



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
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via electronic submission: paperwork@hrsa.gov

**Re: Information Collection Request Title: Ryan White HIV/AIDS Program:
Expenditures Reports Forms, OMB No. 0915-0390—Revision**

To Whom It May Concern:

The New York City Department of Health and Mental Hygiene (NYC Health Department), in its capacity as recipient of the Ryan White HIV/AIDS Program (RWHAP) Part A grant for the New York Eligible Metropolitan Area (EMA), respectfully submits these comments in response to the U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA)'s request for public input on the burden estimate associated with preparing and submitting RWHAP Expenditures Reports. Our comments focus on burden estimates specific to RWHAP Part A Expenditures Reports.

The New York EMA is the largest RWHAP Part A jurisdiction in the United States. As recipient, the NYC Health Department manages a complex, high-volume portfolio of over 150 RWHAP Part A-funded contracts with hospitals, clinics, and community-based organizations (hereafter, subrecipients) to provide critical medical and supportive services across 13 service categories to people with HIV in New York City and Putnam, Rockland, and Westchester Counties.

I. Concern Regarding Underestimated Burden Hours Per Response

HRSA's current burden estimate for preparing and submitting annual RWHAP Part A Expenditures Reports understates the actual time required to complete these activities. HRSA estimates an average burden per reporting cycle of two hours, while the NYC Health Department's experience indicates that these activities require approximately 20 to 25 hours per reporting cycle, encompassing fiscal, administrative, and program staff time.

The scale and structure of the New York EMA's RWHAP Part A program directly contribute to this increased burden. Below is a summary of the NYC Health Department's multi-step, iterative, and highly resource-intensive process for preparing and submitting RWHAP Part A Expenditures Reports.

1. Public Health Solutions (PHS)¹ staff initiate work on the RWHAP Part A Expenditures Report, compiling and inputting contract data and categorizing contracts by HRSA-defined service category for RWHAP Part A-funded contracts administered by PHS. NYC Health Department program staff do the same for the RWHAP Part A-funded contracts administered by the NYC Health Department.
2. NYC Health Department fiscal staff initiate work on the Federal Financial Report, compiling and inputting expenditure data for all RWHAP Part A-funded contracts.
3. NYC Health Department program staff closely review all data inputted for the purpose of the RWHAP Part A Expenditures Report to ensure expenditures align with allocations and modifications set forth in the current RWHAP Part A spending plan approved by the HIV Health and Human Services Planning Council of New York; Federal Financial Report expenditures; and the NYC Health Department's jurisdictional planning and programmatic priorities.
4. Upon confirming accuracy of inputted data and producing the RWHAP Part A Expenditures Report, NYC Health Department staff manually enter the report's data into HRSA's Electronic Handbooks to produce the Consolidated List of Contractors report. This manual entry process alone requires approximately five or more hours per reporting cycle, depending on the number of new or modified contracts and extent of contract modifications. Any update to one of the reports must be manually input into the other, resulting in iterative workflow that increases the risk of transcription or other data entry errors.
5. Expenditure data in the RWHAP Part A Expenditures Report and Federal Financial Report must align precisely, to the cent. After NYC Health Department program staff submit the final RWHAP Part A Expenditures Report and Federal Financial Report, if HRSA determines that the reports' expenditure data differ, HRSA returns both for correction. In that event, NYC Health Department program and fiscal staff and PHS staff must review each contract entry and associated totals in each report, reconcile discrepancies, and resubmit both reports. This process can add several additional hours of staff time and delay HRSA's acceptance of the reports.

II. Recommendations to Reduce RWHAP Part A Reporting Burden and Improve Administrative Efficiency

The NYC Health Department urges HRSA to implement the below recommendations to modernize reporting systems and ease burden associated with preparing and submitting RWHAP Part A Expenditures Reports, while maintaining robust fiscal oversight and accountability.

