

COP22 PEPFAR Budget and Projected Expenditure Template

DATIM Submission Instructions for Implementing Partners June 21, 2022

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PEPFAR Budget and Projected Expenditure Template Overview



PEPFAR Budget and Projected Expenditure Template Overview

- The template should be used by Implementing Partners to report COP22/FY23 PEPFAR budget and projected expenditures.
- For those familiar with expenditure reporting (ER), the PEPFAR Budget and Projected Expenditure template mirrors the template used for ER data collection.
 - Implementing Partners (IPs) will upload and submit templates in DATIM.
 - A separate template should be completed for each separate implementing mechanism.
 - IPs are not required to submit budget and projected expenditures for subrecipients by cost category.
- USG Staff will be involved in the review and approval of data submitted by IPs
- IPs have an extended window to submit their templates (July 18th through August 12th, 2022)



DATIM Account Administration

- User Administrators (UAs) will continue to administer accounts using the established ER/PBPET process to grant users access to both ER and PBPET.
 <u>ER/PBPET accounts will be one and the same.</u>
- User Administrator accounts will all be contacted directly by SGAC to remind them
 of the upcoming PBPET collection and to ensure they are all prepared to support
 account activation
- Users with existing inactive accounts can reach out their organizations DATIM User Administrators or fill out a request on <u>register.datim.org</u>
- Users who have not had an account and need to request one, please visit register.datim.org



Guidance and Instructions

All guidance and instructions related to submitting PEPFAR Budget and Projected Expenditure templates in DATIM can be found at https://datim.zendesk.com

COMPATIBILITY NOTE: Microsoft Internet Ex		
COMPATIBILITY NOTE: Microsoft Internet Ex		
ommends using the Google Chrome, Mozilla	plorer (IE) 10 and earlier versions are not su Firefox, or Microsoft IE 11 browsers while us	ipported by DATIM. The DATIM Support sing DATIM.
serve our users, we are continuously striving mit a helpdesk ticket here.	g to make improvements to the DATIM Supp	ort Site. To submit feedback about the
		Guidance Highlights
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ATIM Training What's New in & Tutorials DATIM	PEPFAR Guidance DATI	IM Data Import & Exchange Resources
		Technical Support
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equently Asked Data Import and Data Import and Systems	PEPFAR/MoH Data Alignment	et Status
Administration	Activity	Tech
	r serve our users, we are continuously striving mit a helpdesk ticket here.	r serve our users, we are continuously striving to make improvements to the DATIM Supp mit a helpdesk ticket here.



What Guidance and Instructions are Available?



PEPFAR Guidance

- Overview of COP22 PEPFAR Budget and Projected Expenditure Template Collection
- COP22 PEPFAR Budget and Projected Expenditure Template
- PEPFAR Financial Classifications Reference Guide



DATIM Training & Tutorials

- FY23 Instructions for IP Users Filling out the Template, DATIM Submission, and Error Resolution
- DATIM Error Messages and Resolutions
- Instructions for User Administrators: Creating new PEPFAR Budget and Project Expenditure User Accounts
- How to Confirm Account Status in DATIM



First Look at the Template



The PEPFAR Budget and Projected Expenditure template contains two (2) tabs:

- 1. Metadata and Error Checks
 - This tab contains two separate components:
 - The Metadata is where Implementing Mechanisms provide identifying information about themselves
 - The Error Checks section is where the template will identify certain errors that partners should correct prior to submission
- 2. Budget Template
 - This is where all interventions will be categorized and all budget and projected expenditures will be reported



Process for Filling Out the Template



- On Metadata and Error Checks tab, identify information about the Implementing Partner and the contracted project
- Enter FY23 PEPFAR Budget and Projected Expenditures
 - On Budget Template tab, categorize interventions and enter budget and projected expenditure data
- Review errors on the bottom of the Metadata and Error Checks tab and also ensure no red or yellow color appears on the Budget Template tab.
- Revise Data as Necessary
- Upload to DATIM and Submit
 - Upload the template to DATIM via the ERB Processor App, and submit the mechanism for approval via the Data Approval App



2

Enter Metadata

Using the 'Metadata and Error Checks' Tai



Metadata and Error Checks Tab

A	В	C D		E	F	G	Н	I	J	K	L	М	N	0	Р	Q	R	S	T	U	V	W	Х	Y	
1											META	DATA													
3 .		Federal Agency										R	eporting Peri	od					FY23 (COP22)					
4		Mechanism ID								Recipient Organization															
5		Mechanism Name									Award Number														
6	Pr	rime or Subrecipient					Prime					ou													
7	Prime Unique Entity Identifier												Data Set						Budget						
8																									
9											ERROR	CHECKS													
10																									
11	Does th	e Prime Unique Entity ID fail to m	eet data e	entry cri	teria? (Exac	tly twelve d	ligits and car	not be 000	000000000)		Yes, the pr	ime UEI nun	nber fails to	satisfy the d	lata entry cr	iteria. Use l	eading zero	es if necess	ary.						
12																									
13	Does th	e program management budget s	ill need t	to be en	tered?						Yes, the pr	ogram mana	agement bu	dget still nee	ed to be ent	ered in Inte	rvention 1.								
14																									
15	Have in	terventions been defined with in	omplete	e progran	n area and b	eneficiary i	information	?			No, all inte	rventions h	ave been fu	lly defined.											
16											-														
17	If yes, v	which intervention(s) have not been blined?	en	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	+
18	Tuny de	inneu:																							
19							-																		
20	20 Have very unlikely combinations of program area and beneficiaries been selected?									No, there a	ire not any v	ery unlikely	/ combinatio	ons that have	e been seler	ted.									
21					-	_																			
22 23	unlikel	n which intervention(s) do very y combinations exist ?		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	+
4	•	Metadata and Error	Check	s B	udget T	emplate	+)	1	1	1	1	1	1	1			•	1	1	1		1	L	

On the Metadata and Error Checks tab, the box at the top of the sheet is where metadata will be entered. A description of each of the metadata fields can be found in the following slides.



Unique Entity Identifier Number

- On April 4, 2022, SAM.gov announced they will be retiring the Data Universal Numbering System (DUNS) and using a new identification number, the Unique Entity Identifier (UEI) number.
- Therefore, in COP22, the "Metadata and Error Checks" tab of the Work Plan Budget template will require you to input your newly assigned UEI number, rather than your DUNS.
- The template and DATIM system have new validations that will confirm that will replace existing validations for the DUNS number.
- If you have not received your UEI number yet, please enter the SAM.gov website and retrieve it.
- To learn more about why UEI numbers are required: <u>www.grants.gov</u>
- To search for your UEI number by organization name: https://www.gsa.gov/
- To search for your UEI number by Aware Number: https://www.usaspending.gov



Fields on Metadata and Error Checks Tab

Cell Name	Cell Reference	Description
Federal Agency	D3	Definition: The federal agency that issued the award for the implementing mechanism. Instructions: Please select the appropriate agency from the drop-down list.
Mechanism ID	D4	 Definition: The PEPFAR mechanism ID associated with this Award and OU. The Mechanism ID in the template must match the Mechanism ID in DATIM for which the template is being uploaded. Instructions: Please enter a 4–6-digit numeric value here.
Mechanism Name	D5	Definition: The mechanism name for this Award and OU. Instructions: Please enter the name of the mechanism here.
Prime Unique Entity Identifier	D7	 Definition: The Unique Entity Identifier (UEI) number is a unique twelve- digit identification number. A UEI number is required for all entities bidding on and receiving federal government contracts. The UEI number in the template also must match the valid UEI number in Facts Info for the template's mechanism. Instructions: Please enter the twelve-digit numeric UEI number that corresponds to the prime partner's organization.



Fields on Metadata and Error Checks Tab

Cell Name	Cell Reference	Description
Recipient Organization (Prime Partner Name)	P4	Definition: The name of the partner's organization. Instructions: Please enter the name of the partner's organization here.
Award Number	P5	 Definition: The agency-issued identifying number for this particular award. The Award number in the template also has to match the valid Award number in Facts Info for the template's mechanism. Instructions: Please enter the award number here.
OU	P6	Definition: The PEPFAR Operating Unit (OU) in which this mechanism works. Instructions: Please select the appropriate OU from the dropdown list.



Enter Budget and Projected Expenditures

Using the 'Budget Template' Tab



Budget Template Tab

	A B	С	D	E	F	G	Н
2			Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4	Categorization of Intervention 5
3	Notes		Program Management				
4	Program Area		PM: IM Program Management-NSD				
5	Beneficiary		Non-Targeted Pop: Not disaggregated				
6	Cost Category		Program management budget	Budget against Intervention 2	Budget against Intervention 3	Budget against Intervention 4	Budget against Intervention 5
7	Personnel: Salaries- Health Care Workers	- Clinical	NA				
8	Personnel: Salaries- Health Care Workers	- Ancillary	NA				
9	Personnel: Salaries- Other Staff						
10	Fringe Benefits						
11	Travel: International Travel						
12	Travel: Domestic Travel						
13	Equipment: Health Equipment						
14	Equipment: Non-Health Equipment						
15	Supplies: Pharmaceutical		NA				
16	Supplies: Health- Non Pharmaceutical		NA				
17	Supplies: Other Supplies						
18	Contractual: Contracted Health Care Wo	rkers- Clinical	NA				
19	Contractual: Contracted Health Care Wo	rkers- Ancillary	NA				
20	Contractual: Contracted Interventions		NA				
21	Contractual: Other Contracts						
22	Construction						
23	Training						
24	Other: Financial Support for Beneficiaries						
25	Other: Other						
26	Indirect Charges						
27							
28	Total Budget per Intervention (Sum of C	ost Categories)	\$0	\$0	\$0	\$0	\$0

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- □ Step 1: Select Program Area. Each program area option will include a major program, sub-program, and service delivery or non-service delivery
- □ Step 2: Select Beneficiary. Each beneficiary option will include a major beneficiary and sub beneficiary
- □ Step 3: Enter budget and projected expenditures by sub cost categories for each intervention

<u>Note</u>: Implementing partners should have received all of the information needed to do Steps 1 and 2 from their funding agency. The program area, beneficiary, and the budget total for each intervention, was determined for every mechanism during the COP20 planning cycle in the Funding Allocation to Strategy Tool (FAST). Implementing partners should contact their agency if they have not received this information.



Step 1: Select Program Area

	A B C	D	E	F	G	н				
1						_	-			
2		Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4	Categorization of Intervention 5				
3	Notes	Program Management				Soloct the	Project:			
4	Program Area	PM: IM Program Management-NSD				Subprogram-Service (or				
5	Beneficiary	Non-Targe C&T: HV (Not disagg C&T: HV (C&T: HV (C&T: HV (Clinical Services-SD Clinical Services-NSD aboratory Services-SD aboratory Services-NSD			delivery co the drop-d	ombination from own list.			
6	Cost Category	Program mai C&T: HIV budg C&T: HIV)rugs-SD)rugs-NSD)isaggregated-SD	Budget against Intervention 3	Budget a Interven					
7	Personnel: Salaries- Health Care Workers- Clinical	NA C&T: Not L	Jisaggregated-NSU	*		Do not no.	te veluee inte			
8	Personnel: Salaries- Health Care Workers- Ancillary	NA				Do not pas	sie values into			
9	Personnel: Salaries- Other Staff									
10	Fringe Benefits					inese cells	- use the program			
11	Travel: International Travel									
12	Travel: Domestic Travel					area drop-	down list. If the			
13	Equipment: Health Equipment									
14	Equipment: Non-Health Equipment				· · ·	value in th	is cell does not			
15	Supplies: Pharmaceutical	NA								
10	Supplies: Health- Non Pharmaceutical	NA				evactly ma	atch one of the			
17	Supplies: Other Supplies					chactry me				
18	Contractual: Contracted Health Care Workers- Clinical	NA				ontiona an	the drap down			
20	Contractual: Contracted Health Care Workers- Ancillary	NA				options on	the drop-down			
20	Contractual: Contracted Interventions	NA				lat Inc. ab	ملالم محليتها ممالك			
21	Construction					list, ips sn	ouid not upioad th			
22	Training									
24	Subrecipient Total	NA				template s	ince a template			
25	Other: Financial Support for Beneficiaries	104								
26	Other: Other					with this e	rror will not			
27	Indirect Charges									
28	Total Budget per Intervention (Sum of Cost Categories)	\$0	\$0	\$0	\$0	constitutio	n a valid unload in			

PEPFAR

fail

Step 1: Select Program Area

- The complete list of the unique combination options on the program dropdown list is shown here
- Please note the following abbreviations that are used on this list:
 - C&T= Care and Treatment
 - HTS= HIV Testing Services
 - PREV= Prevention
 - SE= Socioeconomic
 - ASP= Above Site Program
 - SD= Service Delivery
 - NSD= Non-Service Delivery

- C&T: HIV Clinical Services-SD
- C&T: HIV Clinical Services-NSD
- C&T: HIV Laboratory Services-SD
- C&T: HIV Laboratory Services-NSD
- C&T: HIV Drugs-SD
- C&T: HIV Drugs-NSD
- C&T: Not Disaggregated-SD
- C&T: Not Disaggregated-NSD
- HTS: Facility-based testing-SD
- HTS: Facility-based testing-NSD
- HTS: Community-based testing-SD
- HTS: Community-based testing-NSD
- HTS: Not Disaggregated-SD
- HTS: Not Disaggregated-NSD
- PREV: Comm. mobilization, behavior & norms change-SD
- PREV: Comm. mobilization, behavior & norms change-NSD
- PREV: VMMC-SD
- PREV: VMMC-NSD
- PREV: PrEP-SD
- PREV: PrEP-NSD
- PREV: Medication assisted treatment-SD
- PREV: Medication assisted treatment-NSD
- PREV: Condom & Lubricant Programming-SD
- PREV: Condom & Lubricant Programming-NSD
- PREV: Not Disaggregated-SD
- PREV: Not Disaggregated-NSD
- PREV: Primary prevention of HIV and sexual violence-SD
- PREV: Primary prevention of HIV and sexual violence-NSD

- SE: Case Management-SD
- o SE: Case Management-NSD
- SE: Economic strengthening-SD
- SE: Economic strengthening-NSD
- SE: Education assistance-SD
- SE: Education assistance-NSD
- SE: Psychosocial support-SD
- SE: Psychosocial support-NSD
- SE: Legal, human rights & protection- SD
- SE: Legal, human rights & protection-NSD
- SE: Not Disaggregated-SD
- SE: Not Disaggregated-NSD
- o SE: Food and nutrition-SD
- SE: Food and nutrition-NSD
- o ASP: Procurement & supply chain management-NSD
- ASP: HMIS, surveillance, & research-NSD
- ASP: Human resources for health-NSD
- ASP: Laboratory systems strengthening-NSD
- o ASP: Public financial management strengthening-NSD
- ASP: Policy, planning, coordination & management of disease control programs-NSD
- ASP: Laws, regulations & policy environment-NSD
- ASP: Not Disaggregated-NSD
- ASP: Injection Safety-NSD
- ASP: Blood supply safety-NSD
- PM: IM Program Management-NSD
- PM: IM Closeout costs-NSD



Step 1: Select Program Area

	A B C	D	E	F	G	н	
1							
2		Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization o Intervention 4	f Categorization of Intervention 5	
3	Notes	Program Management					
4	Program Area	PM: IM Program Management-NSD				After select Area from	ting the Program the drop-down list.
5	Beneficiary	Non-Targe C&T: HVC Not disage C&T: HVL C&T: HVL	Inical Services-SD Inical Services-NSD aboratory Services-SD aboratory Services-NSD			the Benefic	ciary cell below it
6	Cost Category	Program mar C&T: HIV E budg C&T: Not E)rugs-SD)rugs-NSD)isaggregated-SD	Budget against Intervention 3	Budget a Interven	will turn re	0.
7	Personnel: Salaries- Health Care Workers- Clinical	NA C&I: Not L	lisaggregated-NSU	*			
8	Personnel: Salaries- Health Care Workers- Ancillary	NA				This is has	auga agab
9	Personnel: Salaries- Other Staff						ause each
10	Fringe Benefits					inton contin	n much ha dafinad
11	Travel: International Travel					interventio	n must be defined
12	Travel: Domestic Travel					I	
13	Equipment: Health Equipment					by a progra	am area and a
14	Equipment: Non-Health Equipment						
15	Supplies: Pharmaceutical	NA				beneficiar	/. Once the
17	Supplies: Health- Non Pharmaceutical	NA				,	
10	Supplies: Other Supplies	NA				beneficiar	is selected the
10	Contractual: Contracted Health Care Workers- Crinical	NA				Somonional y	
20	Contractual: Contracted Interventions	NA				hoy will ho	come white again
20	Contractual: Other Contracts	N/A					come white again.
22	Construction						
23	Training						
24	Subrecipient Total	NA					
25	Other: Einancial Support for Beneficiaries	100					-
26	Other: Other						
27	Indirect Charges						-
28	Total Budget per Intervention (Sum of Cost Categories)	\$0	\$0	\$0	\$0	\$0	



