

**SAMPLE**

# Ryan White CARE Act Data Report (CARE Act Data Report) (Cross-Title Data Report)

## COVER PAGE

All Ryan White CARE Act grantees should complete this cover page and submit one copy together with all your providers' completed reports. For definition of grantee of record, please refer to the instructions for completing this form.

Name of grantee of record: Sarah Doe

Grantee of record taxpayer ID #: 

9	9	-	9	9	9	9	9	9	9
---	---	---	---	---	---	---	---	---	---

Under which CARE Act Titles does your agency contract for or provide services? (Check all that apply.)

Title I     Title II     Title III     Title IV     Title IV Adolescent Initiative

Please identify your CARE Act grant(s) by supplying your grantee identification and/or grant numbers below. Also, enter the number of agencies that received direct funding from you under each title, and the number of CARE Act Data Reports (CADRs) included in your submission containing data from these agencies. Count your own agency in both the # Providers and # CADRs columns if you completed a CADR. Note that the number of CADRs may or may not match the number of providers.

Grant	Grantee ID or Grant Number	# Providers	# CADRs					
Title I	<table border="1"><tr><td>9</td><td>9</td><td></td><td></td></tr></table>	9	9			_____	_____	
9	9							
Title II	<table border="1"><tr><td></td><td></td><td>0</td><td>0</td></tr></table>			0	0	_____	_____	
		0	0					
Title III	H76HA - <table border="1"><tr><td>5</td><td>6</td><td>7</td><td>8</td><td></td></tr></table>	5	6	7	8		_____ 5 _____	_____ 6 _____
5	6	7	8					
Title IV	H12HA - <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						_____ 5 _____	_____ 6 _____
Title IV Adolescent Initiative	H12HA - <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						_____	_____

What is the total unduplicated number of agencies that received CARE Act funding from you? 5  
(This number should match the total number of agencies reported on your Provider Verification Form.)

What is the total number of CADRs (Web and paper) included in your submission package? 6

Name of grantee representative responsible for quality assurance: Sarah Doe

Signature: \_\_\_\_\_

Grantee contact email address: sdoe @ anywherechc.com

**PUBLIC BURDEN STATEMENT:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number. The OMB control number for this project is 0915-0253. Public reporting burden for this collection of information is estimated as follows: 65 hours per response for Title I programs; 80 hours per response for Title II programs; 48 hours for Title III programs; 56 hours for Title IV programs; and, 48 hours for programs funded under multiple titles. These estimates include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.