following documentation at the same time as the request (line item and budget justification narrative budgets):				
	Revised Budget Narrative corresponding to the revised contract total (amount in Item E.9.d. plus current contract amount).				
	This form must be submitted electronically via email by deadline of 08/10/18 to Yvette Garvin at: ygarvin@hivtrg.org				

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