Step 2: Select Beneficiary

1	AB		С	D	E	F	G	н	
1									
2				Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4	Categorization of Intervention 5	
3	Notes			Program Management			Select th	o Bonoficir	any: Sub
4	Program Area			PM: IM Program Management-NSD	C&T: HIV Clinical Services-SD		Benefici	ary combination	ation from
5	Beneficiary			Non-Targeted Pop: Not disaggregated			the drop	-down list.	
6	Cost Category			Program management budget	Non-Targeted Pop: Adu Non-Targeted Pop: You Non-Targeted Pop: Chik	dr ervention 3	<u>Do not p</u> these ce	<u>aste values</u> Ils. Use the	<u>s into</u> e
7	Personnel: Salaries- He	aith Care Wo	rkers- Clinical	NA	Non-Targeted Pop: Not o	di		<u></u>	
8	Personnel: Salaries- He	alth Care Wo	rkers- Ancillary	NA	Females: Young women	8	Benefici	ary drop do	wn list. If
9	Personnel: Salaries- Oth	her Staff			Females: Girls	ĭ	بالمريد مطل		
10	Fringe Benefits				Females: Not disaggrega	at 🗡	the value	e in this cei	i does not
12	Travel: International Travel	avel					ovactly	match and	of tho
12	Equipment: Health Equi	oment					Exactly I		
14	Equipment: Non-Health	Fauinment					ontions	on the drop	-down
15	Supplies: Pharmaceutic	al		NA			optionio		
16	Supplies: Health- Non P	harmaceutic	al	NA			list. Ips s	should not i	upload the
17	Supplies: Other Supplie	5							
18	Contractual: Contracted	Health Care	Workers- Clinical	NA			template	e since a tei	mplate
19	Contractual: Contracted	Health Care	Workers- Ancillary	NA					
20	Contractual: Contracted	Interventions	s	NA			with this	error will n	ot
21	Contractual: Other Contr	acts					constitut	o a valid ur	load in
22	Construction						COnstitu	e a valiu up	Juau III
23	Training						ΠΔΤΙΜ	i e validat	tion will
24	Subrecipient Total			NA					
25	Other: Financial Suppor	t for Benefici	aries				fail		
26	Other: Other								
27	Indirect Charges				47	47			
- 28	Total Budget per Interventi	on (Sum of Co	st Categories)	\$0	\$0	\$0	\$0	\$0	



Step 2: Select Beneficiary

- The complete list of the unique combination options on the beneficiary drop-down list is shown here
- Please note the following abbreviations that are used on this list:
 - Pop(s)= Population(s)
 - OVC= Orphans and Vulnerable Children

- Non-Targeted Pop: Adults
- Non-Targeted Pop: Young people & adolescents
- Non-Targeted Pop: Children
- Non-Targeted Pop: Not disaggregated
- o Females: Adult women
- o Females: Young women & adolescent females
- Females: Girls
- o Females: Not disaggregated
- Males: Adult men
- o Males: Young men & adolescent males
- Males: Boys
- Males: Not disaggregated
- Key Pops: Men having sex with men
- Key Pops: Transgender
- Key Pops: Sex workers
- Key Pops: People who inject drugs
- Key Pops: Not disaggregated
- Key Pops: People in prisons
- o Pregnant & Breastfeeding Women: Not disaggregated
- Priority Pops: Military & other uniformed services
- Priority Pops: Mobile Pops
- Priority Pops: Displaced persons
- Priority Pops: Clients of sex workers
- Priority Pops: Not disaggregated
- OVC: Orphans & vulnerable children
- OVC: Care givers
- OVC: Not disaggregated



Step 2: Select Beneficiary

	A B C	D	E	F	G	н				
1										
2		Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4	Categorization of Intervention 5				
3	Notes	Program Management								
4	Program Area	PM: IM Program Management-NSD	C&T: HIV Clinical Services-SD		Once the Be	eneficiary is				
5	Beneficiary	Non-Targeted Pop: Not disaggregated	Non-Targeted Pop: Adults		selected fro down list, th	m the drop- e Beneficia	ry			
6	Cost Category	Program management budget	Budget against Intervention 2	Budget agains Intervention 3	cell will turn white aga					
7	Personnel: Salaries- Health Care Workers- Clinical	NA								
8	Personnel: Salaries- Health Care Workers- Ancillary	NA								
9	Personnel: Salaries- Other Staff									
10	Fringe Benefits									
11	Travel: International Travel									
12	Travel: Domestic Travel									
13	Equipment: Health Equipment									
14	Equipment: Non-Health Equipment									
15	Supplies: Pharmaceutical	NA								
16	Supplies: Health- Non Pharmaceutical	NA								
17	Supplies: Other Supplies									
18	Contractual: Contracted Health Care Workers- Clinical	NA								
19	Contractual: Contracted Health Care Workers- Ancillary	NA								
20	Contractual: Contracted Interventions	NA								
21	Contractual: Other Contracts									
22	Construction									
23	Training									
24	Subrecipient Total	NA								
25	Other: Financial Support for Beneficiaries									
26	Other: Other									
27	Indirect Charges									
28	Total Budget per Intervention (Sum of Cost Categories)	\$0	\$0	\$0	\$0	\$0				



Step 2: Select Beneficiary- Program Management

	Α	В		С	D	E	F	G	н				
1													
2					Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4	Categorization of Intervention 5				
3	Note	5			Program Management								
4	Progr	ram Area			PM: IM Program Management-NSD	C&T: HIV Clinical Services-SD	The first in						
5	Bene	ficiary			Non-Targeted Pop: Not disaggregated		populated	as program	nas been n manageme				
6	Cost	Category			Program management budget	Budget against Intervention 2	In the blar	ik template.					
7	Pers	sonnel: Salaries- He	alth Care Wo	rkers- Clinical	NA		Moot IMo	will have as	ma hudaat				
8	Pers	sonnel: Salaries- He	alth Care Wo	rkers- Ancillary	NA		wost into will have some budget						
9	Pers	sonnel: Salaries- Ot	her Staff				and projected expenditures for						
10	Frin	ige Benefits					and projected expenditures 101						
11	Trav	vel: International Tr	avel				program r	nanagemen	it and if so				
12	Trav	vel: Domestic Travel					program						
13	Equ	ipment: Health Equ	ipment				they would	d be entered	d in this				
14	Equ	ipment: Non-Health	Equipment				aalumn						
15	Sup	plies: Pharmaceutic	al	-1	NA		column.						
17	Sup	plies: Health- Non P	marmaceutic	81	NA								
12	Con	tractual: Contracted	Health Care I	Workers- Clinical	NA								
19	Con	tractual: Contracted	Health Care	Workers- Ancillary	NΔ		The defau	ılt beneficiaı	rv is Non-				
20	Con	tractual: Contracted	Intervention	s	NA		Tenneted		,				
21	Con	tractual: Other Cont	racts	-			largeted I	-op: Not als	saggregated.				
22	Con	struction					Howovor	usors con c	hango tho				
23	Trai	ining						users call c	nanye me				
24	Sub	recipient Total			NA		beneficiar	V.					
25	Oth	er: Financial Suppo	t for Benefici	aries			Sononolui	J.					
26	Oth	er: Other											
27	Indi	irect Charges											
28	Total	Budget per Intervent	ion (Sum of Co	st Categories)	\$0	\$0	\$0	\$0	\$0				



Step 2a (Optional): Notes

	A	A B	С	D	E		F	-			
2				Program Management	Categorization of Intervention 2	Catego Inter	r' Onti	anal frag tax	ut optinul fit io		
3	No	tes		Program Management			usef	ul. use this	row to		
4	Pro	ogram Area		PM: IM Program Management-NSD	C&T: HIV Clinical Services-SD	C&T: ⊦ Sei	prov	ride budget a enditure exp	and projected		
5	Ber	neficiary		Non-Targeted Pop: Not disaggregated	Females: Girls	Male	each	ch intervention.			
6	Cos	st Category		Program management budget	Budget against Intervention 2	Bud Int	This field is optional and w				
7	Pe	ersonnel: Salaries- Health Care Workers-	- Clinical	NA	\$14,230		not l	be imported	into DATIM		
8	Pe	ersonnel: Salaries- Health Care Workers	- Ancillary	NA	\$42,780						
9	Pe	ersonnel: Salaries- Other Staff					or in	cluded in a	ny analysis.		
10	Fr	ringe Benefits					It in	It is far reference and			
11	Tr	ravel: International Travel					IL IS	ior reference	e only and is		
12	Tr	ravel: Domestic Travel			\$186,020		moa	nt to seciet	the data		
13	EC	quipment: Health Equipment			\$209,980		mea	111 10 855151	ine uala		
14	EC	quipment: Non-Health Equipment					entr	v process			
15	SU	upplies: Pharmaceutical		NA	\$105,820			, process.			
16	SU	upplies: Health- Non Pharmaceutical		NA	\$83,740						
10	SU	upplies: Other Supplies	dears officiant		\$76,920						
10		ontractual: Contracted Health Care Wo	rkers- Clinical	NA							
20		ontractual: Contracted Health Care wo	rkers- Ancillary	NA		ćo	2 540				
20		ontractual: Other Contracts		INA			2,540				
22		ontractual. Other contracts					7 500				
23	T	raining				\$0 \$10	0.000				
24	0	other: Financial Support for Repeticiaries				10	00,000				
25	0	ther: Other									
26	In	ndirect Charges									
27											
28	То	tal Budget per Intervention (Sum of C	ost Categories)	\$0	\$719,490	\$4	02,560	\$0	\$0		
20			<u> </u>						•		



19 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

Steps 1 and 2 Review

- Up to this point in the data entry process, partners should have simply been entering the data they received from their implementing agency for program areas and beneficiaries.
- This information was determined for each mechanism during the COP22 planning cycle in the Funding Allocation to Strategy Tool (FAST) and was disseminated to partners
- If the partner has discussed it with their agency and has reason to enter a different set of interventions than what was determined during the COP22 planning cycle for that mechanism they may do so, but please note that the system will flag this discrepancy, and if the agency has not approved this change, the template may be rejected by the agency reviewer.



Step 3 is where the partner must provide data that was not determined by the implementing agency during the COP22 process. While the agency <u>did</u> determine the total budget per intervention during the COP planning cycle, they <u>did not</u> determine the cost category amounts for each intervention. The partner must provide this information here, such that the total of the cost categories equals the total budget per intervention during the COP planning cycle.

	Α	В	С	D	E	F	G	н	
2				Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4	Categorization of Intervention 5	
3	Notes	1		Program Management					
4	Progra	am Area		PM: IM Program Management-NSD	C&T: HIV Clinical Services-SD	C&T: HIV Laboratory Services-NSD			
5	Benef	ficiary		Non-Targeted Pop: Not disaggregated	Females: Girls	Males: Adult men			
6	Cost C	Category		Program management budget	Budget against Intervention 2	Budget against Intervention 3	For e	each inte	ervention, enter
7	Pers	onnel: Salaries- Health Care Worker	rs- Clinical	NA	\$14,230		bude	not and i	araiaatad
8	Pers	onnel: Salaries- Health Care Worker	rs- Ancillary	NA	\$42,780			jet anu j	
9	Pers	onnel: Salaries- Other Staff				\$52,850			
10	Fring	ge Benefits					evne	nditure	into the
11	Trav	el: International Travel					CAPC		
12	Trav	el: Domestic Travel			\$186,020				
13	Equi	pment: Health Equipment			\$209,980	<u> </u>	_ appr	obriate :	SUD COSI
14	Equi	pment: Non-Health Equipment				\$8,000			
15	Supp	lies: Pharmaceutical		NA	\$105,820		ooto	aorioo	
16	Supp	lies: Health- Non Pharmaceutical		NA	\$83,740			yones.	
17	Supp	lies: Other Supplies			\$76,920			0	
18	Cont	ractual: Contracted Health Care Wo	orkers- Clinical	NA					
19	Cont	ractual: Contracted Health Care Wo	orkers- Ancillary	NA					
20	Cont	ractual: Contracted Interventions		NA		\$82,540			
21	Cont	ractual: Other Contracts				\$82,540			
22	Cons	truction				\$67,500			
23	Trair	ning				\$100,000			
24	Othe	er: Financial Support for Beneficiarie	25						-
25	Othe	er: Other							
26	Indir	ect Charges							
27									
28	Total	Budget per Intervention (Sum of	Cost Categories)	\$0	\$719,490	\$402,560	\$0	\$0	
20									



	A B	С	D	E	F	G	Н			
2			Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4	Categorization of Intervention 5			
3	Notes	Program Management								
4	Program Area	PM: IM Program Management-NSD	C&T: HIV Clinical Services-SD	C&T: HIV Laborator Ser	&T: HIV Laboratory Ser					
5	Beneficiary		Non-Targeted Pop: Not disaggregated	Females: Girls	Budge exper	Budget and projected expenditures for Health Care				
6	Cost Category		Program management budget	Budget against Intervention 2	Worke Healt	Workers, Pharmaceuticals, an Health Supplies Non- Pharmaceutical, and				
7	Personnel: Salaries- Health Care Workers	- Clinical	NA	\$14,230						
8	Personnel: Salaries- Health Care Workers	- Ancillary	NA	\$42,780	Pharr					
9	Personnel: Salaries- Other Staff				Contr	ootod Intom (ntiona			
10	Fringe Benefits				Contr	acted interve	enuons			
12	Travel: International Travel			¢196.000	shoul	d ha incurra	l as nart of a			
12	Favinment: Health Favinment			\$180,020	Shour		as part of a			
1/	Equipment: Nen Health Equipment			5,500	techn	ical intervent	ion and not			
15	Sunnlies: Dharmaceutical		ΝΔ	\$2.15.820						
16	Supplies: Plainaceutical		NΔ	\$83,740	under	r program ma	anagement.			
17	Supplies: Other Supplies			\$76,920	Those	a colle are th	oroforo NIA			
18	Contractual: Contracted Health Care Wo	rkers- Clinical	NA	<i>ç, 0,220</i>	1110-50		eleiule INA			
19	Contractual: Contracted Health Care Wo	rkers- Ancillary	NA		(not a	innlicable) fo	r Program			
20	Contractual: Contracted Interventions		NA				rrogram			
21	Contractual: Other Contracts				Mana 🔁	gement.				
22	Construction					0				
23	Training				\$1.					
24	Other: Financial Support for Beneficiaries	5								
25	Other: Other									
26	Indirect Charges									
27										
28	Total Budget per Intervention (Sum of C	Cost Categories)	\$0	\$719,490	\$402,560	\$0	\$0			
20										



	A B	С	D	E	F	G	Н	
2			Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4	Categorization of Intervention 5	
3	Notes	Program Management						
4	Program Area	PM: IM Program Management-NSD	C&T: HIV Clinical Services-SD	C&T: HIV Laboratory Services-NSD				
5	Beneficiary		Non-Targeted Pop: Not disaggregated	Females: Girls	Males: Adult men			
	Cost Category		Program management	Budget against	Budget against	Budget against	Budget against	
6			budget				Intervention 5	
7	Personnel: Salaries- Health Care Workers	5- Clinical	NA	Indiract ch	araos can o	nly ho		
8	Personnel: Salaries- Health Care Workers	5- Ancillary	NA	multeor charges can only be				
9	Personnel: Salaries- Other Staff			reported a				
10	Fringe Benefits							
11	Travel: International Travel			Manageme				
12	Travel: Domestic Travel			(not applicable) for all other				
13	Equipment: Health Equipment			(not applicable) for all other				
14	Equipment: Non-Health Equipment			interventions				
15	Supplies: Pharmaceutical		NA					
16	Supplies: Health- Non Pharmaceutical		NA					
17	Supplies: Other Supplies			\$76,920				
18	Contractual: Contracted Health Care Wo	orkers- Clinical	NA					
19	Contractual: Contracted Health Care Wo	orkers- Ancillary	NA		400.010			
20	Contractual: Contracted Interventions		NA		\$82,:40			
21	Contractual: Other Contracts				\$82,: 40			
22	Construction				\$67,:00			
20	Others Einensiel Support for Depoficienties				\$100,000			
24	Other: Financial Support for Beneficiaries							
25	Unter: Other			¥				
20	indirect charges							
28	Total Budget per Intervention (Sum of C	Cost Categories)	\$0	\$710.400	\$402.560	ŚO	\$0	
20	Total budget per intervention (Sull of C	ost categories/	ŞU	9/19 <mark>/</mark> 450	9402 ₁ 500	γu	γu	



	A B	С	D	E	F	G	Н	
2		Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4	Categorization of Intervention 5		
3	Notes		Program Management					
4	Program Area	PM: IM Program Management-NSD	C&T: HIV Clinical Services-SD	C&T: HIV Laboratory Services-NSD				
5	Beneficiary		Non-Targeted Pop: Not disaggregated	Females: Girls	Males: Adult men			
6	Cost Category		Program management budget	Budget against Intervention 2	Budget against Intervention 3	Budget against Intervention 4	Budget against Intervention 5	
7	Personnel: Salaries- Health Care Workers-	- Clinical	NA	\$14,230				
8	Personnel: Salaries- Health Care Workers-	- Ancillary	NA	\$42,780				
9	Personnel: Salaries- Other Staff				\$52,850			_
10	Fringe Benefits							
11	Travel: International Travel				Doto on	try is not ro	autrad for a	<u></u>
12	Travel: Domestic Travel			\$186,020	Dala er	illy is not re	quired for al	ТУ
13	Equipment: Health Equipment			\$209,980	interver	ntion's sub c	nost category	
14	Equipment: Non-Health Equipment							¥
15	Supplies: Pharmaceutical		NA	\$105,820	where t	here is no F	Y23 budaet	
16	Supplies: Health- Non Pharmaceutical		NA	\$83,740			. <u></u>	
17	Supplies: Other Supplies			\$76,920	and pro	jected expe	enditure- the	se
18	Contractual: Contracted Health Care Workers- Clinical		NA		lines' as	, ha laft bla	ساد	
19	Contractual: Contracted Health Care Workers- Ancillary		NA		lines ca	n de ieit dia	INK.	
20	Contractual: Contracted Interventions		NA					
21	Contractual: Other Contracts				\$82,540			
22	Construction				\$67,500			
23	Training				\$100,000			
24	Other: Financial Support for Beneficiaries							
25	Other: Other							
26	Indirect Charges							
27								
28	Total Budget per Intervention (Sum of C	ost Categories)	\$ 0	\$719,490	\$402,560	\$0	\$0	
20								



