



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

Notice of Award  
FAIN# **H8900032**  
Federal Award Date: **05/07/2025**

**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**  
43
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**  
PD18A8XKE7B6
7. **Project Director or Principal Investigator**  
Shannon Swims  
Program Coordinator  
shannon.swims@dph.sbcounty.gov  
(909)387-6492
8. **Authorized Official**

**Federal Agency Information**

9. **Awarding Agency Contact Information**  
India Smith  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
ISmith@hrsa.gov  
(301) 443-2096
10. **Program Official Contact Information**  
Sylvestre Kpangni  
HIV/AIDS Bureau (HAB)  
skpangni@hrsa.gov  
(301) 443-0866

**Federal Award Information**

11. **Award Number**  
6 H89HA00032-32-01
12. **Unique Federal Award Identification Number (FAIN)**  
H8900032
13. **Statutory Authority**  
42 U.S.C. § 300ff-11-20 and § 300ff-121
14. **Federal Award Project Title**  
HIV EMERGENCY RELIEF PROJECT GRANTS
15. **Assistance Listing Number**  
93.914
16. **Assistance Listing Program Title**  
HIV Emergency Relief Project Grants
17. **Award Action Type**  
Administrative
18. **Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

19. Budget Period Start Date 03/01/2025 - End Date 02/28/2026	
20. Total Amount of Federal Funds Obligated by this Action	\$2,444,965.00
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	\$4,107,133.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$4,107,133.00
26. Project Period Start Date 03/01/2025 - End Date 02/29/2028	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$4,107,133.00

28. **Authorized Treatment of Program Income**  
Addition
29. **Grants Management Officer – Signature**  
Karen Mayo on 05/07/2025

**30. Remarks**

This award consists of the following amounts:  
FY25 MAI - \$289,849.00  
FY25 FRML - \$3,817,284.00  
Total Funding - \$4,107,133.00



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HIV/AIDS Bureau (HAB)

<div><div>31. APPROVED BUDGET: (Excludes Direct Assistance)</div><div><div><input checked="" type="checkbox"/> Grant Funds Only</div><div><input type="checkbox"/> Total project costs including grant funds and all other financial participation</div></div><table><tr><td>a. Salaries and Wages:</td><td>\$0.00</td></tr><tr><td>b. Fringe Benefits:</td><td>\$0.00</td></tr><tr><td>c. Total Personnel Costs:</td><td>\$0.00</td></tr><tr><td>d. Consultant Costs:</td><td>\$0.00</td></tr><tr><td>e. Equipment:</td><td>\$0.00</td></tr><tr><td>f. Supplies:</td><td>\$0.00</td></tr><tr><td>g. Travel:</td><td>\$0.00</td></tr><tr><td>h. Construction/Alteration and Renovation:</td><td>\$0.00</td></tr><tr><td>i. Other:</td><td>\$0.00</td></tr><tr><td>j. Consortium/Contractual Costs:</td><td>\$0.00</td></tr><tr><td>k. Trainee Related Expenses:</td><td>\$0.00</td></tr><tr><td>l. Trainee Stipends:</td><td>\$0.00</td></tr><tr><td>m. Trainee Tuition and Fees:</td><td>\$0.00</td></tr><tr><td>n. Trainee Travel:</td><td>\$0.00</td></tr><tr><td>o. TOTAL DIRECT COSTS:</td><td>\$4,107,133.00</td></tr><tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td><td>\$0.00</td></tr><tr><td>    i. Indirect Cost Federal Share:</td><td>\$0.00</td></tr><tr><td>    ii. Indirect Cost Non-Federal Share:</td><td>\$0.00</td></tr><tr><td>q. TOTAL APPROVED BUDGET:</td><td>\$4,107,133.00</td></tr><tr><td>    i. Less Non-Federal Share:</td><td>\$0.00</td></tr><tr><td>    ii. Federal Share:</td><td>\$4,107,133.00</td></tr></table></div>	a. Salaries and Wages:	\$0.00	b. Fringe Benefits:	\$0.00	c. Total Personnel Costs:	\$0.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$0.00	g. Travel:	\$0.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$0.00	j. Consortium/Contractual Costs:	\$0.00	k. Trainee Related Expenses:	\$0.00	l. Trainee Stipends:	\$0.00	m. Trainee Tuition and Fees:	\$0.00	n. Trainee Travel:	\$0.00	o. TOTAL DIRECT COSTS:	\$4,107,133.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	i. Indirect Cost Federal Share:	\$0.00	ii. Indirect Cost Non-Federal Share:	\$0.00	q. TOTAL APPROVED BUDGET:	\$4,107,133.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$4,107,133.00	<div><div>33. RECOMMENDED FUTURE SUPPORT:</div><div>(Subject to the availability of funds and satisfactory progress of project)</div><table><tr><th>YEAR</th><th>TOTAL COSTS</th></tr><tr><td>33</td><td>\$4,107,133.00</td></tr><tr><td>34</td><td>\$4,107,133.00</td></tr></table><div>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</div><table><tr><td>a. Amount of Direct Assistance</td><td>\$0.00</td></tr><tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr><tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td>\$0.00</td></tr><tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td>\$0.00</td></tr></table><div>35. FORMER GRANT NUMBER</div><div>BRH890032</div><div>36. OBJECT CLASS</div><div>41.15</div><div>37. BHCNIS#</div></div>	YEAR	TOTAL COSTS	33	\$4,107,133.00	34	\$4,107,133.00	a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00
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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:

a. The program authorizing statue 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.

39. ACCOUNTING CLASSIFICATION CODES						
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
25 - 377RA25	93.914	25H89HA00032	\$2,272,351.00	\$0.00	FRML	25H89HA00032
25 - 377RA24	93.914	25H89HA00032	\$172,614.00	\$0.00	MAI	25H89HA00032

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/WebEPSExternal/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.

At the time of this award creation, HRSA was operating under a Continuing Resolution; therefore, this award provides partial funding based on the continuation of FY 2024 program requirements, funding levels, and specialized reporting requirements. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final FY 2025 appropriations. A revised NoA will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.
2.

Funding beyond this budget period is contingent upon the availability of appropriated funds for this program, recipient satisfactory performance, program authority, compliance with the Terms and Conditions of the award, and a decision that continued funding is in the best interest of the Federal government.

This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.

Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).
- All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Shannon Swims	Program Director	shannon.swims@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/>).