1. Implement bulk upload functionality to facilitate contract entry into the Consolidated List of Contracts.

HRSA's requirement that recipients manually enter data on each RWHAP Part A-funded contract into the Electronic Handbooks to produce Consolidated List of Contracts imposes a substantial and avoidable burden, particularly for recipients that manage large numbers of contracts. The NYC Health Department recommends that HRSA develop and implement bulk upload functionality that allows recipients to upload standardized spreadsheets containing all contract-level data in a single transaction.

¹ Public Health Solutions is a private nonprofit organization in New York City that administers nearly all RWHAP Part A contracts on behalf of the NYC Health Department, with the NYC Health Department administering the remaining few.

The feasibility and value of bulk upload functionality for federal financial reporting has already been demonstrated within HHS's Payment Management System. Other federal agencies, including NASA, utilize Payment Management System bulk upload functionality that allows grant recipients to download Federal Financial Report data as CSV files, edit multiple reports in a spreadsheet, and upload them for processing.² This proven capability enables recipients to certify, download, or print multiple Federal Financial Reports simultaneously, significantly reducing manual data entry. Implementing similar bulk upload capability for the Consolidated List of Contracts would apply this existing, proven approach within HHS's own systems to the RWHAP Expenditures Report process. This would significantly reduce the staff time and the likelihood of transcription and other data entry errors, particularly for recipients in large EMAs and Transitional Grant Areas that manage extensive subrecipient networks.

2. Automate synchronization between the Consolidated List of Contracts and RWHAP Part A Expenditures Report.

The NYC Health Department recommends that HRSA reconfigure its Electronic Handbooks so that data inputted to produce the Consolidated List of Contracts automatically populates the RWHAP Part A Expenditures Report, with real-time calculation of totals by service category and funding stream. This would reduce duplicative data entry, ensure data integrity, and facilitate more timely completion of reports, while preserving HRSA's ability to review both contract-level and aggregate expenditure data.

3. Adjust and sequence submission timelines to reduce concurrent reporting burden

HRSA's requirement to prepare and submit both the RWHAP Part A Expenditures Report and Federal Financial Report on concurrent or similar timelines contributes to administrative burden. The NYC Health Department recommends that HRSA adjust report timelines to allow recipients to complete and reconcile the RWHAP Part A Expenditures Report prior to submission of the Federal Financial Report, or otherwise provide a clearly defined, sequential process that reduces the need for repeated corrections and resubmissions. Such sequencing would better reflect the practical order in which recipients review, reconcile, and finalize expenditure data and reduce the administrative burden associated with repeated revisions while preserving HRSA's commitment to ensuring data alignment.

In addition to the above recommendations, the NYC Health Department notes two issues that merit HRSA's consideration. First, HRSA's requirement that expenditure data in the RWHAP Part A Expenditures Report and Federal Financial Report align precisely creates unnecessary administrative burden and frequently triggers resubmissions due to rounding differences or minor calculation variances that have no material impact on program accountability. The NYC Health Department recommends that HRSA allow a de minimis variance threshold of up to one dollar across the two reports. This change would significantly reduce the time spent reconciling minor differences while maintaining robust fiscal oversight for substantive discrepancies. Second, because HRSA must accept the RWHAP Part A Expenditures Report before approving recipients' unobligated balances, acceptance delays can delay carryover approvals and the planning and implementation of services supported with this carryover funding. The NYC Health Department recommends that HRSA allow certain

² National Aeronautics and Space Administration. Payment Management System: FFR Bulk File Upload Instructions. Available at: <https://www.nasa.gov/wp-content/uploads/2020/10/pms-ffr-bulk-file-upload-instructions.pdf?emrc=a73d4f>. Accessed February 26, 2026.

aspects of carryover review to occur in parallel with RWHAP Part A Expenditures Report review, or, at the very least, provide guidance on the timing and interdependence of report and carryover approvals.

The NYC Health Department appreciates the opportunity to provide these comments and stands ready to collaborate with HRSA on efforts to modernize RWHAP Part A reporting requirements and systems.

Sincerely,



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