Total Budget by Intervention

		A	В	С	D	E	F	
2					Program Management	Categorization of Intervention 2	Categorization of Intervention 3	
3	Notes			Program Management			-	
4	Pro	ogram Area			PM: IM Program Management-NSD	C&T: HIV Clinical Services-SD	C&T: HIV Laboratory Services-NSD	
5	Be	eneficiary			Non-Targeted Pop: Not disaggregated	Females: Girls	Males: Adult men	
6	Co	ost Category			Program management budget	Budget against Intervention 2	Budget against Intervention 3	
7	P	Personnel: Salar	ries- Health Care Workers	5- Clinical	NA	\$14,230		
8	Personnel: Salaries- Health Care Workers- Ancillary		NA	\$42,780				
9	P	Personnel: Salar	ries- Other Staff					
10	0 Fringe Benefits					Total budgat	for each intervention ic	
11	Travel: International Travel		\$130,000		iolai buuyel			
12	2 Travel: Domestic Travel		\$250,000	\$186,020	calculated h	ere as hudget and		
13	3 Equipment: Health Equipment			\$209,980		cie do budget alla		
14	4 Equipment: Non-Health Equipment				projected ex	penditures are entered.		
15	Supplies: Pharmaceutical		NA	\$105,820				
16	S	Supplies: Health	n- Non Pharmaceutical		NA	\$83,740	I his may as	sist in data entry.
17	S	Supplies: Other	Supplies			\$76,920		,
18	C	Contractual: Co	ntracted Health Care Wo	orkers- Clinical	NA			
19	C	Contractual: Co	ntracted Health Care Wo	orkers- Ancillary	NA			
20	C	Contractual: Co	ntracted Interventions		NA		\$82,540	
21	Contractual: Other Contracts				\$82,540			
22	Construction				\$67,300			
23	3 Training				\$100,J00			
24	Other: Financial Support for Beneficiaries					-		
25	Other: Other							
26	6 Indirect Charges		\$18,300					
27								
28	То	otal Budget pe	r Intervention (Sum of C	Cost Categories)	\$398,300	\$719,490	\$402,560	l



Total Budget by Sub Cost Category

А В С AM AN 2 Notes З Program Area 4 Beneficiary 5 Cost Category TOTAL % Total 6 7 Personnel: Salaries- Health Care Workers- Clinical \$14,230 1% 8 Personnel: Salaries- Health Care Workers- Ancillary \$42,780 3% 9 Personnel: Salaries- Other Staff \$52.850 3% 10 \$O 0% Fringe Benefits 11 Travel: International Travel \$130,000 9% 12 Travel: Domestic Travel \$437,550 29% 13 14% Equipment: Health Equipment \$217,580 14 Equipment: Non-Health Equipment \$8,000 1% 15 Supplies: Pharmaceutical \$105,820 7% 16 Supplies: Health- Non Pharmaceutical \$83,740 6% 17 Supplies: Other Supplies \$76,920 5% Contractual: Contracted Health Care Workers- Clinical 18 \$O 0% Ś0 19 Contractual: Contracted Health Care Workers- Ancillary 0% 20 Contractual: Contracted Interventions \$82,540 5% 21 Contractual: Other Contracts \$82,540 5% 22 Construction \$67,500 4% 23 7% \$100,000 Training 24 Other: Financial Support for Beneficiaries \$O 0% 25 Other: Other Ś0 0% 26 Indirect Charges \$18,300 1% 27 28 Total Budget per Intervention (Sum of Cost Categories) \$1,520,350 100%

Total amount for each sub cost category and its percent of total is calculated in column AM and AN of the Budget Template tab as the budget and projected expenditure is entered. This may assist in data entry

20



Cell Name	Cell Reference	Description
Notes	D3-AL3	Instructions : OPTIONAL free text entry. If it is useful, use this row to provide budget and projected expenditure explanations for each intervention, or to keep track of the intervention's total budget. This field is optional and will not be imported into DATIM or included in any analysis. It is for reference only and is meant to assist in the data entry Process .
Program Area	D4-AL4	A program is a distinct organization of resources directed toward a specific strategic objective, or a set of activities that achieve a common outcome. Each program is further disaggregated into subprograms and whether it is service delivery or non-service delivery. When the activities cannot be disaggregated, funds may be classified under the major program, not disaggregated. Instructions : Please select a Program Area from the drop-down menu. The value in this cell must be selected from the drop-down menu; do not paste any value into this cell. IPs should not upload the template if there is not an exact match, since a template with this error will not constitute a valid upload in DATIM, i.e., validation will fail .
Beneficiary	D5-AL5	Beneficiary is the targeted population that is intended to benefit from specific activities (e.g., the intended recipients of the PEPFAR programs). Individuals might belong to more than one category; however, what needs to be classified is the budget and projected expenditure according to the primary objective of the program. Instructions : Please select the Beneficiary from the drop-down menu. The value in this cell must be selected from the drop-down menu; do not paste any value into this cell. IPs should not upload the template if there is not an exact match, since a template with this error will not constitute a valid upload in DATIM, i.e., validation will fail .



Cell Name	Cell Reference	Details
Personnel Salaries Health Care Workers – Clinical	E7-AL7	 Definition: Direct costs of IP employee salaries and wages, excluding benefits, for clinical healthcare workers. Instructions: Please enter Personnel: Salaries-Health Care Workers Clinical budget and projected expenditures here. Please enter only non negative integers.
Personnel Salaries Health Care Workers – Ancillary	E8-AL8	 Definition: Direct costs of IP employee salaries and wages, excluding benefits, for ancillary healthcare workers. Instructions: Please enter Personnel: Salaries-Health Care Workers-Ancillary budget and projected expenditures here. Please enter only non-negative integers.
Personnel Salaries – Other Staff	D9-AL9	 Definition: Direct costs of staff salaries and wages, excluding fringe benefits, for IP employees who are not classified as healthcare workers. Instructions: Please enter Personnel: Salaries-Other Staff expenditures here. Please enter only non-negative integers.
Fringe Benefits	D10-AL10	 Definition: Direct costs of employee fringe benefits unless treated as part of an approved indirect cost rate. The cost of benefits paid to the IP's personnel on the Federal award, including the cost of employer's share. Instructions: Please enter your Fringe Benefits expenditures here. Please enter only non-negative integers.



Cell Name	Cell Reference	Details
Travel: International Travel	D11-AL11	Definition : Direct costs of travel, including lodging, meals, incidentals, and air and ground transport by IP personnel outside of or to/from the country of implementation Instructions : Please enter your Travel: International Travel budget and projected expenditures here. Please enter only non-negative integers.
Travel: Domestic Travel	D12-AL12	Definition: Direct costs of travel, including lodging, meals, incidentals, and air and ground transport by IP personnel within the benefitting country.Instructions: Please enter your Travel: Domestic Travel budget and projected expenditures here. Please enter only non-negative integers.
Equipment: Health Equipment	D13-AL13	 Definition: Direct costs (purchase or lease) of equipment, nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of the capitalization level established by the IP for financial statement purposes, or \$5,000, used for surgical procedures, or to diagnose, cure, treat, or prevent disease. Instructions: Please enter Equipment: Health Equipment budget and projected expenditures here. Please enter only non-negative integers.



Cell Name	Cell Reference	Details
Equipment: Non- Health Equipment	D14-AL14	Definition: Direct costs (purchase or lease) of equipment, nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of the capitalization level established by the IP for financial statement purposes, or \$5,000 which is not classified as health equipment. Instructions: Please enter Equipment: Non-Health Equipment budget and projected expenditures here. Please enter only non-negative integers.
Supplies: Pharmaceutical	E15-AL15	Definition: Direct costs of medications used cure, treat, or prevent disease Instructions: Please enter Supplies: Pharmaceutical budget and projected expenditures here. Please enter only non-negative integers
Supplies: Health- Non- Pharmaceutical	E16-AL16	Definition: Direct costs of supplies used for the health procedures and the prevention, diagnosis, treatment of disease.Instructions: Please enter Supplies: Health –Non-Pharmaceutical budget and projected expenditures here. Please enter only non-negative integers.
Supplies: Other Supplies	D17-AL17	 Definition: Direct costs of office and other consumable supplies with a per-unit cost of less than \$5,000. Instructions: Please enter Supplies :Other Supplies budget and projected expenditures here. Please enter only non-negative integers.


Fields on the Budget Template Tab

Please consult the PEPFAR Financial Classifications Reference Guide for detailed definitions of the categories below, which is available on https://datim.zendesk.com

Cell Name	Cell Reference	Details
Contractual: Contracted Health Care Workers- Clinical	E18-AL18	 Definition: Direct costs of (a) contract(s) for clinical healthcare workers, who are not employed by the IP, but contracted to perform clinical healthcare services. Instructions: Please enter Contractual: Contracted Health Care Workers-Clinical budget and projected expenditures here. Please enter only non-negative integers.
Contractual: Contracted Health Care Workers- Ancillary	E19-AL19	Definition: Direct costs of (a) contract(s) for ancillary healthcare workers, who are not employed by the IP, but contracted to perform clinical healthcare services.Instructions: Please enter Contractual: Contracted Health Care Workers-Ancillary budget and projected expenditures here. Please enter only non-negative integers.
Contractual: Contracted Interventions	E20-AL20	Definition: Direct cost of an award to provide a "package" of programmatic goods or services. Instructions: Please enter Contractual: Contracted Interventions budget and projected expenditures here. Please enter only non-negative integers
Contractual: Other Contracts	D21-AL21	 Definition: Direct costs of (a) contract(s) for individuals and entities for non-services delivery purposes, usually managerial, administrative, operational support, or technical. Instructions: Please enter Contractual: Other Contracts budget and projected expenditures here. Please enter only non-negative integers.



Please consult the PEPFAR Financial Classifications Reference Guide for detailed definitions of the categories below, which is available on https://datim.zendesk.com

Cell Name	Cell Reference	Details
Construction	D22-AL22	Definition: Direct costs for construction or renovation.
		Instructions : Please enter Construction budget and projected expenditures here. Please enter only non-negative integers.
Training	D23-AL23	Definition: Direct costs for trainings, meetings, and conferences.
		Instructions : Please enter Training budget and projected expenditures here. Please enter only non-negative integers.
Other: Financial Support for Beneficiaries	D24-AL24	 Definition: Direct costs of financial support for beneficiaries. Instructions: Please enter Other: Financial Support for Beneficiaries budget and projected expenditures here. Please enter only non-negative integers.
Other: Other	D25-AL25	Definition : Direct costs that do not fit any of the direct cost categories. Instructions : Please enter Other: Other budget and projected expenditures here. Please enter only non-negative integers.



Please consult the PEPFAR Financial Classifications Reference Guide for detailed definitions of the categories below, which is available on https://datim.zendesk.com

Cell Name	Cell Reference	Details
Indirect Charges	D27	 Definition: Indirect costs which were not budgeted as direct; costs not easily assignable to specific awards and activities because a direct relationship to cost objectives cannot be shown or would be arbitrary. Instructions: Please enter the value of Indirect Costs; do not enter a rate. Please enter only non-negative integers.
Total Budget per Intervention	D28-AL28	Definition: All PEPFAR funds budget and projected expenditure for the Implementing Partner for FY23.Instructions: Total budget for each intervention is calculated here as budget and projected expenditures are entered. No data entry is required



Review for Template Errors Using the 'Metadata and Error Checks' Tab



Error Checks in the Template: Overview

The template will check for certain errors. If it finds errors, they will be identified in the "Error Checks" section of the Metadata and Error Checks tab.

	А	В	С	D	E	F	G	н	1	J	К	L	М	Ν	0	Р	Q	R	S	Т	U
8																					
9												ERROR	CHECKS								
10																					
11		Does th	e Prime Unique Entity II	D fail to meet o	data entry ci	riteria? (Exa	ctly twelve	digits and c	annot be 00	0000000000)		Yes, the pri	ime UEI num	ber fails to	satisfy the	data entry c	riteria. Use	leading zer	pes if neces	sary.	
12																					
13		Does th	e program management	t budget still n	eed to be e	ntered?						Yes, the pro	ogram mana	gement bu	dget still ne	ed to be en	tered in Int	ervention 1			
14																					
15		Have in	terventions been define	ed with incom	plete progra	am area and	beneficiary	informatio	n?			Yes, there a	are interver	tion(s) that	have not b	een fully de	fined. This	will cause a	n error whe	n uploading	
16																					
17		If yes, w	vhich intervention(s) ha	ve not been	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
18		fully de	fined?			х															
19																					
20		Have ve	ery unlikely combination	ns of program a	area and ber	neficiaries b	een selecte	d?				Yes, very u	nlikely com	binations ha	ive been se	lected. This	will produc	e a warning	when uplo	ading.	
21																					
22		If yes, ir	n which intervention(s)	do very	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
23		unlikely	combinations exist?					x													
24																					
25		Have un	likely combinations of I	Program Area	and Cost Cat	tegory beer	selected?					Yes. verv u	nlikelv com	binations ha	ive been se	lected. This	will produc	e a warning	when uplo	ading.	
26			,	0																	
27		If yos in	n which intervention(s)		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
28		do unlik	kely combinations exist	Error																	
29			?	Warning			1														
30				0			-														
31																					
22																					
32																					



Error Checks in the Template: Prime UEI Number

	А	В	С	D	E	F	G	Н	I.	J	K	L	М	Ν	0	Р	Q	R	S	Т	U
8																					
9												ERROR	CHECKS								
0																					
1		Does th	ne Prime Unique Entity I	D fail to meet d	lata entry cr	iteria? (Exa	ctly twelve	digits and ca	annot be 00	0000000000)	Yes, the pri	me UEI num	ber fails to	satisfy the	data entry o	riteria. Use	leading zero	oes if neces	sary.	
2																					
3		Does th	ne program managemen	t budget still ne	eed to be er	ntered?				Т		Yes, the pro	ogram mana	gement bu	dget still ne	ed to be en	tered in Inte	ervention 1.			
4														0							
5		Have in	terventions been defin	ed with incomr	plete progra	m area and	beneficiary	informatio	n?			Yes, there a	are interven	tion(s) that	have not be	een fullv de	fined. This	will cause a	error whe	n uploading	
6							,					,								0	
7		If yes y	which intervention(s) ha	we not been	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
0		fully de	fined?	inc not been	-	v		-		Ť		-		10		**	10	14	10	10	
0						^															
9								-12				N	- 1:1 - 1 1			le et e d' Thite				dta a	
20		Have ve	ery unlikely combination	ns of program a	rea and ber	leficiaries b	een selecte	dr				Yes, very ur	nlikely com	oinations ha	ave been se	lected. This	will produc	e a warning	when uplo	adıng.	
21																					
22		If yes, i	n which intervention(s)	do very	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
23		unlikel	y combinations exist ?					х													
24																					
25		Have u	nlikely combinations of	Program Area a	and Cost Cat	egory been	selected?					Yes, very ur	nlikely com	binations ha	ave been se	lected. This	will produc	e a warning	when uplo	ading.	
26																					
27		·																			17

The template will check that the Prime UEI number entered in the "Metadata" section on the Metadata and Error Checks tab meets data entry criteria (exactly 12 digits, including leading zeros if necessary, but is not 000000000000).

Please note that this will turn red to indicate that there is an error. A template with this error will **not** constitute a valid upload in DATIM, i.e., **validation will fail**



28

Error Checks in the Template: Prime UEI Number

	A	В	B C D E F G H I J									L	М	N	0	Р	Q	R	S	Т	U	V	W	Х	Y
1																									
2												META	ADATA												
3 `			Federal Agency					Census					R	eporting Per	iod					FY23 (COP22	2)				
4			Mechanism ID					123456					Reci (Prin	pient Organi me Partner N	zation lame)				Prir	me Partner N	lame				
5			Mechanism Name				Р	artner Name						Award Numb	er					CEN1234923	3				
6		р	rime or Subrecipient					Prime						OU						Asia Region	I				•
7		Prime	Unique Entity Identifier				1	23456789012						Data Set						Budget					
8																									
9												ERROR	CHECKS												
10																									
11		Does t	he Prime Unique Entity I	ID fail to meet	data entry c	riteria? <mark>(</mark> Exa	ctly twelve	digits and c	an not be 00	0000000000)	No, the pr	ime UEI nun	nber satisfie	es the data e	entry criteria									
12																									

To correct this error, navigate to the "Metadata" section on the Metadata and Error Checks tab. Enter the correct Prime UEI number that is exactly 12 digits but is not 00000000000.



Error Checks in the Template: Prime UEI Number

	Α	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	Р	Q	R	S	Т	U	V	W	Х	Y
1																									
2												META	ADATA												
3			Federal Agency					Census					R	eporting Peri	od					FY23 (COP2)	2)				
4			Mechanism ID					123456					Reci (Pri	ipient Organi: me Partner N	ation ame)				Pri	me Partner N	lame				
5			Mechanism Name				Pa	artner Name						Award Numb	er					CEN123492	3				
6		Prime or Subrecipient Prime OU Asia Region																•							
7		Prim	e Unique Entity Identifier				12	23456789012						Data Set						Budget					
8																									
9												ERROR	CHECKS												
10																									
11		Does t	he Prime Unique Entity I	D fail to meet o	data entry c	riteria? (Exa	ctly twelve	digits and c	annot be 00	0000000000)	No, the pr	ime UEI nur	nber satisfie	s the data e	entry criteria	a.								
12																									

The error check will now show that there is no error related to the Prime UEI number.



