**ATTACHMENT 8**

**Funding History for Hepatitis C-Related Services**

**(Past 3 Years)**

***Directions: Please respond to the questions below within the body of this document and include as Attachment 8.*** *If the additional sheets are needed, please include.* List any sources of grant funding received by your organization for the provision of HCV-related services. Include the purpose of the funding received, term of the contract, award amount, final total expenditures and any program/fiscal deficiencies noted by the sponsor during the contract period (including any corrective action plans and their outcomes) All information is subject to confirmation and verification by the New York State Department of Health AIDS Institute (NYSDOH AI).

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| --- | --- | --- | --- | --- | --- |
| **Name of Sponsor/Funder** | **Purpose of Funding** | **Type(s) of HCV-related services funded** | **Contract Period** | **Final Total Expenditures\*** | **Program or Fiscal Deficiencies noted by the Sponsor (Including Corrective Action plans/outcomes) Please describe, attaching additional pages as necessary.\*\*** |
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\* If grant has not ended, project final expenditures for the full contract period.

\*\*Please indicate whether the program was placed on corrective action and describe the circumstances surrounding the corrective action plan. This should include any programmatic or fiscal findings noted during monitoring site visits. This information is subject to confirmation by NYSDOH AI staff during the solicitation review process.