

Recipient Report: Grant or Loan

Prime Recipient

Reporting Information		
Award Type*	Award Number*	Final Report*
Grant	GHARRA	No

Award Recipient Information		
Recipient DUNS Number*	Recipient Account Number	Recipient Congressional District*
		08

Award Information		
Funding Agency Code*	Awarding Agency Code*	Award Date*
7526	7526	
Amount of Award*	CFDA Number*	
\$32,406,616.00	93.778	
Program Source (TAS)*	Sub Account Number for Program Source (TAS)	
Total Number of Sub Awards to Individuals*	Total Amount of Sub Awards to individuals*	
0	0	
Total Number of Payments to Vendors less than	Total Amount of Payments to Vendors less than	
0	0	
Total Number of Sub Awards less than	Total Amount of Sub Awards less than	
0	0	
Award Description*		

Project Information		
Project Name or Project/Program Title*	Project Status*	Total Federal Amount ARRA Funds Received/Invoiced*
FMAP- San Francisco General	Completed 50% or more	\$22,077,830.00
Number of Jobs*	Description of Jobs Created*	
0.00		

Quarterly Activities/Project Description*		
FMAP increase for Health Care services provided		

Activity Code (NAICS or NTEE-NPC)*		
1	525120	2
3		4
5		6
7		8
9		10
Total Federal Amount of ARRA Expenditure*	Total Federal ARRA Infrastructure Expenditure	Infrastructure Contact Name
\$22,077,830.00		
Infrastructure Contact Email	Infrastructure Contact Phone	Infrastructure Contact Phone Ext
Infrastructure Contact Street Address 1	Infrastructure Contact Street Address 2	Infrastructure Contact Street Address 3
Infrastructure City	Infrastructure State	Infrastructure Zip Code+4
Infrastructure Purpose and Rationale		

Primary Place of Performance		
Street Address 1	Street Address 2	City*
1001 Potrero Ave		San Francisco
State*	Zip Code+4*	Congressional District*
California	94110	08
Country*		
UNITED STATES		

Recipient Highly Compensated Officers		
Primary Recipient Indication of Reporting	#	Officer Name
No	1	
	2	
	3	
	4	
	5	
		Officer Compensation

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Vendors

Reporting Information

Award Type*	Award Number*	Recipient DUNS Number*
Grant	GHARRA	

Subaward Number(*)	Vendor DUNS Number(*)	Vendor Name*	Vendor HQ ZIP Code+4(*)	Product and Service Description	Payment Amount
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