Error Checks in the Template: Program Management Costs

	A	В	С	D	E	F	G	Н	I	J	К	L	М	N	0	Р	Q	R	S	T	U
8	_																				
9	-											ERROR	CHECKS								
10																					
11		Does th	e Prime Unique Entity II	D fail to meet o	data entry ci	riteria? (Exa	ctly twelve	digits and ca	annot be 000	0000000	00)	Yes, the pr	ime UEI nun	nber fails to	satisfy the	data entry o	riteria. Use	leading zero	es if neces	sary.	
12																					
13		Does th	e program managemen	t budget still n	eed to be e	ntered?						Yes, the pr	ogram mana	agement bu	dget still ne	ed to be en	tered in Int	ervention 1.			
14	9				1		1	1						1		1	1				
15		Have int	terventions been define	ed with incom	plete progra	im area and	beneficiary	informatio	n? [/]	Т		Yes, there	are interver	ntion(s) that	have not b	een fully de	fined. This	will cause ar	n error when	n uploading	
16																					
17	1	If yes, w	/hich intervention(s) ha	ve not been	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
18	t	fully de	fined?			x															
19																					
20		Have ve	ry unlikely combination	ns of program a	area and ber	neficiaries b	een selecte	d?				Yes, verv u	nlikely.com	hinations h	ave been se	lected. This	will produc	e a warning	when uploa	ading.	
21			,,									,,.	,								
22	- 1	lfvor ir	which intervention(s)	doverv	1	2	2	4	5		7	0	9	10	11	12	12	14	15	16	17
22		unlikelv	combinations exist?	uo very	-	2	5	4	5			0	,	10	- 11	12	15	14	15	10	1/
23								^													
24																		-			
25		Have un	likely combinations of	Program Area a	and Cost Cat	tegory been	selected?					Yes, very u	nlikely com	binations h	ave been se	lected. This	will produc	e a warning	when uploa	ading.	
26																					
27		lf yes, ir	n which intervention(s)		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
28		do unlik	ely combinations exist	Error																	
29			?	Warning			1														
20																					

The template will check that some program management budget and projected expenditure is entered in Intervention 1 on the Budget Template tab.

Nearly all mechanisms are expected to report program management budget and projected expenditure. Please note that this will turn red to indicate there is an error



31 32

Error Checks in the Template: Program Management Costs

	Α	В	С	D	E	F	G	Н
2				Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4	Categorization of Intervention 5
3	Notes			Program Management				
4	Progra	im Area		PM: IM Program Management-NSD	C&T: HIV Clinical Services-SD	C&T: HIV Laboratory Services-NSD		
5	Benef	iciary		Non-Targeted Pop: Not disaggregated	Females: Girls	Males: Adult men		
6	Cost C	ategory		Program management budget	Budget against Intervention 2	Budget against Intervention 3	Budget against Intervention 4	Budget against Intervention 5
7	Perso	onnel: Salaries- Health Care Workers	5- Clinical	NA	\$14,230			
8	Perso	onnel: Salaries- Health Care Workers	5- Ancillary	NA	\$42,780			
9	Perso	onnel: Salaries- Other Staff						
10	Fring	e Benefits				To corr	ect this erro	r. first return
11	Trave	el: International Travel						
12	Trave	el: Domestic Travel			¢186,020	to the E	Sudget Tem	olate tab.
13	Equip	oment: Health Equipment			\$209,380		0	
14	Equip	oment: Non-Health Equipment						
15	Supp	lies: Pharmaceutical		NA	\$105,820		sow on the	Motadata and
16	Supp	lies: Health- Non Pharmaceutical		NA	\$83,740			
17	Supp	lies: Other Supplies			\$76,920	Frror C	hecks tab	ntervention 1
18	Cont	ractual: Contracted Health Care Wo	orkers- Clinical	NA				
19	Cont	ractual: Contracted Health Care Wo	orkers- Ancillary	NA		has no	budget and	projected
20	Conti	ractual: Contracted Interventions		NA				
21	Conti	ractual: Other Contracts				expend	liture entere	d.
22	Const	truction						
23	Train	ing						
24	Othe	r: Financial Support for Beneficiarie	5					
25	Othe	r: Other						
26	Indire	ect Charges						
27								
28	Total	Budget per Intervention (Sum of C	Cost Categories)	\$0	\$719,490	\$402,560	\$ 0	\$0



Error Checks in the Template Program Management Costs

	A B	С	D	E	F	
2			Program Management	Categorization of Intervention 2	Categorization of Intervention 3	
3	Notes		Program Management			-
4	Program Area		PM: IM Program Management-NSD	C&T: HIV Clinical Services-SD	C&T: HIV Laboratory Services-NSD	
5	Beneficiary		Non-Targeted Pop: Not disaggregated	Females: Girls	Males: Adult men	
6	Cost Category		Program management budget	Budget against Intervention 2	Budget against Intervention 3	
7	Personnel: Salaries- Health Care Workers- (Clinical	NA	\$14,230		
8	Personnel: Salaries- Health Care Workers-	Ancillary	NA	\$42,780		
9	Personnel: Salaries- Other Staff					
10	Fringe Benefits					
11	Travel: International Travel		\$130,000	L	Enter F	Y23 program
12	Travel: Domestic Travel		\$250,000	\$186,020		
13	Equipment: Health Equipment			\$205,280	🗌 manage	ement budget and
14	Equipment: Non-Health Equipment					
15	Supplies: Pharmaceutical		NA	\$105,820	projecte	d expenditures,
16	Supplies: Health- Non Pharmaceutical		NA	\$83,740	including	a indiract charges if
17	Supplies: Other Supplies			\$76,920	Including	g indirect charges, if
18	Contractual: Contracted Health Care Work	ers- Clinical	NA		annlicat	
19	Contractual: Contracted Health Care Work	ers- Ancillary	NA		applicat	JIC.
20	Contractual: Contracted Interventions	· · · ·	NA			
21	Contractual: Other Contracts					
22	Construction					
23	Training				\$100,000	
24	Other: Financial Support for Beneficiaries					1
25	Other: Other					1
26	Indirect Charges		\$18,300			1
27						
28	Total Budget per Intervention (Sum of Co	st Categories)	\$398,300	\$719,490	\$402,560	1



Error Checks in the Template Program Management Costs

	А	В	С	D	E	F	G	Н	1	J	K	L	М	N	0	Р	Q	R	S	Т	U
8																					
9												ERROR	CHECKS								
0																					
1		Does th	e Prime Unique Entity I	D fail to meet d	lata entry cr	iteria? (Exa	ctly twelve	digits and ca	nnot be 000	0000000	000)	No, the pri	me UEI num	ber satisfie	s the data e	ntry criteria					
2																					
3		Does th	e program managemen	t budget still ne	eed to be er	tered?						No, the pro	gram mana	gement buo	dget has bee	en entered.					
4																					
5		Have in	terventions been defin	ed with incomp	olete progra	m area and	beneficiary	information	۱ ?	T		No, all inte	rventions h	ave been fu	Illy defined.						
6																					
7		If yes, v	vhich intervention(s) ha	ve not been	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
8		fully de	fined?																		
9																					
20		Have ve	ery unlikely combination	ns of program a	rea and ben	eficiaries b	een selecte	d?				No, there a	re not any v	very unlikel	y combinati	ons that hav	ve been sele	ected.			
21																					
22		If yes, i	n which intervention(s)	do very	1	2	3	4	5		7	8	9	10	11	12	13	14	15	16	17
23		unlikel	combinations exist?																		
24																					
25		Have ur	likely combinations of	Program Area a	and Cost Cat	egory been	selected?					No, there a	re not any u	unlikely con	nbinations t	hat have be	en selected	l.			
26																					
27		If ves. i	n which intervention(s)		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
28		do unlil	kely combinations exist	Error																	
29			?	Warning																	
80											1										
31																					
32																					

The error check will now show that there is no error related to program management budget and expenditure



	A	В	С	D	E	F	G	н	1	J	К	L	М	N	0	Р	Q	R	S	Т	U
8																					
9												ERROR	CHECKS								
10																					
11	[Does th	e Prime Unique Entity II	D fail to meet o	data entry cr	iteria? (Exa	ctly twelve	digits and c	annot be 00	0000000000)		Yes, the pri	me UEI nun	nber fails to	satisfy the	data entry c	riteria. Use	leading zero	oes if neces	sary.	
12																					
13	[Does the	e program managemen	t budget still n	eed to be ei	ntered?						Yes, the pro	ogram mana	agement bu	dget still ne	ed to be en	tered in Inte	ervention 1.			
14																					
15	Ī	Have int	terventions been defin	ed with incom	plete progra	m area and	beneficiary	informatio	n?			Yes, there a	are interver	ntion(s) that	have not be	een fully de	fined. This	will cause ar	n error whe	n uploading	
16	-																				
17	1	f yes, w	hich intervention(s) ha	ive not been	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
18	f	fully det	fined?			X															
19																					
20	ł	Have ve	ry unlikely combination	ns of program a	area and ber	neficiaries b	een selecte	ed?				Yes. verv ur	nlikelv com	binations h	ave been se	lected. This	will produc	e a warning	when uplo	ading.	
21																					
22	1	f yes, ir	which intervention(s)	do very	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
23	,	unlikely	combinations exist?					X													
24																					
25	ł	Have un	likely combinations of	Program Area a	and Cost Cat	egory been	selected?					Yes, very ur	nlikely com	binations h	ave been se	lected. This	will produc	e a warning	when uplo	ading.	
26																					
27	-	f ves. ir	which intervention(s)		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
28		do unlik	ely combinations exist	Error																	
29			?	Warning			1														
0	_																				

The template will also check that interventions have been fully defined. This means that for any intervention that has budget and projected expenditure, a program area and beneficiary is selected.

Each intervention that is not fully defined is identified here by its number. A template with this error will not constitute a valid upload to DATIM, i.e., **validation will fail.**



31 32

	Α	В	с	D	E	F	G	
1								
2				Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4	
3	Note	'S		Program Management				
4	Prog	ram Area		PM: IM Program Management-NSD	C&T: HIV Clinical Services-SD	C&T: HIV Laboratory Services-NSD	PREV: VMMC-SD	
5	Bene	ficiary		Non-Targeted Pop: Not disaggregated		Non-Targeted Pop: Not disaggregated	Males: Adult men	
6	Cost	Category		Program management budget	Budget against Intervention 2	Budget against Intervention 2	Budget against	
7	Pers	sonnel: Salaries- Health Care Worker	rs- Clinical	NA	\$14,230	—	((), !	C a a b a a b a a b a a b a b a b a b a b b b b b b b b b b
8	Pers	sonnel: Salaries- Health Care Worker	rs- Ancillary	NA	\$42,780	IO COR	rect this erro	or, first return
9	Pers	sonnel: Salaries- Other Staff		\$600,000		to the	Rudget Tem	nlata tab
10	Frin	nge Benefits					buuyet ien	ipiale lab.
11	Tra	vel: International Travel						
12	Tra	vel: Domestic Travel			\$186,020			
13	Equ	ipment: Health Equipment			\$209,980	As we	saw on the	Metadata and
14	Equ	ipment: Non-Health Equipment						
15	Sup	plies: Pharmaceutical		NA	\$105,820	Error (Checks tab.	Intervention 2
16	Sup	plies: Health- Non Pharmaceutical		NA	\$83,740		· · · · · · · · · · · · · · · · · · ·	
17	Sup	plies: Other Supplies			\$76,920	has no	ot been fully	defined. This
18	Con	ntractual: Contracted Health Care Wo	rkers- Clinical	NA			o ha indiad	ad in rad an
19	Con	ntractual: Contracted Health Care Wo	rkers- Ancillary	NA			so be indical	eu in reu on
20	Con	ntractual: Contracted Interventions		NA		the Bu	Idaat Tamal	ata tah
21	Con	ntractual: Other Contracts					iuger rempi	
22	Con	nstruction				\$	_	
23	Tra	ining				\$100,000		
24	Oth	er: Financial Support for Beneficiari	25					
25	Oth	ner: Other						
26	Ind	irect Charges						
27								
28	Tota	I Budget per Intervention (Sum of Co	st Categories)	\$600,000	\$719,490	\$452,560	\$50,000	



	A B C	D	E	F	
2		Program Management	Categorization of Intervention 2	Categorization of Intervention 3	
3	Notes	Program Management			
4	Program Area	PM: IM Program Management-NSD	C&T: HIV Clinical Services-SD	C&T: HIV Laboratory Services-NSD	
5	Beneficiary	Non-Targeted Pop: Not disaggregated	Females: Girls	Males: Adult men	
6	Cost Category	Program management budget	Budget against Intervention 2	Budget against Intervention 3	
7	Personnel: Salaries- Health Care Workers- Clinical	NA	\$14,230		
8	Personnel: Salaries- Health Care Workers- Ancillary	NA	\$42,780		
9	Personnel: Salaries- Other Staff			To correc	ct this error. select a
10	Fringe Benefits				ma fam hat a man than O
11	Travel: International Travel	\$130,000		beneticia	ry for intervention 2.
12	Travel: Domestic Travel	\$250,000	\$186,020		-
13	Equipment: Health Equipment		\$209,980		
14	Equipment: Non-Health Equipment			\$8,000	
15	Supplies: Pharmaceutical	NA	\$105,820		
16	Supplies: Health- Non Pharmaceutical	NA	\$83,740		
17	Supplies: Other Supplies		\$76,920		
18	Contractual: Contracted Health Care Workers- Clinical	NA			
19	Contractual: Contracted Health Care Workers- Ancillary	NA			
20	Contractual: Contracted Interventions	NA		\$82,540	
21	Contractual: Other Contracts			\$82,540	
22	Construction			\$67,500	
23	Training			\$100,000	
24	Other: Financial Support for Beneficiaries				
25	Other: Other				
26	Indirect Charges	\$18,300			
27					
28	Total Budget per Intervention (Sum of Cost Categories)	\$398,300	\$719,490	\$402,560	



	Α	В	С	D	E	F	G	Н	1	J		К	L	М	Ν	0	Р	Q	R	S	Т	U
8																						
9													ERROR	CHECKS								
0																						
1	1	Does th	e Prime Unique Entity II	D fail to meet o	data entry cr	riteria? (Exa	ctly twelve	digits and ca	annot be 00	000000	0000)		No, the pri	me UEI num	ber satisfie	s the data e	ntry criteria	i.				
2																						
3	1	Does th	e program managemen	t budget still n	eed to be ei	ntered?							No, the pro	gram mana	gement buo	lget has bee	en entered.					
4																						
5		Have in	terventions been defin	ed with incom	plete progra	m area and	beneficiary	informatio	n?				No, all inte	rventions h	ave been fu	lly defined.						
6	-																					
7		If yes, w	hich intervention(s) ha	ve not been	1	2	3	4	5	T e	j	7	8	9	10	11	12	13	14	15	16	17
8	t	fully de	fined?																			
9																						
20		Have ve	ry unlikely combinatior	ns of program a	rea and ber	neficiaries b	een selecte	ed?					No, there a	re not any v	ery unlikel	, combinati	ons that hav	ve been sele	ected.			
21																						
22	1	If yes, ir	which intervention(s)	do very	1	2	3	4	5		;	7	8	9	10	11	12	13	14	15	16	17
23		unlikely	combinations exist?	,																		
24	-																					
25		Have un	likely combinations of	Program Area a	and Cost Cat	tegory beer	selected?						No. there a	re not anv u	unlikelv com	binations t	hat have be	en selected	l.			
6			,	0											,,							
27		lfvos ir	which intervention(s)		1	2	3	4	5	6		7	8	9	10	11	12	13	14	15	16	17
8		do unlik	ely combinations exist	Error					_													
9			?	Warning																		
80				0																		
21											-1											
22																						
2			-																			

The error check will now show that there is no error related to defining interventions.



	Α	В	С	D	E	F	G	Н	1	J	K	L	М	N	0	Р	Q	R	S	Т	U
8																					
9												ERROR	CHECKS								
0																					
1		Does th	e Prime Unique Entity I	D fail to meet o	lata entry cr	riteria? (Exa	ctly twelve	digits and c	annot be 00	0000000000)		Yes, the pri	me UEI num	nber fails to	satisfy the	data entry c	riteria. Use	leading zero	oes if neces	sary.	
2								Ū													
3		Does th	e program managemen	t budget still n	eed to be e	ntered?						Ves the pro	ogram mana	gement hu	daet still ne	ed to be en	tered in Int	envention 1			
		DOCSTI		t budget still h		litereu.						res, the pre	Signation	igement bu	agerstinne	eu to be en	tereu in inte	crychilon 1.			
4				- doubtle terrare			h ft - t	1-6	- 2								fter and the factor				
5		Have In	terventions been defin	ed with incomp	piete progra	im area and	beneficiary	/ Informatio	nr			Yes, there a	are interver	ition(s) that	nave not b	een tully de	finea. This	will cause al	n error whe	h upioading.	•
6																					
7		If yes, v	vhich intervention(s) ha	ive not been	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
8		fully de	fined?			Х															
9																					
20		Have ve	ery unlikely combination	ns of program a	rea and ber	neficiaries b	een selecte	ed?				Yes, very ur	nlikely com	binations ha	ave been se	lected. This	will produc	e a warning	when uplo	ading.	
21																					
22		If yes, i	n which intervention(s)	do very	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
23		unlikel	y combinations exist ?					X													
4																					
5		Have ur	likely combinations of	Program Area a	and Cost Cat	tegory been	selected?						alikely com	hinations h	wa haan sa	loctod This	will produc	o a warning	when unlo	ading	
6		nave a	linkery combinations of	i rogram Arca e		legory been	Sciettea.					res, very a	intery com	Sindcions in	ive been be	lettea. mis	will produce	c u warning	when up to	Julia.	
														40		40	40		45		47
./		If yes, i	n which intervention(s)	-	1	2	3	4	5	0		8	9	10	11	12	13	14	15	10	1/
8		un un li	very combinations exist	EITOF																┝───┤	
29			•	Warning			1													L	
80																					
1																					

The template will also check that interventions have an unlikely combination of Program Area and Beneficiary. This means that the Program Area and Beneficiary selected are an unlikely combination given the population served by that program.



