



**Contract Number**  
23-1326 A-1

**SAP Number**

## Department of Public Health

<b>Department Contract Representative</b>	LaTanya Mitchell
<b>Telephone Number</b>	909-665-2647
<b>Contractor</b>	US Department of Health and Human Services, Health Resources and Services Administration
<b>Contractor Representative</b>	Whitney Watkins
<b>Telephone Number</b>	301-287-0153
<b>Contract Term</b>	01/01/2024 through 12/31/2024
<b>Original Contract Amount</b>	\$129,480
<b>Amendment Amount</b>	
<b>Total Contract Amount</b>	\$129,480
<b>Cost Center</b>	9300051000
<b>Grant Number (if applicable)</b>	

**Briefly describe the general nature of the contract:**

Approve and accept Amendment No. 1 (Award No. 6 H76HA00154-33-02) to Contract No. 23-1326, from the United States Department of Health and Human Services, Health Resources and Services Administration for the Ryan White HIV/AIDS Program Part C Outpatient Early Intervention Services program, increasing the grant award amount by \$129,480, from 97,111 to \$226,591, for the period of January 1, 2024 through December 31, 2024.

**FOR COUNTY USE ONLY**

Approved as to Legal Form

►

Adam Ebright, Deputy County Counsel

Date Jul 11, 2024

Reviewed for Contract Compliance

►

Date

Reviewed/Approved by Department

► Joshua Dugas (Jul 11, 2024 16:24 PDT)

Joshua Dugas, Director

Date Jul 11, 2024



**Department of Health and Human Services**  
Health Resources and Services Administration

Notice of Award  
FAIN# H7600154  
Federal Award Date: 01/30/2024

### Recipient Information

1. Recipient Name  
SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT  
351 N Mt View Avenue  
San Bernardino, CA 92415-0003
2. Congressional District of Recipient  
33
3. Payment System Identifier (ID)  
1956002748B1
4. Employer Identification Number (EIN)  
956002748
5. Data Universal Numbering System (DUNS)  
106376861
6. Recipient's Unique Entity Identifier  
PD18A8XE7B6
7. Project Director or Principal Investigator  
Morena Garcia  
Public Health Program Manager  
Morena.Garcia@dph.sbcounty.gov  
(760)956-4457
8. Authorized Official  
Alvin Goh  
agoh@dph.sbcounty.gov  
(909)387-6293

### Federal Agency Information

9. Awarding Agency Contact Information  
Whitney Watkins  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
wwatkins@hrsa.gov  
(301) 287-0153
10. Program Official Contact Information  
Kristin Williams  
HIV/AIDS Bureau (HAB)  
kwilliams@hrsa.gov  
(301) 945-9789

### Federal Award Information

11. Award Number  
6 H76HA00154-33-02
12. Unique Federal Award Identification Number (FAIN)  
H7600154
13. Statutory Authority  
42 U.S.C. § 300ff-51-67; 300ff-121
14. Federal Award Project Title  
Ryan White Part C Outpatient EIS Program
15. Assistance Listing Number  
93.918
16. Assistance Listing Program Title  
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease
17. Award Action Type  
Administrative
18. Is the Award R&D?  
No

### Summary Federal Award Financial Information

19. Budget Period Start Date 01/01/2024 - End Date 12/31/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$129,480.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$226,591.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$226,591.00
26. Project Period Start Date 01/01/2022 - End Date 12/31/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,003,477.00

28. Authorized Treatment of Program Income  
Addition
29. Grants Management Officer – Signature  
Inge Cooper on 01/30/2024

### 30. Remarks



Notice of Award  
Award Number: 6 H76HA00154-33-02  
Federal Award Date: 01/30/2024

**HIV/AIDS Bureau (HAB)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation	<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																														
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<b>35. FORMER GRANT NUMBER</b> CSH901882																																															
<b>36. OBJECT CLASS</b> 41.51																																															
<b>37. BHCNIS#</b>																																															
<b>38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:</b> a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.																																															
<b>39. ACCOUNTING CLASSIFICATION CODES</b>																																															
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## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

### Grant Specific Term(s)

1. HRSA is operating under a Continuing Resolution; therefore, this award provides partial funding based on the continuation of FY 2024 program requirements, at FY 2023 funding levels, and specialized reporting requirements. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final FY 2024 appropriations. A revised Notice of Award (NoA) will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.

All prior terms and conditions remain in effect unless specifically removed.

### Contacts

#### NoA Email Address(es):

Name	Role	Email
Alvin Goh	Authorizing Official	agoh@dph.sbcounty.gov
Morena Garcia	Program Director	morena.garcia@dph.sbcounty.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).