

HRSA Ryan White HIV/AIDS Program (RWHAP) Part A Estimated Unobligated Balance (UOB) and Estimated Carryover Request

Jurisdiction: ORANGE COUNTY BOARD OF COMMISSIONERS EMA: TGA:

Grant number: H89HA00030

Fiscal Year (current budget period): 2024 - 2025

Estimated Unobligated Balance	Are you projecting UOB at the end of the budget period? YES <input checked="" type="checkbox"/> OR NO <input type="checkbox"/>	If yes, what subprogram(s) is projected to have UOB at the end of the budget period (select all that apply)? Formula Part A <input checked="" type="checkbox"/> Supplemental <input type="checkbox"/> MAI <input checked="" type="checkbox"/>
Unobligated Balance Penalty	Is your projected Part A formula UOB amount greater than 5 percent of your current year Part A formula award (do not include approved carryover funds)? YES <input type="checkbox"/> OR NO <input checked="" type="checkbox"/>	
Intended Use of Carryover Funds	Please indicate how you intend to expend any projected or unanticipated Part A formula UOB to be reported in the Federal Financial Report (FFR), if approved for carryover (check all that apply)? <input checked="" type="checkbox"/> The formula carryover funds will be expended on service categories prioritized by the Planning Council/Planning Body. <input type="checkbox"/> The formula carryover funds will be utilized for new, expanded, or continuing core medical or support services.	

SIGNATURE OF AUTHORIZING OFFICIAL: _____

PRINT NAME: _____ TITLE: _____ DATE: _____