32

	A B	с	D	E	F	G	
1							
2			Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4	
3	Notes		Program Management				
4	Program Area		PM: IM Program Management-NSD	SE: Case Manageme SD	nt- SE: Education assistance-SD	PREV: VMMC-SD	
5	Beneficiary		Non-Targeted Pop: Not disaggregated	Females: Adult women	Females: Not disaggregated	Key Pops: Sex	
6	Cost Category		Program management budget	Budget against Intervention	To correct this	s error, first re	eturn
7	Personnel: Salaries- Health Care Worke	ers- Clinical	NA		to the Budget	Template tal)
8	Personnel: Salaries- Health Care Worke	ers-Ancillary	NA		to the Budget	iompiato ta	
9	Personnel: Salaries- Other Staff						
10	Fringe Benefits			\$10,000	As we saw or	h the Metadat	ta and
11	Travel: International Travel						
12	Travel: Domestic Travel				Error Checks	tab, Interven	tion 4
13	Equipment: Health Equipment				has an unlike	ly combinatio	n
14	Equipment: Non-Health Equipment		NA			ly combinatio	
16	Supplies: Health- Non Pharmaceutical		NA		This will also	be indicated	in red
17	Supplies: Other Supplies				on the Rudge	t Tomplato ta	h
18	Contractual: Contracted Health Care W	orkers- Clinical	NA		on the budge	i Tempiale la	υ.
19	Contractual: Contracted Health Care W	orkers- Ancillary	NA				
20	Contractual: Contracted Interventions		NA				
21	Contractual: Other Contracts						
22	Construction						
23	Training						
24	Other: Financial Support for Beneficiar	ies					
			-	•	•	•	



	4	A B	С	D	E	F	G					
2				Program Management	Categorization of Intervention 2	Categorization of Intervention 3	Categorization of Intervention 4					
3	No	otes		Program Management								
4	Pro	rogram Area		PM: IM Program Management-NSD	C&T: HIV Clinical Services-SD	C&T: HIV Laboratory Services-NSD	PREV: VMMC-SD					
5	Bei	eneficiary		Non-Targeted Pop: Not disaggregated	Non-Targeted Pop: Adults	Males: Adult men	Males: Boys					
6	Cos	ost Category		Program management budget	Budget against Intervention 2	Budget against Intervention 3	Budget against Budget against Intervention 3 Intervention 4					
7	P	Personnel: Salaries- Health Care Workers-	- Clinical	NA	\$14,230							
8	P	Personnel: Salaries- Health Care Workers-	- Ancillary	NA	\$42,780	-						
9	P	Personnel: Salaries- Other Staff		\$600,000	select a							
10	F	Fringe Benefits				honoficia	ny that is no	t a vorv				
11	Т	Travel: International Travel				Denencia	beneficiary that is no					
12	Т	Travel: Domestic Travel			combination	Once a						
13	E	Equipment: Health Equipment			\$209,980		combination	. Once a				
14	E	Equipment: Non-Health Equipment				likely be	neficiarv is s	selected, the				
15	S	Supplies: Pharmaceutical		NA	\$105,820							
16	S	Supplies: Health- Non Pharmaceutical		NA	\$83,740	L Cell will k	become whit	e again.				
17	S	Supplies: Other Supplies			\$76,920			U				
18	C	Contractual: Contracted Health Care Wor	rkers- Clinical	NA								
19	C	Contractual: Contracted Health Care Wor	rkers- Ancillary	NA								
20	C	Contractual: Contracted Interventions		NA		\$82,540						
21	C	Contractual: Other Contracts				\$82,540						
22	C	Construction				\$67,500						
23	Т	Training				\$100,000						
24	0	Other: Financial Support for Beneficiaries										
25	0	Other: Other										
26	Ir	Indirect Charges										
27	To	otal Budget ner Intervention (Sum of C	ost Categories)	\$600.000	\$719.490	\$452,560	\$50,000					
20	10	oran badget per intervention (buill of e	ost categories	9000,000	971-90	9452,500	430,000					

20



	Α	В	С	D	E	F	G	н	1	J	К	L	М	N	0	Р	Q	R	S	Т	U
8																					
9												ERROR	CHECKS								
0																					
1		Does th	e Prime Unique Entity	ID fail to meet d	data entry c	riteria? (Exa	ctly twelve	digits and c	annot be 00	0000000	000)	No, the pri	me UEI num	ber satisfie	s the data e	ntry criteria	a.				
2																					
3		Does th	e program managemer	nt budget still n	eed to be e	ntered?						No, the pro	ogram mana	gement bu	dget has bee	en entered.					
4																					
5		Have int	terventions been defir	ed with incomp	plete progra	am area and	beneficiary	informatio	n?			No, all inte	rventions h	ave been fu	Illy defined						
6																					
7		If yes, w	/hich intervention(s) h	ave not been	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
8		fully de	fined?																		
9																					
20		Have ve	ry unlikely combinatio	ns of program a	area and bei	neficiaries b	een selecte	ed?				No, there a	re not any v	very unlikel	y combinati	ons that hav	ve been sel	ected.			
1	- 4																				
2		If yes, ir	which intervention(s	do very	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
3		unlikely	combinations exist?																		
4																					
25		Have un	likely combinations of	Program Area a	and Cost Ca	tegory beer	selected?					No, there a	ire not any i	unlikely con	nbinations t	hat have be	en selected	l.			
6																					
27		If yes, ir	which intervention(s		1	2	3	4	5		7	8	9	10	11	12	13	14	15	16	17
8		do unlik	ely combinations exist	Error																	
9			?	Warning																	
0																					
1																					
2																					
			_																		

The error check will now show that there is no error related to unlikely combinations of program area and beneficiaries.



Unlikely program area and beneficiary combinations are warnings, not errors.

- The first unlikely combination of program area and beneficiaries are found in interventions where the Program Area is Voluntary Medical Male Circumcision
 - If the Beneficiary is NOT Male or Priority Pops: Military & Other Uniformed Services, it will be flagged as a **warning**
- The second unlikely combination of program area and beneficiaries are found in interventions where the Program Area is Medication Assisted Treatment
 - If the Beneficiary is NOT Key Pops: People Who Inject Drugs, it will be flagged as a warning
- The third unlikely combination of program area and beneficiaries are found in interventions where the Program Area is SE: Case Management, SE: Economic Strengthening, and SE: Education Assistance
 - If the Beneficiary is Non-Targeted: Not Disaggregated, it will be flagged as a warning

Review the tables in the following slides to see the full list of unlikely combinations.



Complete List of Very Unlikely Intervention Combinations: Prevention: VMMC

PROGRAM AREA	BENEFICAIRY
PREV: VMMC-SD	Non-Targeted Pop: Adults
PREV: VMMC-SD	Non-Targeted Pop: Young people & adolescents
PREV: VMMC-SD	Non-Targeted Pop: Children
PREV: VMMC-SD	Non-Targeted Pop: Not disaggregated
PREV: VMMC-SD	Females: Adult women
PREV: VMMC-SD	Females: Young women & adolescent females
PREV: VMMC-SD	Females: Girls
PREV: VMMC-SD	Females: Not disaggregated
PREV: VMMC-SD	Key Pops: Transgender
PREV: VMMC-SD	Key Pops: Sex workers
PREV: VMMC-SD	Key Pops: People who inject drugs
PREV: VMMC-SD	Key Pops: Not disaggregated
PREV: VMMC-SD	Key Pops: People in prisons
PREV: VMMC-SD	Priority Pops: Not disaggregated
PREV: VMMC-SD	Pregnant & Breastfeeding Women: Not disaggregated
PREV: VMMC-SD	OVC: Orphans & vulnerable children
PREV: VMMC-SD	OVC: Care givers
PREV: VMMC-SD	OVC: Not disaggregated
PREV: VMMC-NSD	Non-Targeted Pop: Adults
PREV: VMMC-NSD	Non-Targeted Pop: Young people & adolescents
PREV: VMMC-NSD	Non-Targeted Pop: Children
PREV: VMMC-NSD	Non-Targeted Pop: Not disaggregated
PREV: VMMC-NSD	Females: Adult women
PREV: VMMC-NSD	Females: Young women & adolescent females
PREV: VMMC-NSD	Females: Girls
PREV: VMMC-NSD	Females: Not disaggregated
PREV: VMMC-NSD	Key Pops: Transgender
PREV: VMMC-NSD	Key Pops: Sex workers
PREV: VMMC-NSD	Key Pops: People who inject drugs
PREV: VMMC-NSD	Key Pops: Not disaggregated
PREV: VMMC-NSD	Key Pops: People in prisons
PREV: VMMC-NSD	Pregnant & Breastfeeding Women: Not disaggregated
PREV: VMMC-NSD	Priority Pops: Not disaggregated
PREV: VMMC-NSD	OVC: Orphans & vulnerable children
PREV: VMMC-NSD	OVC: Care givers
PREV: VMMC-NSD	OVC: Not disaggregated



Complete List of Very Unlikely Intervention Combinations: Prevention: Medication Assisted Treatment

PROGRAM AREA	BENEFICIARY	PROGRAM AREA	BENEFICIARY
PREV: Medication assisted treatment-SD	Non-Targeted Pop: Not disaggregated	PREV: Medication assisted treatment-NSD	Non-Targeted Pop: Not disaggregated
PREV: Medication assisted treatment-SD	Non-Targeted Pop: Adults	PREV: Medication assisted treatment-NSD	Non-Targeted Pop: Adults
PREV: Medication assisted treatment-SD	Non-Targeted Pop: Young people & adolescents	PREV: Medication assisted treatment-NSD	Non-Targeted Pop: Young people & adolescents
PREV: Medication assisted treatment-SD	Non-Targeted Pop: Children	PREV: Medication assisted treatment-NSD	Non-Targeted Pop: Children
PREV: Medication assisted treatment-SD	Females: Adult women	PREV: Medication assisted treatment-NSD	Females: Adult women
PREV: Medication assisted treatment-SD	Females: Young women & adolescent females	PREV: Medication assisted treatment-NSD	Females: Young women & adolescent females
PREV: Medication assisted treatment-SD	Females: Girls	PREV: Medication assisted treatment-NSD	Females: Girls
PREV: Medication assisted treatment-SD	Females: Not disaggregated	PREV: Medication assisted treatment-NSD	Females: Not disaggregated
PREV: Medication assisted treatment-SD	Males: Adult men	PREV: Medication assisted treatment-NSD	Males: Adult men
PREV: Medication assisted treatment-SD	Males: Young men & adolescent males	PREV: Medication assisted treatment-NSD	Males: Young men & adolescent males
PREV: Medication assisted treatment-SD	Males: Boys	PREV: Medication assisted treatment-NSD	Males: Boys
PREV: Medication assisted treatment-SD	Males: Not disaggregated	PREV: Medication assisted treatment-NSD	Males: Not disaggregated
PREV: Medication assisted treatment-SD	Key Pops: Men having sex with men	PREV: Medication assisted treatment-NSD	Key Pops: Men having sex with men
PREV: Medication assisted treatment-SD	Key Pops: Transgender	PREV: Medication assisted treatment-NSD	Key Pops: Transgender
PREV: Medication assisted treatment-SD	Key Pops: Sex workers	PREV: Medication assisted treatment-NSD	Key Pops: Sex workers
PREV: Medication assisted treatment-SD	Key Pops: Not disaggregated	PREV: Medication assisted treatment-NSD	Key Pops: Not disaggregated
PREV: Medication assisted treatment-SD	Pregnant & Breastfeeding Women: Not disaggregated	PREV: Medication assisted treatment-NSD	Pregnant & Breastfeeding Women: Not disaggregated
PREV: Medication assisted treatment-SD	Priority Pops: People in prisons	PREV: Medication assisted treatment-NSD	Priority Pops: People in prisons
PREV: Medication assisted treatment-SD	Priority Pops: Military & other uniformed services	PREV: Medication assisted treatment-NSD	Priority Pops: Military & other uniformed services
PREV: Medication assisted treatment-SD	Priority Pops: Mobile Pops	PREV: Medication assisted treatment-NSD	Priority Pops: Mobile Pops
PREV: Medication assisted treatment-SD	Priority Pops: Displaced persons	PREV: Medication assisted treatment-NSD	Priority Pops: Displaced persons
PREV: Medication assisted treatment-SD	Priority Pops: Clients of sex workers	PREV: Medication assisted treatment-NSD	Priority Pops: Clients of sex workers
PREV: Medication assisted treatment-SD	Priority Pops: Not disaggregated	PREV: Medication assisted treatment-NSD	Priority Pops: Not disaggregated
PREV: Medication assisted treatment-SD	OVC: Orphans & vulnerable children	PREV: Medication assisted treatment-NSD	OVC: Orphans & vulnerable children
PREV: Medication assisted treatment-SD	OVC: Care givers	PREV: Medication assisted treatment-NSD	OVC: Care givers
PREV: Medication assisted treatment-SD	OVC: Not disaggregated	PREV: Medication assisted treatment-NSD	OVC: Not disaggregated



Complete List of Very Unlikely Intervention Combinations: Socio-economic Program Area

PROGRAM AREA	BENEFICIARY
SE: Case Management-SD	Non-Targeted Pop: Not disaggregated
SE: Case Management-NSD	Non-Targeted Pop: Not disaggregated
SE: Economic strengthening-SD	Non-Targeted Pop: Not disaggregated
SE: Economic strengthening-NSD	Non-Targeted Pop: Not disaggregated
SE: Education assistance-SD	Non-Targeted Pop: Not disaggregated
SE: Education assistance-NSD	Non-Targeted Pop: Not disaggregated



Error Checks in the Template: Unlikely Cost Combinations

	А	В	С	D	E	F	G	Н	I.	J	K	L	М	N	0	Р	Q	R	S	Т	U
8																					
9												ERROR	CHECKS								
0																					
11		Does th	e Prime Unique Entity II	D fail to meet d	data entry cr	riteria? (Exa	ctly twelve	digits and ca	annot be 00	0000000000)	Yes, the pri	me UEI num	nber fails to	satisfy the	data entry o	riteria. Use	leading zero	bes if neces	sary.	
12																					
13		Does th	e program managemen	t budget still ne	eed to be er	ntered?						Yes, the pro	ogram mana	agement bu	dget still ne	ed to be en	tered in Int	ervention 1.			
14																					
15		Have in	terventions been define	ed with incomp	plete progra	am area and	beneficiary	informatio	n?			Yes, there are intervention(s) that have not been fully defined. This will cause an error when uploading.									
16																					
17		If yes, w	vhich intervention(s) ha	ve not been	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
18		fully de	fined?			х															
19																					
20		Have ve	ry unlikely combination	ns of program a	rea and ber	neficiaries b	een selecte	ed?				Yes, very ur	nlikely com	binations ha	ave been se	lected. This	will produc	e a warning	when uplo	ading.	
21																					
22		If yes, ir	n which intervention(s)	do very	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
23		unlikely	combinations exist?					x													
24																					
25		Have un	likely combinations of	Program Area a	and Cost Cat	tegory been	selected?					Yes, very ur	nlikely com	binations ha	ave been se	lected. This	will produc	e a warning	when uplo	ading.	
26				Ŭ														-			
27		If vos in	which intervention(s)		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
28		do unlik	(ely combinations exist	Error	_	_	_		-	-	-	-	-								
9			?	Warning			1														
20				0			-														
																	1	1			

The template will also check that interventions have an unlikely combination of Program Area and Cost Category. This means that the Program Area and Cost Category selected are an unlikely combination given the services performed by that program.

Each intervention that has an unlikely combination is identified here by its number. A template with any number of errors (Row 28) will not constitute a valid upload to DATIM, i.e., **validation will fail.**



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Error Checks in the Template: Unlikely Cost Combinations

There are two types of error checks for unlikely cost combinations: errors and warnings

	A R C	D		E	F		G	н
1								
	Warnings represent		m	Categorization of	Categorization of	Cate	gorization of	Categorization of
			hent	Intervention 2	Intervention 3	Inti	ervention 4	Intervention 5
	combinations of cost and		m					
	program that are uplikely k	sut	nent					
	program that are unlikely, t	Jui		C&T: HIV Clinical	C&T: HIV Laboratory			ASP: HMIS,
	not show stannars. These	can	gram t-NSD	Services-SD	Services-NSD	PRE\	/: VMMC-SD	surveillance, &
	not show-stoppers. These	Call	C NOD	Jervices-30	Services-NSD			research-NSD
	be unloaded to DATIM but	.						
		•	d Pop:	Non-Targeted Pop:	Non-Targeted Pop:	Male	s: Adult men	Non-Targeted Pop:
	may require a parrative		egated	Adults	Not disaggregated			Not disaggregated
				Durdent and sat	Dudget against	Due	last sasjust	Dudget sesioet
	explanation in DATIM.		agement	Intervention 2	Intervention 3	ы Вис Поб	iget against ervention 4	Intervention 5
0				614.000	614 330			\$14,320
8	Personnel: Salaries- Health Care Workers- Ancillary	NA		\$14,230	\$14,230		\$14,230	\$42,780
9	Personnel: Salaries- Other Staff	\$600.0	000	\$14,230	\$14,230		\$14,230	\$14,230
10	Fringe Benefits	\$14,2	30	\$42,780	\$42,780		\$42,780	\$42,780
11	Travel: International Travel	\$42,7	80	\$14,230	\$14,230		\$14,230	\$14,230
12	Travel: Domestic Travel	\$14,2	30	\$42,780	\$42,780		\$42,780	\$42,780
13	Equipment: Health Equipment	\$42,7	80	\$209,980	\$209,980	\$	209,980	\$209,980
14	Equipment: Non-Health Equipment	\$14,2	30	\$209,980	\$209,980	\$	209,980	\$209,980
15	Supplies: Pharmaceutical	NA	L	\$105,820	\$105,820	\$	105,820	\$105,820
16	Supplies: Health- Non Pharmaceutical	NA	l i	\$83,740	\$83,740		37	
17	Supplies: Other Supplies	\$14,2	30	\$76,920	\$76,920		7	
18	Contractual: Contracted Health Care Workers- Clinical	NA		\$14,230	\$14,230		Frro	rs represe
19	Contractual: Contracted Health Care Workers- Ancillary	NA	к	\$42,780	\$42,780			
20	Contractual: Contracted Interventions	NA	i i	\$14,230	\$14,230		of cc	ost and pro
21	Contractual: Other Contracts	\$83,7	40	\$42,780	\$42,780			
22	Construction	\$76,9	20	\$14,230	\$14,230		not r	nossihle a
23	Training	\$14,2	30	\$42,780	\$42,780			
24	Other: Financial Support for Beneficiaries	\$42,7	80	\$14,230	\$14,230		show	v-stonnerg
25	Other: Other	\$14,2	30	\$42,780	.2,780		51107	
20	indirect Unarges	\$47,2	80	\$209,980	\$209,980	-	heu	ploaded to
27	Total Budget per Intervention (Sum of Cost Categories)	\$1,021	.660	\$1,295,490	\$1,295,490	S	50 U	
	in the second seco	+-,		+-,,	+-,,			

Errors represent combinations of cost and program that are not possible and are therefore show-stoppers. These cannot be uploaded to DATIM.



