

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number
20-0113 A-1

SAP Number
N/A

Department of Public Health

Department Contract Representative Telephone Number	Shannon Swims (909) 387-6492
Contractor	United States Department of Health and Human Services, Health Resources and Services Administration
Contractor Representative Telephone Number	India Smith (301) 443-2096
Contract Term	March 1, 2020 through February 28, 2021
Original Contract Amount	\$1,660,633
Amendment Amount	\$6,364,996
Total Contract Amount	\$8,025,629
Cost Center	9300371000

Briefly describe the general nature of the contract: Amended grant award, Amendment No. 1 to County Agreement No. 20-0113 (Award No. 6 H89HA00032-27-01), from the United States Department of Health and Human Services, Health Resources and Services Administration for the Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program to provide medical care and support services to persons living with HIV/AIDS in San Bernardino and Riverside counties, increasing the amount by \$6,364,996, from \$1,660,633 to \$8,025,629, for the grant period of March 1, 2020 through February 28, 2021.

FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Bright, Deputy County Counsel

Date 4/28/20

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

Trudy Raymundo, Director

Date 5/1/20

1. DATE ISSUED: 04/08/2020		2. PROGRAM CFDA: 93.914	
3. SUPERSEDES AWARD NOTICE dated: 01/27/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 H89HA00032-27-01		4b. GRANT NO.: H89HA00032	5. FORMER GRANT NO.: BRH890032
6. PROJECT PERIOD: FROM: 04/04/1994 THROUGH: 02/28/2021			
7. BUDGET PERIOD: FROM: 03/01/2020 THROUGH: 02/28/2021			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
 Public Health Service Act, Title XXVI, Section 2603b
 Public Health Service Act Section 2603(b), 42 U.S.C 300ff-13(b)
 FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-ff-11 et
 seq (as amended), Part A
 Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law
 111-87)
 Public Health Service Act, Sections 2601-2610
 Public Health Service Act, Sections 2601-2610 (42 USC 300ff-11 –
 300ff-20), as amended by the Ryan White HIV/AIDS Treatment
 Extension Act of 2009 (Public Law 111-87)
 Public Health Service Act, Sections 2601-2610, and 2693(b)(2)(A)
 (42 USC 300ff-11 – 300ff-20, and 300ff-121(b)(2)(A)), as amended
 by the Ryan White HIV/AIDS Treatment Extension Act of 2009
 (Public Law 111-87)

8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS

9. GRANTEE NAME AND ADDRESS:
 SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT
 351 N Mt View Avenue
 San Bernardino, CA 92415-0003
DUNS NUMBER:
 106376861

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Shannon Swims
 SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT
 172 W 3rd Street
 San Bernardino, CA 92415-0010

11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

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 :	\$8,025,629.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$8,025,629.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$8,025,629.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$8,025,629.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$1,660,633.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$6,364,996.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
Not applicable	

14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other **[A]**
 Estimated Program Income: \$0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
 a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached [X]Yes []No)
 This award is comprised of the following sources of funding:
 FY18 MAI - \$81,823.00
 FY18 Supplemental-\$768,294.00
 FY20 MAI- \$486,678.00

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. Fiscal year (FY) 2018 unobligated balances have been deobligated from FY 2018 and reobligated for use in FY 2020. These funds must be tracked separately by the grantee as FY 2018 funds according to funding type. Please refer to the "Remarks" section of the NoA face page for the amount, type and purpose of these funds.

This action by the DGMO is in accordance with Title XXVI of the Public Health Service (PHS) Act, Section 2603(b) (for Eligible Metropolitan Areas) and Section 2609(d)(2) (for Transitional Grant Areas), as amended by the Ryan White HIV/AIDS Program Treatment Extension Act of 2009.

2. This Notice of Award provides the balance of Fiscal Year 2020 (FY20) funding based on HRSA's FY20 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

Reporting Requirement(s)

1. **Due Date: Within 90 Days of Award Issue Date**

The recipient must submit a FY 2020 Program Submission no later than 90 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

2. **Due Date: Within 90 Days of Award Issue Date**

The recipient must submit a FY 2020 Program Terms Report no later than 90 days after the receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

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)

Program Contact:

For assistance on programmatic issues, please contact Holly Berilla at:
MailStop Code: 9N05B
5600 Fishers Lane
Rockville, MD, 20857-
Email: hberilla@hrsa.gov
Phone: (301) 443-9965

Division of Grants Management Operations:

For assistance on grant administration issues, please contact India Smith at:
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: ISmith@hrsa.gov
Phone: (301) 443-2096