Error Checks in the Template: Unlikely Cost Combinations

	Α	В	С	D	E	F		G	Н	
1										
2				Program Management	Categorization of Intervention 2	Categorization of Intervention 3		Categorization of Intervention 4	Categorization of Intervention 5	
3	Notes	i de la companya de l		Program Management						
4	Progra	am Area		PM: IM Program Management-NSD	C&T: HIV Clinical C&T: HIV Laboratory Services-SD Services-NSD		PREV: VMMC-SD	ASP: HMIS, surveillance, & research-NSD		
5	Beneficiary			Non-Targeted Pop: Not disaggregated	Non-Targeted Pop: Adults	Non-Targete Not disaggre	d Pop: egated	Males: Adult men	Non-Targeted Pop: Not disaggregated	
6	Cost C	ategory		Program management budget	Budget against Intervention 2	Budget aga Interventio	ainst on 3	Budget against Intervention 4	Budget against Intervention 5	
7	Perso	onnel: Salaries- Health Care V	Vorkers- Clinical	NA	\$14,230			\$14,230		
8	Perso	onnel: Salaries- Health Care V	Vorkers- Ancillary	NA	\$42,780			\$42,780		
9	Perso	onnel: Salaries- Other Staff		\$600,000	\$14,230	\$14,23	b	\$14,230	\$14,230	
10	Fring	ge Benefits		\$14,230	\$42,780	\$42,7	ρ	\$42,780	\$42,780	
11	Trave	el: International Travel		\$42,780		\$14,23	2		\$14,230	
12	Trave	Travel: Domestic Travel		\$14,230	\$42,780	\$42,78		\$42,780	\$42,780	
13	Equi	pment: Health Equipment		\$42,780	\$209,980	\$209,98	8	\$209,980	\$209,980	
14	Equi	pment: Non-Health Equipment	t	\$14,230	\$209,980	\$209,98	BC	\$209,980	\$209,980	
15	Supp	lies: Pharmaceutical		NA	\$105,820	\$105,82	0			
16	Supp	lies: Health- Non Pharmaceut	tical	NA	\$83,740	\$83,7				
17	Supp	lies: Other Supplies		\$14,230	\$76,920	\$76,	-			
18	Cont	ractual: Contracted Health Ca	re Workers- Clinical	NA	\$14,230		10	correct this	error, remove	
19	Cont	ractual: Contracted Health Ca	re Workers- Ancillary	NA	\$42,780					
20	Cont	ractual: Contracted Interventi	ions	NA	\$14,230	\$14,	COS	si calegorie	s that are not a	
21	Cont	ractual: Other Contracts		\$83,740	\$42,780	\$42,			ombination	
22	Cons	truction		\$76,920		\$14,	vei	y uninkery C	ompination.	
23	23 Training			\$14,230		S42, Once the input			ttod cost is	
24	24 Other: Financial Support for Beneficiaries				\$14,230					
25	25 Other: Other			\$14,230	\$42,780	\$42,	removed the cell will her			
26	Indir	rect Charges		\$47,280			1 CI			
27							wh	ite anain		
28	Total I	Budget per Intervention (Sum	n of Cost Categories)	\$978,880	\$1,014,270	\$957,	VVI I	no ugun.		



	Α	В	С	D	E	F	G	Н	1	J	К	L	М	Ν	0	Р	Q	R	S	Т	U
3												555.00	0.15.01/0								
, 0	-											EKKOK	CHECKS								
1	[Does th	ne Prime Unique Entity	ID fail to meet o	data entry ci	riteria? (Exa	actly twelve	digits and c	annot be 00	0000000000)	No, the pri	ime UEI num	nber satisfie	s the data e	entry criteria	a.				
2																					
3	[Does th	ne program managemer	nt budget still n	eed to be e	ntered?						No, the pro	ogram mana	igement bu	dget has be	en entered.					
4 5	ŀ	Have in	nterventions been defir	ned with incom	olete progra	am area and	benefician	v informatio	n?			No, all inte	erventions h	lave been fu	ully defined						
6				•																	
7	1	f yes, \	which intervention(s) h	ave not been	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
8	t	fully de	efined?																		
0	ŀ	Have v	ery unlikely combinatio	ons of program a	rea and ber	neficiaries k	been selecte	ed?				No, there a	are not any	very unlikel	y combinati	ions that ha	ve been sele	ected.			
1																					
2		f yes, i	n which intervention(s) do very	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
3	l	uniikei	y combinations exist ?																		
4 5		Have u	nlikely combinations of	Program Area a	and Cost Cat	tegory beer	n selected?					No, there a	are not any	unlikely con	nbinations t	hat have be	en selected	l.			
6					1	1	1	1													
7	I	f yes, i	n which intervention(s		1	2	3	4	5	6		8	9	10	11	12	13	14	15	16	17
8		ao unii	Rely combinations exis ?	Warning																	
0																					
1																					
2		Th	o orror an	d war	ning																
		111			iiiig																
		counts table will also be				e										i ne e	error	cnec	K WII	I NOW	/
	empty to show there are				e									5	show	that	ther	e is r	10		
	no unlikely combinations				าร									e	error	relat	ed to	o unli	kelv		
																bomb	inati		of pro	aran	
			program a	area ar	10		combinations of program							gran							
		COS	st categor	Ъ											e e e e e e e e e e e e e e e e e e e	area	and	cost	categ	gory.	
		-	v	-																	



Unlikely Combinations of Program Area and Cost Category: Warnings

- There are several additional combinations of program areas and beneficiaries that are unlikely but will only flag as **warnings** and thus will not prevent upload into DATIM.
- These cost categories should not be used, and any data entry into them should be reconsidered. The only possible reason that these could be entered is if smaller interventions-that are appropriate for that cost category- have been lumped into larger ones for reporting simplicity.
- Please reference the Financial Classification reference guide if you receive a **warning** in your template as this warning indicates that your costs have been incorrectly classified.

The following will be warnings:

- If Healthcare Worker costs (personnel or contractual) under Non-Service Delivery if Program Area is C&T, PREV, SE, or HTS
- If Construction costs under Service Delivery
- If International Travel costs under Service Delivery
- If Training costs under Service Delivery
- If "Financial Support for Beneficiaries" costs under Non-Service Delivery
- If Health/Non-Pharmaceutical and Pharmaceutical supply costs under ASP PA
- If Pharmaceutical supply costs under HTS program area



PROGRAM AREA	Cost Category
ASP: Blood supply safety-NSD	Supplies: Health- Non Pharmaceutical
ASP: HMIS, surveillance, & research-NSD	Supplies: Health- Non Pharmaceutical
ASP: Human resources for health-NSD	Supplies: Health- Non Pharmaceutical
ASP: Injection safety-NSD	Supplies: Health- Non Pharmaceutical
ASP: Laboratory systems strengthening-NSD	Supplies: Health- Non Pharmaceutical
ASP: Laws, regulations & policy environment-NSD	Supplies: Health- Non Pharmaceutical
ASP: Not Disaggregated-NSD	Supplies: Health- Non Pharmaceutical
ASP: Policy, planning, coordination & management of disease control programs- NSD	Supplies: Health- Non Pharmaceutical
ASP: Procurement & supply chain management-NSD	Supplies: Health- Non Pharmaceutical
ASP: Public financial management strengthening-NSD	Supplies: Health- Non Pharmaceutical
ASP: Blood supply safety-NSD	Supplies: Pharmaceutical
ASP: HMIS, surveillance, & research-NSD	Supplies: Pharmaceutical
ASP: Human resources for health-NSD	Supplies: Pharmaceutical
ASP: Injection safety-NSD	Supplies: Pharmaceutical
ASP: Laboratory systems strengthening-NSD	Supplies: Pharmaceutical
ASP: Laws, regulations & policy environment-NSD	Supplies: Pharmaceutical
ASP: Not Disaggregated-NSD	Supplies: Pharmaceutical
ASP: Policy, planning, coordination & management of disease control programs- NSD	Supplies: Pharmaceutical
ASP: Procurement & supply chain management-NSD	Supplies: Pharmaceutical
ASP: Public financial management strengthening-NSD	Supplies: Pharmaceutical
HTS: Facility-based testing-SD	Supplies: Pharmaceutical
HTS: Facility-based testing-NSD	Supplies: Pharmaceutical
HTS: Community-based testing-SD	Supplies: Pharmaceutical
HTS: Community-based testing-NSD	Supplies: Pharmaceutical
HTS: Not Disaggregated-SD	Supplies: Pharmaceutical
HTS: Not Disaggregated-NSD	Supplies: Pharmaceutical
HTS: Community-based testing-NSD	Personnel: Salaries- Health Care Workers- Clinical
HTS: Facility-based testing-NSD	Personnel: Salaries- Health Care Workers- Clinical
HTS: Not Disaggregated-NSD	Personnel: Salaries- Health Care Workers- Clinical
C&T: HIV Clinical Services-NSD	Personnel: Salaries- Health Care Workers- Clinical
C&T: HIV Drugs-NSD	Personnel: Salaries- Health Care Workers- Clinical
C&T: HIV Laboratory Services-NSD	Personnel: Salaries- Health Care Workers- Clinical
C&T: Not Disaggregated-NSD	Personnel: Salaries- Health Care Workers- Clinical



PROGRAM AREA	Cost Category
PREV: Comm. mobilization, behavior & norms change-NSD	Personnel: Salaries- Health Care Workers- Clinical
PREV: Condom & Lubricant Programming-NSD	Personnel: Salaries- Health Care Workers- Clinical
PREV: Medication assisted treatment-NSD	Personnel: Salaries- Health Care Workers- Clinical
PREV: Not Disaggregated-NSD	Personnel: Salaries- Health Care Workers- Clinical
PREV: PrEP-NSD	Personnel: Salaries- Health Care Workers- Clinical
PREV: Primary prevention of HIV and sexual violence-NSD	Personnel: Salaries- Health Care Workers- Clinical
PREV: VMMC-NSD	Personnel: Salaries- Health Care Workers- Clinical
SE: Case Management-NSD	Personnel: Salaries- Health Care Workers- Clinical
SE: Economic strengthening-NSD	Personnel: Salaries- Health Care Workers- Clinical
SE: Education assistance-NSD	Personnel: Salaries- Health Care Workers- Clinical
SE: Food and nutrition-NSD	Personnel: Salaries- Health Care Workers- Clinical
SE: Legal, human rights & protection-NSD	Personnel: Salaries- Health Care Workers- Clinical
SE: Not Disaggregated-NSD	Personnel: Salaries- Health Care Workers- Clinical
SE: Psychosocial support-NSD	Personnel: Salaries- Health Care Workers- Clinical
C&T: HIV Clinical Services-NSD	Personnel: Salaries- Health Care Workers- Ancillary
C&T: HIV Drugs-NSD	Personnel: Salaries- Health Care Workers- Ancillary
C&T: HIV Laboratory Services-NSD	Personnel: Salaries- Health Care Workers- Ancillary
C&T: Not Disaggregated-NSD	Personnel: Salaries- Health Care Workers- Ancillary
HTS: Community-based testing-NSD	Personnel: Salaries- Health Care Workers- Ancillary
HTS: Facility-based testing-NSD	Personnel: Salaries- Health Care Workers- Ancillary
HTS: Not Disaggregated-NSD	Personnel: Salaries- Health Care Workers- Ancillary
PREV: Comm. mobilization, behavior & norms change-NSD	Personnel: Salaries- Health Care Workers- Ancillary
PREV: Condom & Lubricant Programming-NSD	Personnel: Salaries- Health Care Workers- Ancillary
PREV: Medication assisted treatment-NSD	Personnel: Salaries- Health Care Workers- Ancillary
PREV: Not Disaggregated-NSD	Personnel: Salaries- Health Care Workers- Ancillary
PREV: PrEP-NSD	Personnel: Salaries- Health Care Workers- Ancillary
PREV: Primary prevention of HIV and sexual violence-NSD	Personnel: Salaries- Health Care Workers- Ancillary
PREV: VMMC-NSD	Personnel: Salaries- Health Care Workers- Ancillary



PROGRAM AREA	Cost Category
SE: Case Management-NSD	Personnel: Salaries- Health Care Workers- Ancillary
SE: Economic strengthening-NSD	Personnel: Salaries- Health Care Workers- Ancillary
SE: Education assistance-NSD	Personnel: Salaries- Health Care Workers- Ancillary
SE: Food and nutrition-NSD	Personnel: Salaries- Health Care Workers- Ancillary
SE: Legal, human rights & protection-NSD	Personnel: Salaries- Health Care Workers- Ancillary
SE: Not Disaggregated-NSD	Personnel: Salaries- Health Care Workers- Ancillary
SE: Psychosocial support-NSD	Personnel: Salaries- Health Care Workers- Ancillary
C&T: HIV Clinical Services-NSD	Contractual: Contracted Health Care Workers- Clinical
C&T: HIV Drugs-NSD	Contractual: Contracted Health Care Workers- Clinical
C&T: HIV Laboratory Services-NSD	Contractual: Contracted Health Care Workers- Clinical
C&T: Not Disaggregated-NSD	Contractual: Contracted Health Care Workers- Clinical
HTS: Community-based testing-NSD	Contractual: Contracted Health Care Workers- Clinical
HTS: Facility-based testing-NSD	Contractual: Contracted Health Care Workers- Clinical
HTS: Not Disaggregated-NSD	Contractual: Contracted Health Care Workers- Clinical
PREV: Comm. mobilization, behavior & norms change-NSD	Contractual: Contracted Health Care Workers- Clinical
PREV: Condom & Lubricant Programming-NSD	Contractual: Contracted Health Care Workers- Clinical
PREV: Medication assisted treatment-NSD	Contractual: Contracted Health Care Workers- Clinical
PREV: Not Disaggregated-NSD	Contractual: Contracted Health Care Workers- Clinical
PREV: PrEP-NSD	Contractual: Contracted Health Care Workers- Clinical
PREV: Primary prevention of HIV and sexual violence-NSD	Contractual: Contracted Health Care Workers- Clinical
PREV: VMMC-NSD	Contractual: Contracted Health Care Workers- Clinical
SE: Case Management-NSD	Contractual: Contracted Health Care Workers- Clinical
SE: Economic strengthening-NSD	Contractual: Contracted Health Care Workers- Clinical
SE: Education assistance-NSD	Contractual: Contracted Health Care Workers- Clinical
SE: Food and nutrition-NSD	Contractual: Contracted Health Care Workers- Clinical
SE: Legal, human rights & protection-NSD	Contractual: Contracted Health Care Workers- Clinical
SE: Not Disaggregated-NSD	Contractual: Contracted Health Care Workers- Clinical
SE: Psychosocial support-NSD	Contractual: Contracted Health Care Workers- Clinical



PROGRAM AREA	Cost Category
C&T: HIV Clinical Services-NSD	Contractual: Contracted Health Care Workers- Ancillary
C&T: HIV Drugs-NSD	Contractual: Contracted Health Care Workers- Ancillary
C&T: HIV Laboratory Services-NSD	Contractual: Contracted Health Care Workers- Ancillary
C&T: Not Disaggregated-NSD	Contractual: Contracted Health Care Workers- Ancillary
HTS: Community-based testing-NSD	Contractual: Contracted Health Care Workers- Ancillary
HTS: Facility-based testing-NSD	Contractual: Contracted Health Care Workers- Ancillary
HTS: Not Disaggregated-NSD	Contractual: Contracted Health Care Workers- Ancillary
PREV: Comm. mobilization, behavior & norms change-NSD	Contractual: Contracted Health Care Workers- Ancillary
PREV: Condom & Lubricant Programming-NSD	Contractual: Contracted Health Care Workers- Ancillary
PREV: Medication assisted treatment-NSD	Contractual: Contracted Health Care Workers- Ancillary
PREV: Not Disaggregated-NSD	Contractual: Contracted Health Care Workers- Ancillary
PREV: PrEP-NSD	Contractual: Contracted Health Care Workers- Ancillary
PREV: Primary prevention of HIV and sexual violence-NSD	Contractual: Contracted Health Care Workers- Ancillary
PREV: VMMC-NSD	Contractual: Contracted Health Care Workers- Ancillary
SE: Case Management-NSD	Contractual: Contracted Health Care Workers- Ancillary
SE: Economic strengthening-NSD	Contractual: Contracted Health Care Workers- Ancillary
SE: Education assistance-NSD	Contractual: Contracted Health Care Workers- Ancillary
SE: Food and nutrition-NSD	Contractual: Contracted Health Care Workers- Ancillary
SE: Legal, human rights & protection-NSD	Contractual: Contracted Health Care Workers- Ancillary
SE: Not Disaggregated-NSD	Contractual: Contracted Health Care Workers- Ancillary
SE: Psychosocial support-NSD	Contractual: Contracted Health Care Workers- Ancillary
ASP: Blood supply safety-NSD	Other: Financial Support for Beneficiaries
ASP: HMIS, surveillance, & research-NSD	Other: Financial Support for Beneficiaries
ASP: Human resources for health-NSD	Other: Financial Support for Beneficiaries
ASP: Injection safety-NSD	Other: Financial Support for Beneficiaries
ASP: Laboratory systems strengthening-NSD	Other: Financial Support for Beneficiaries
ASP: Laws, regulations & policy environment-NSD	Other: Financial Support for Beneficiaries
ASP: Not Disaggregated-NSD	Other: Financial Support for Beneficiaries



PROGRAM AREA	Cost Category
ASP: Policy, planning, coordination & management of disease control programs-NSD	Other: Financial Support for Beneficiaries
ASP: Procurement & supply chain management-NSD	Other: Financial Support for Beneficiaries
ASP: Public financial management strengthening-NSD	Other: Financial Support for Beneficiaries
C&T: HIV Clinical Services-NSD	Other: Financial Support for Beneficiaries
C&T: HIV Drugs-NSD	Other: Financial Support for Beneficiaries
C&T: HIV Laboratory Services-NSD	Other: Financial Support for Beneficiaries
C&T: Not Disaggregated-NSD	Other: Financial Support for Beneficiaries
HTS: Community-based testing-NSD	Other: Financial Support for Beneficiaries
HTS: Facility-based testing-NSD	Other: Financial Support for Beneficiaries
HTS: Not Disaggregated-NSD	Other: Financial Support for Beneficiaries
PM: IM Closeout costs-NSD	Other: Financial Support for Beneficiaries
PM: IM Program Management-NSD	Other: Financial Support for Beneficiaries
PREV: Comm. mobilization, behavior & norms change-NSD	Other: Financial Support for Beneficiaries
PREV: Condom & Lubricant Programming-NSD	Other: Financial Support for Beneficiaries
PREV: Medication assisted treatment-NSD	Other: Financial Support for Beneficiaries
PREV: Not Disaggregated-NSD	Other: Financial Support for Beneficiaries
PREV: PrEP-NSD	Other: Financial Support for Beneficiaries
PREV: Primary prevention of HIV and sexual violence-NSD	Other: Financial Support for Beneficiaries
PREV: VMMC-NSD	Other: Financial Support for Beneficiaries
SE: Case Management-NSD	Other: Financial Support for Beneficiaries
SE: Economic strengthening-NSD	Other: Financial Support for Beneficiaries
SE: Education assistance-NSD	Other: Financial Support for Beneficiaries
SE: Food and nutrition-NSD	Other: Financial Support for Beneficiaries
SE: Legal, human rights & protection-NSD	Other: Financial Support for Beneficiaries
SE: Not Disaggregated-NSD	Other: Financial Support for Beneficiaries
SE: Psychosocial support-NSD	Other: Financial Support for Beneficiaries
C&T: HIV Clinical Services-SD	Construction
C&T: HIV Drugs-SD	Construction
C&T: HIV Laboratory Services-SD	Construction
C&T: Not Disaggregated-SD	Construction



PROGRAM AREA	Cost Category
HTS: Community-based testing-SD	Construction
HTS: Facility-based testing-SD	Construction
HTS: Not Disaggregated-SD	Construction
PREV: Comm. mobilization, behavior & norms change-SD	Construction
PREV: Condom & Lubricant Programming-SD	Construction
PREV: Medication assisted treatment-SD	Construction
PREV: Not Disaggregated-SD	Construction
PREV: PrEP-SD	Construction
PREV: Primary prevention of HIV and sexual violence-SD	Construction
PREV: VMMC-SD	Construction
SE: Case Management-SD	Construction
SE: Economic strengthening-SD	Construction
SE: Education assistance-SD	Construction
SE: Food and nutrition-SD	Construction
SE: Legal, human rights & protection-SD	Construction
SE: Not Disaggregated-SD	Construction
SE: Psychosocial support-SD	Construction
C&T: HIV Clinical Services-SD	Travel: International Travel
C&T: HIV Drugs-SD	Travel: International Travel
C&T: HIV Laboratory Services-SD	Travel: International Travel
C&T: Not Disaggregated-SD	Travel: International Travel
HTS: Community-based testing-SD	Travel: International Travel
HTS: Facility-based testing-SD	Travel: International Travel
HTS: Not Disaggregated-SD	Travel: International Travel
PREV: Comm. mobilization, behavior & norms change-SD	Travel: International Travel
PREV: Condom & Lubricant Programming-SD	Travel: International Travel
PREV: Medication assisted treatment-SD	Travel: International Travel
PREV: Not Disaggregated-SD	Travel: International Travel
PREV: PrEP-SD	Travel: International Travel
PREV: Primary prevention of HIV and sexual violence-SD	Travel: International Travel
PREV: VMMC-SD	Travel: International Travel



PROGRAM AREA	Cost Category
SE: Case Management-SD	Travel: International Travel
SE: Economic strengthening-SD	Travel: International Travel
SE: Education assistance-SD	Travel: International Travel
SE: Food and nutrition-SD	Travel: International Travel
SE: Legal, human rights & protection-SD	Travel: International Travel
SE: Not Disaggregated-SD	Travel: International Travel
SE: Psychosocial support-SD	Travel: International Travel
C&T: HIV Clinical Services-SD	Training
C&T: HIV Drugs-SD	Training
C&T: HIV Laboratory Services-SD	Training
C&T: Not Disaggregated-SD	Training
HTS: Community-based testing-SD	Training
HTS: Facility-based testing-SD	Training
HTS: Not Disaggregated-SD	Training
PREV: Comm. mobilization, behavior & norms change-SD	Training
PREV: Condom & Lubricant Programming-SD	Training
PREV: Medication assisted treatment-SD	Training
PREV: Not Disaggregated-SD	Training
PREV: PrEP-SD	Training
PREV: Primary prevention of HIV and sexual violence-SD	Training
PREV: VMMC-SD	Training
SE: Case Management-SD	Training
SE: Economic strengthening-SD	Training
SE: Education assistance-SD	Training
SE: Food and nutrition-SD	Training
SE: Legal, human rights & protection-SD	Training
SE: Not Disaggregated-SD	Training
SE: Psychosocial support-SD	Training


Unlikely Combinations of Program Area and Cost Category: Errors

- If Program Management is selected as the Program Area in interventions 2 through 35, certain cost categories are not applicable for data entry and will be flagged as errors
 - These cost categories are:
 - Personnel: Salaries Health Care Workers Clinical
 - Personnel: Salaries Health Care Workers Ancillary
 - Supplies: Pharmaceuticals
 - Supplies: Health Non Pharmaceuticals
 - Contractual: Contracted Health Care workers Clinical
 - Contractual: Contracted Health Care workers Ancillary
 - Contractual: Contracted Interventions
- If Above Site Program is selected as the Program Area, certain cost categories are not applicable for data entry and will be flagged as errors
 - These cost categories are:
 - Personnel: Salaries Health Care Workers Clinical
 - Personnel: Salaries Health Care Workers Ancillary
 - Contractual: Contracted Health Care workers Clinical
 - Contractual: Contracted Health Care workers Ancillary
 - Contractual: Contracted Interventions
- Finally, Indirect charges can only be entered in Program Management interventions, so if Program Management is not selected as the Program Area in an intervention, the Indirect Charges cost category is not appropriate and will be flagged as an error.



Complete List of Unlikely Combinations of Program Area and Cost Category That Will Cause Errors in DATIM

PROGRAM AREA	Cost Category
C&T: HIV Clinical Services-SD	Indirect Charges
C&T: HIV Clinical Services-NSD	Indirect Charges
C&T: HIV Laboratory Services-SD	Indirect Charges
C&T: HIV Laboratory Services-NSD	Indirect Charges
C&T: HIV Drugs-SD	Indirect Charges
C&T: HIV Drugs-NSD	Indirect Charges
C&T: Not Disaggregated-SD	Indirect Charges
C&T: Not Disaggregated-NSD	Indirect Charges
HTS: Facility-based testing-SD	Indirect Charges
HTS: Facility-based testing-NSD	Indirect Charges
HTS: Community-based testing-SD	Indirect Charges
HTS: Community-based testing-NSD	Indirect Charges
HTS: Not Disaggregated-SD	Indirect Charges
HTS: Not Disaggregated-NSD	Indirect Charges
PREV: Comm. mobilization, behavior & norms change-SD	Indirect Charges
PREV: Comm. mobilization, behavior & norms change-NSD	Indirect Charges
PREV: VMMC-SD	Indirect Charges
PREV: VMMC-NSD	Indirect Charges
PREV: PrEP-SD	Indirect Charges
PREV: PrEP-NSD	Indirect Charges
PREV: Medication assisted treatment-SD	Indirect Charges
PREV: Medication assisted treatment-NSD	Indirect Charges
PREV: Condom & Lubricant Programming-SD	Indirect Charges
PREV: Condom & Lubricant Programming-NSD	Indirect Charges
PREV: Not Disaggregated-SD	Indirect Charges
PREV: Not Disaggregated-NSD	Indirect Charges
SE: Case Management-SD	Indirect Charges
SE: Case Management-NSD	Indirect Charges
SE: Economic strengthening-SD	Indirect Charges
SE: Economic strengthening-NSD	Indirect Charges
SE: Education assistance-SD	Indirect Charges
SE: Education assistance-NSD	Indirect Charges
SE: Psychosocial support-SD	Indirect Charges
SE: Psychosocial support-NSD	Indirect Charges
SE: Legal, human rights & protection-SD	Indirect Charges
SE: Legal, human rights & protection-NSD	Indirect Charges
SE: Not Disaggregated-SD	Indirect Charges
SE: Not Disaggregated-NSD	Indirect Charges
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Complete List of Unlikely Combinations of Program Area and Cost Category That Will Cause Errors in DATIM

PROGRAM AREA	Cost Category				
ASP: Procurement & supply chain management-NSD	Indirect Charges				
ASP: HMIS, surveillance, & research-NSD	Indirect Charges				
ASP: Human resources for health-NSD	Indirect Charges				
ASP: Laboratory systems strengthening-NSD	Indirect Charges				
ASP: Public financial management strengthening-NSD	Indirect Charges				
ASP: Policy, planning, coordination & management of disease control programs-NSD	Indirect Charges				
ASP: Laws, regulations & policy environment-NSD	Indirect Charges				
ASP: Not Disaggregated-NSD	Indirect Charges				
ASP: Injection safety-NSD	Indirect Charges				
ASP: Blood supply safety-NSD	Indirect Charges				
SE: Food and nutrition-SD	Indirect Charges				
SE: Food and nutrition-NSD	Indirect Charges				
PREV: Primary prevention of HIV and sexual violence-SD	Indirect Charges				
PREV: Primary prevention of HIV and sexual violence-NSD	Indirect Charges				
PM: IM Program Management-NSD	Personnel: Salaries- Health Care Workers- Clinical				
PM: IM Closeout costs-NSD	Personnel: Salaries- Health Care Workers- Clinical				
PM: IM Program Management-NSD	Personnel: Salaries- Health Care Workers- Ancillary				
PM: IM Closeout costs-NSD	Personnel: Salaries- Health Care Workers- Ancillary				
PM: IM Program Management-NSD	Supplies: Pharmaceutical				
PM: IM Closeout costs-NSD	Supplies: Pharmaceutical				
PM: IM Program Management-NSD	Supplies: Health- Non Pharmaceutical				
PM: IM Closeout costs-NSD	Supplies: Health- Non Pharmaceutical				
PM: IM Program Management-NSD	Contractual: Contracted Health Care Workers- Clinical				
PM: IM Closeout costs-NSD	Contractual: Contracted Health Care Workers- Clinical				
PM: IM Program Management-NSD	Contractual: Contracted Health Care Workers- Ancillary				
PM: IM Closeout costs-NSD	Contractual: Contracted Health Care Workers- Ancillary				
PM: IM Program Management-NSD	Contractual: Contracted Interventions				
PM: IM Closeout costs-NSD	Contractual: Contracted Interventions				
ASP: Blood supply safety-NSD	Personnel: Salaries- Health Care Workers- Clinical				
ASP: HMIS, surveillance, & research-NSD	Personnel: Salaries- Health Care Workers- Clinical				
ASP: Human resources for health-NSD	Personnel: Salaries- Health Care Workers- Clinical				
ASP: Injection safety-NSD	Personnel: Salaries- Health Care Workers- Clinical				
ASP: Laboratory systems strengthening-NSD	Personnel: Salaries- Health Care Workers- Clinical				
ASP: Laws, regulations & policy environment-NSD	Personnel: Salaries- Health Care Workers- Clinical				
ASP: Not Disaggregated-NSD	Personnel: Salaries- Health Care Workers- Clinical				
ASP: Policy, planning, coordination & management of disease control programs-NSD	Personnel: Salaries- Health Care Workers- Clinical				
ASP: Procurement & supply chain management-NSD	Personnel: Salaries- Health Care Workers- Clinical				
ASP: Public financial management strengthening-NSD	Personnel: Salaries- Health Care Workers- Clinical				



Complete List of Unlikely Combinations of Program Area and Cost Category That Will Cause Errors in DATIM

PROGRAM AREA	Cost Category
ASP: Blood supply safety-NSD	Personnel: Salaries- Health Care Workers- Ancillary
ASP: HMIS, surveillance, & research-NSD	Personnel: Salaries- Health Care Workers- Ancillary
ASP: Human resources for health-NSD	Personnel: Salaries- Health Care Workers- Ancillary
ASP: Injection safety-NSD	Personnel: Salaries- Health Care Workers- Ancillary
ASP: Laboratory systems strengthening-NSD	Personnel: Salaries- Health Care Workers- Ancillary
ASP: Laws, regulations & policy environment-NSD	Personnel: Salaries- Health Care Workers- Ancillary
ASP: Not Disaggregated-NSD	Personnel: Salaries- Health Care Workers- Ancillary
ASP: Policy, planning, coordination & management of disease control programs-NSD	Personnel: Salaries- Health Care Workers- Ancillary
ASP: Procurement & supply chain management-NSD	Personnel: Salaries- Health Care Workers- Ancillary
ASP: Public financial management strengthening-NSD	Personnel: Salaries- Health Care Workers- Ancillary
ASP: Blood supply safety-NSD	Contractual: Contracted Health Care Workers- Clinical
ASP: HMIS, surveillance, & research-NSD	Contractual: Contracted Health Care Workers- Clinical
ASP: Human resources for health-NSD	Contractual: Contracted Health Care Workers- Clinical
ASP: Injection safety-NSD	Contractual: Contracted Health Care Workers- Clinical
ASP: Laboratory systems strengthening-NSD	Contractual: Contracted Health Care Workers- Clinical
ASP: Laws, regulations & policy environment-NSD	Contractual: Contracted Health Care Workers- Clinical
ASP: Not Disaggregated-NSD	Contractual: Contracted Health Care Workers- Clinical
ASP: Policy, planning, coordination & management of disease control programs-NSD	Contractual: Contracted Health Care Workers- Clinical
ASP: Procurement & supply chain management-NSD	Contractual: Contracted Health Care Workers- Clinical
ASP: Public financial management strengthening-NSD	Contractual: Contracted Health Care Workers- Clinical
ASP: Blood supply safety-NSD	Contractual: Contracted Health Care Workers- Ancillary
ASP: HMIS, surveillance, & research-NSD	Contractual: Contracted Health Care Workers- Ancillary
ASP: Human resources for health-NSD	Contractual: Contracted Health Care Workers- Ancillary
ASP: Injection safety-NSD	Contractual: Contracted Health Care Workers- Ancillary
ASP: Laboratory systems strengthening-NSD	Contractual: Contracted Health Care Workers- Ancillary
ASP: Laws, regulations & policy environment-NSD	Contractual: Contracted Health Care Workers- Ancillary
ASP: Not Disaggregated-NSD	Contractual: Contracted Health Care Workers- Ancillary
ASP: Policy, planning, coordination & management of disease control programs-NSD	Contractual: Contracted Health Care Workers- Ancillary
ASP: Procurement & supply chain management-NSD	Contractual: Contracted Health Care Workers- Ancillary
ASP: Public financial management strengthening-NSD	Contractual: Contracted Health Care Workers- Ancillary



Fields on the Metadata and Error Checks Tab

Cell Name	Cell Reference	Details
Does the Prime UEI fail to meet data entry criteria?	K11	This will check that the Prime UEI number entered in the "Metadata" section on the Metadata and Error Checks tab is exactly twelve digits but is not 000000000000. IPs should not upload the template if there is not an exact match, since a template with this error will not constitute a valid upload in DATIM, i.e., validation will fail .
Does the program management budget still need to be entered?	K13	This will check that amounts have been entered in intervention 1 for program management budget and projected expenditure. Nearly all mechanisms are expected to have program management budget and projected expenditure, the few exceptions should be confirmed with USG Agency staff (AOR/COR/Project Officer) before ignoring this error.
Have interventions been defined with incomplete program area and beneficiary information?	K15	This will check if all interventions have both a program, sub-program and service delivery or non combination and a beneficiary and sub beneficiary combination selected. If certain interventions are missing either program or beneficiary or both, this error check will identify the number of the intervention(s) that require further information. IPs should not upload the template if there is not an exact match, since a template with this error will not constitute a valid upload in DATIM, i.e., validation will fail .
Have very unlikely combinations of program area and beneficiaries been selected?	K20	This will check if any interventions have a program area and beneficiary combination that is very unlikely given programmatic guidelines, for example if PREV: VMMC –SD is selected in combination with Females: Adult women. If certain interventions have very unlikely combinations, this error check will identify the number of the intervention(s) that require revision.
Have unlikely combinations of Program Area and Cost Category been selected?	K25	This will check if any interventions have a program area and cost category combination that is very unlikely given programmatic guidelines. For example, a HIV Testing Services-Service Delivery program area is selected in combination with Construction. If certain interventions have unlikely combinations, this error check will identify the number of the intervention(s) that require revision.



Upload to DATIM and Submit





•••

Save all files with the following naming convention:

FY23_PEPFAR_Budget_and_Projected _Expenditure_[MechanismID].xlsx

For example, a mechanism with the mechanism ID 123456 would save their template as:

FY23_PEPFAR_Budget_and_Projected _Expenditure_123456.xlsx





Implementing Partner- DATIM Upload: Log Into DATIM

You are accessing a U.S. Government information system, which includes (i) this information system; (iii) this information system's network; (iiii) all information systems connected to this network; and (iv) all devices and storage media attached to this network or to information systems on this network. This information system is provided for U.S. Governmentauthorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following

- You have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. At any time, and for any lawful government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. • Any communications or data transiting or stored on this information system may be disclosed or used for any lawful government purpose.
- Nothing herein consents to the search or seizure of a privately owned information system or other privately owned communications devices, or the contents thereof that is in the system user's home.

USE OF THIS COMPUTER SYSTEM OR NETWORK BY ANY USER, AUTHORIZED OR UNAUTHORIZED, CONSTITUTES EXPRESS CONSENT TO THIS MONITORING. IF YOU DO NOT CONSENT TO THIS MONITORING, OR IF YOU ARE NOT AN AUTHORIZED USER, YOU SHOULD EXIT THIS SYSTEM. IF YOU ARE AN AUTHORIZED USER AND CONSENT, SELECT "I AGREE" TO THE SYSTEM TERMS AND USAGE TO INDICATE YOU AGREE TO ALL THE CONDITIONS STATED HEREIN.

I Agree



() DATIM		
Accountability • Transparency • Impact	Sign in	
	Username	
	Password	
	Sign in	
	Forgot password?	
	Last Synced: 2022-02-16 16:45:59 UTC	
	Analytics Runtime: Please note that analytics is currently running at approximately 60 minute intervals. The analytics refresh process is what allows newly-entered or deduplicated data to be viewed in the pivot tables. Please see the <u>Analytics Run Time job aid</u> if you have questions.	
	Read the release notes for the current version of DATIM.	
Powered by DHIS 2 for PEPFAR - DATIM 1.32.s	User accounts are automatically disabled if they are not used for a period of 95 days. To prevent your account from being deactivated, please log in every three months.	[Change language]

PEPFAR resident's Emergency Plan for AIDS Relie

Implementing Partner- DATIM Upload: Enter ERB Processor App

derbar Logo ER ENVIRONMENT (TEST) - Dashboard				Þ	2 🖂		P
Q Search for a dashboard COP19/FY20 1. Clinical Cascade Dashboard COP19/FY20 2. Testing Dashboard	COP19/FY20 3.	Search apps				\$	1
P19/FY20 1. Clinical Cascade Dashboard 🕅 Add filter 🕶 💮 More			A	A.		•	
Welcome to the COP19/FY20 DATIM Dashboard Series! This dashboard displays an overview of PEPFAR's HIV Clinical Cascade results from October 2019 - September 2020. It contains data related to HIV testing, HIV	Definit	Browser Cache Cleaner	Capture	Data Visualizer			
treatment, and viral suppression. NOTE: This deabhaard displays data directly from the live DATIM system. This means that data may change/differ.	HTS_T (HTS) HTS_T Servio	2				l	
based on your user role permissions, whether data entry or data cleaning is in-progress, and whether or not data has been approved. To ensure you are looking at final data, we suggest using the dashboard when MER data entry/data cleaning is closed. If you have permissions to view unapproved data, these dashboards will	TX_NE therap TX_CL	Interpretations	Maps	Menu Management		l	
update dynamically as data is entered.	therap TX_PV copies		Ş		2	l	
analysis of organization unit, funding agency, and funding mechanism. This dashboard can also be filtered by support type (DSD/TA), age, and sex, but please note, if doing so, some tables or charts may return blanks if	past 1 HTS Y	Reports	DATIM Support	ERB Processor		l	
Finally, time/date periods are displayed in different ways in different systems. For example:	Linkag Viral S	\checkmark	2	*			
Calendar Month Range: Jan - March 2020	•	Data Approval	וומוו	Conio		•	

On the top right-hand corner of the page, select the Applications menu

Within the menu, select the ERB Processor App



Implementing Partner- DATIM Upload: Verify OU & Workstream

After selecting the ERB Processor app, the data entry page will appear

Headerbar Logo	ER ENVIRONMENT (TEST)		\geq	 РР
ERB Processor	Please select a Workstream Partner			
Headerbar Logo	ER ENVIRONMENT (TEST)			 РР
ERB Processor Operating Unit Kenva Expenditure R PEPFAR Budge COP 21	eporting et and Projected Expenditures			

Verify that the Operating Unit (OU) is correct

Por Workstream, select "PEPFAR Budget and Projected Expenditures" from the drop-down list.



Implementing Partner- DATIM Upload: Select Period







Implementing Partner- DATIM Upload: Select Mechanism

Once the workstream is selected, the Funding Mechanism field will become available

Select the Funding Mechanism from the drop-down list for which you would like to upload budget and projected expenditure data

If you do not see your mechanism in the drop-down list, please submit a request via DATIM Support at https://www.datim.zendesk.com

If you do not know which mechanism to report against, please contact your agency POC

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COP Year	•				
Mechanism	•				
Include Expi	red				



Implementing Partner- DATIM Upload: Upload Template

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ERB Processor	<			Partner				
Kenya	-	Mechanism			Status			
Workstream		Mech ID	14022		Total amount:		n/a	
PEPFAR Budget an	. •	Award #			Approval Status:		Pending	
COP Year	•	Mechanism Name						
Mechanism —		Prime Partner						
14022 - AID623A12	🔻	UEI #	Uploaded Template		Status	Int	Amount	Del
Include Expired				UPLOAD TEMPLATE				

Once the workstream is selected, the Funding Mechanism field will become available

Select the Funding Mechanism from the drop-down list for which you would like to upload budget and projected expenditure data

Select the "Upload Template" icon to upload a template for the selected funding mechanism

If you do not see your mechanism in the drop-down list, please submit a request via DATIM Support at https://www.datim.zendesk.com



Implementing Partner- DATIM Upload: Select Template

- Click the "Upload Template" icon in the middle of the page
- Select the template document
- Wait for file to upload





Implementing Partner- DATIM Upload: Invalid Template

- If the template is invalid, the Template field will be flagged with a red error icon
- IPs should not submit invalid templates

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C Operating Unit	<			Partner					
Kenya	~	Mechanism			Status				
- Workstream		Mech ID	14022		Total amount:		n/a		
PEPFAR Budget ar	n 🔻	Award #			Approval Status:		Pending		
COP Year COP 22	•	Mechanism Name							
Mechanism		Prime Partner							
14022 - AID623A1	2 🔻	UEI#	Uploaded Template		Status	Int	Amount	De	l
Include Expire	ed	n/a	FY23_PEPFAR_Budget_and_Projected_Exper	nditure_14022.xlsx	1 error	n/a	n/a	×	i
		error #1: Version - You ha	ave uploaded an invalid template for this data stre	am and fiscal/COP year, pleas	se download a tresh one from Ze	ndesk		>	×



Implementing Partner- DATIM Upload: Validation Checks

IPs should not submit templates which have not been validated in DATIM. Instead:

- 1. Delete the invalid file
- 2. Review the Feedback box. The feedback box will alert you to the error(s) that caused the file to fail DATIM's validation check
 - Refer to "DATIM Error Message and Resolutions" slide deck, which will explain all validation errors that will be seen in the module. This deck can be found at <u>https://datim.zendesk.com</u>
- 3. Revise the template
 - Check for template errors reviewed in slides 40-60
- 4. Upload the revised file. DATIM will re-run validation checks
- 5. Review the Feedback box and confirm validation
- 6. Submit in Data Approval app



Implementing Partner- DATIM Upload: Delete File

To delete the invalid file, select the trash icon on the right side of the Template field

eaderbar Logo	(ONMENT (TEST)						
RB Processor <		Partner					
enya 👻	Mechanism		Status				
orkstream	Mech ID	14022	Total amount:		n/a		
EPFAR Budget an 👻	Award #		Approval Status:		Pending		
P Year	Mechanism Name	e					
OP 22 -							
chanism	Prime Partn	er					
022 - AID623A12 👻	UEI#	Uploaded Template	Status	Int	Amount	D	
Include Expired	n/a	FY23_PEPFAR_Budget_and_Projected_Expenditure_14022.xlsx	1 error	n/a	n/a	Ĩ	
	error #1: Version - You have uploaded an invalid template for this data stream and fiscal/COP year, please download a fresh one from Zendesk						



Implementing Partner- DATIM Upload: Delete File

After the file is deleted, the upload icon will appear and a new file can be uploaded

Headerbar Logo	ER ENVIF	RONMENT (TEST)					þ ²² m	PP
ERB Processor	<			Partner				
Kenya	~	Mechanism			Status			
- Workstream		Mech ID	14022		Total amount:		n/a	
PEPFAR Budget	an 👻	Award #			Approval Status:		Pending	
COP Year	•	Mechanism Name						
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14022 - AID623A	.12 🔻	UEI #	Uploaded Template		Status	Int	Amount	Del
Include Expi	red			UPLOAD TEMPLATE				



Narrative Box to Explain Variance

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ERB Processor <			Partner						
South Africa	-	Mechanism		Status					
Workstream		Mech ID	17968	Total amount:	\$443,538.00				
PEPFAR Budget an	-	Award #		Approval Status:	Pending				
COP Year		Mechanism	Name		DATIM APPROVA	LS 🖸			
COP 22									_
- Mechanism		Prime Pa	rtner						_
17968 - GH001538 •		UEI #	Uploaded Template		Status	Int	Amount	Del	
Include Expired		639391218	202_Budget_COP21FY22_17968.xlsx		🛕 1 warning	4	\$443,538.00	Ī	
		warning #1:	FAST Budget and your PEPFAR Budget and Projected Expenditures Interventions Differ					×	
		FAST B	Idaet Comparison						
		Please revie	w the differences between your FAST Budget and your PEPFAR Budget and Projected Expenditures Interventions below						
"Using the		#	Intervention	FAST Budget	Template Budget		Difference		
following text		1	PM: IM Program Management-NSD + Non-Targeted Pop: Not disaggregated	\$0	\$129,923		\$129,923		
box, please		2	C&T: HIV Drugs-SD + Females: Adult women	\$0	\$131,025		\$131,025		
explain any		3	ASP: HMIS, surveillance, & research-NSD + Priority Pops: Military & other uniformed services	\$0	\$20,400		\$20,400		
differences		4	PREV: VMMC-NSD + Males: Adult men	\$0	\$162,190		\$162,190		
between the FAST budget and the template budget."		Using the fo	lowing text box, please provide additional feedback to the agency approvers and SGAC that would help explain the warnings list	ed above: 👔		C)/1200 character	s(saved)	

If the Approved FAST Budget is different than the budget in the PEPFAR Budget and Projected Expenditure Template, IPs will have the option to explain the reasoning between the discrepancies. This is not required.



Implementing Partner- DATIM Upload: Valid Template

A green Template cell and check mark indicate that DATIM has validated the uploaded file •The file is now ready for submission in the Data Approval app

•You MUST submit the template in the data approval app, or it will not be considered submitted or included in any data sets used for analysis by agencies

Headerbar Logo ER ENVIRO	DNMENT (TEST)						₩ (РР
COperating Unit		Partner						
Kenya 👻	Mechanism		Status					
Workstream	Mech ID	14022	Total a	mount:	\$1,9	38,980.00		
PEPFAR Budget an 👻	Award #		Approv	al Status:		Pending		
COP Year COP 22 T	Mechanism Name					DATIM APPRO	/ALS 🖸	
Mechanism	Prime Partner							
14022 - AID623A12 👻	UEI#	Uploaded Template	,	Status	Int	Amount	Del	
Include Expired	n/a	FY23_PEPFAR_Budget_and_Projected_Expenditure_14022.xlsx		✓ success	4	\$1,938,980	00 🗵	



Implementing Partner- DATIM Upload: Submit Template

Select the DATIM Approvals Icon to be directed to the Data Approval App

NOTE: You must submit the template in the Data Approval App, or it will not be considered submitted or included in any data sets used for analysis by agencies

Headerbar Logo ER ENVIRO	DNMENT (TEST)					III P
ERB Processor <		Partner				
Kenya 👻	Mechanism		Status			
Workstream	Mech ID	14022	Total amount:	\$1,9	38,980.00	
PEPFAR Budget an 👻	Award #		Approval Status:		Pending	
COP Year COP 22	Mechanism Name				DATIM APPROV	als 🗗
Mechanism	Prime Partner					
14022 - AID623A12 👻	UEI#	Uploaded Template	Status	Int	Amount	Del
Include Expired	n/a	FY23_PEPFAR_Budget_and_Projected_Expenditure_14022.xlsx	✓ success	4	\$1,938,980.0	00 🗵



Implementing Partner- DATIM Submission: Data Approval app

After selecting the Data Approvals icon, you will be directed to the Data Approval app Select "Submit Mechanism" to submit your budget data

↗ SUBMIT MECHANISM			BAC
0	0		
pending at partner	submitted by partner	accepted by agency	
Workflow	Work Plan Budgets FYOct		
Period	October 2022 – September 2023		
Name)
Name)
Name OU Agency)
Name OU Agency Partner)
Name OU Agency Partner Status pending at partner)
Name OU Agency Partner Status pending at partner Dataset)



Implementing Partner- DATIM Submission: Data Approval app

Verify that the submission was successful

If the submission was successful, a black message box will appear in the bottom of the page

		BACK
~	2	0
pending at partner	submitted by partner	accepted by agency
Vorkflow	Work Plan Budgets FYOct	
reriod	October 2022 – September 2023	
Iame	<u> </u>	
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Once the PEPFAR Budget and Projected Expenditure template has been successfully uploaded to DATIM and submitted by the IP, it will be reviewed by the Agency AOR/COR/Project Officer (Agency reviewer)

The Agency reviewer will check for:

- Errors or blanks in the metadata, such as incorrect Award number
- Program management budget and projected expenditure not entered when expected including indirect costs if applicable
- Interventions not aligned to COP strategy or IP work plans
- Budget and projected expenditures that do not seem to be aligned to the intervention definition
- Budget and projected expenditures that are less than or in excess of expectations

If the reviewer notes any of the above or other potential errors, he/she may contact the IP for further explanation or to require or suggest revisions prior to approving the PEPFAR Budget and Projected Expenditure template. In this case, the IP may be asked to upload a revised template.



If you need to check the status of Implementing Mechanisms in the future, go to the Data Approval app's View tab

You can see the status of each mechanism here

	Headerbar Logo ER ENVI	RONMENT (TEST)				■ ²⁰ ⊻	III P
	DATIM Appr	rovals					
	Workflow Work Plan Budgets FYOct	Period October 2022 – S	September 2023	Organisation Unit South Africa	•		
Note: In the Data Approvals app, the PEPFAR Budget and rojected Expenditure	VIEW 12	ACCEPT	SUBMIT	RECALL 1	RETURN		
emplate data will be categorized as Workplan Budgets	12 mechanisms				Q 70301		×
Oct" in the workflow	Mechanism A		OU	Agency	Partner	Statu	s
	70301 -					submitt partner	ted by
				20 rov	vs ▼ < <	1-1 of 1 🗦	>1



Technical Support in DATI



Technical Support for DATIM

Users who have questions or problems in DATIM can submit a request for technical support in the box highlighted below, on the DATIM Support page: <u>https://datim.zendesk.com</u>

DATIM Countebility · Transportery · Impact			Sign in
	Search	Search Q	
	BROWSER COMPATIBILITY NOTE: Microsoft Internet Exp Team recommends using the Google Chrome, Mozilla Fi To better serve our users, we are continuously striving site, submit a helpdesk ticket here.	orer (IE) 10 and earlier versions are not supported by DATIM. Th refox, or Microsoft IE 11 browsers while using DATIM. to make improvements to the DATIM Support Site. To submit fee	e DATIM Support dback about the
	DATIM Training & Tutorials What's New in DATIM	PEPFAR Guidance PEPFAR Guidance	nange Resources suides
	Frequently Asked Questions (FAQs)		
	Administration	Activity	Technical Support Available!

19 YEARS O

Submit a Request

SUPPORT	Sign in
Search	Search Q
DATIM > Submit a request Submit a request Please choose from the issue topics below. On the next screen you will be asked for more details on each topic.	
OPU Issue Organization Hierarchy PEPFAR Budget and Projected Expenditure Template PEPFAR/MoH Data Alignment 	
PEPFAR Virtual Academy	Return to DATIM Terms of Service



Submit a Request

Accountability + Transporterior + Import	Sign i
	Search Q
DATIM > Submit a request	
Submit a request	
Please choose from the issue topics below. On the next screen you will be asked for more details on each topic.	
PEPFAR Budget and Projected Expenditure Template	
Your email address *	
Description*	
////	
error, which web browser and version you are using, and ideally a screen shot you can attach below.	
DATIM user name*	
Please enter the DATIM user name you are logging in with and experiencing issues or require support.	
Organization *	
riease enter une organization you are with (e.g., usado, state Dept, ATZ Faitule), etc.)	
- *	
Data Entry Choices*	
- ·	
Attachments	
Add me or drop mes here	







U.S. President's Emergency Plan for AIDS Relief

Thank You!