



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8900032
Federal Award Date: 03/23/2021

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
7. Project Director or Principal Investigator
Shannon Swims
Administrative Supervisor
Shannon.Swims@dph.sbcounty.gov
(909)387-6492
8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information
India Smith
GRANTS MANAGEMENT SPECIALIST
Health Resources and Services Administration
ISmith@hrsa.gov
(301) 443-2096
10. Program Official Contact Information
Catiffaney Griswold
Project Officer
Health Resources and Services Administration
cgriswold@hrsa.gov
(706) 566-4287

Federal Award Information

11. Award Number
6 H89HA00032-28-01
12. Unique Federal Award Identification Number (FAIN)
H8900032
13. Statutory Authority
42 U.S.C. § 300ff-11-20; 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 03/01/2021 - End Date 02/28/2022	
20. Total Amount of Federal Funds Obligated by this Action	\$6,295,006.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$8,131,931.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$8,131,931.00
26. Project Period Start Date 03/01/2021 - End Date 02/28/2022	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$8,131,931.00

28. Authorized Treatment of Program Income
Addition
29. Grants Management Officer – Signature
Brad Barney on 03/23/2021

30. Remarks

This award consists of the following amounts:

FY19 MAI-\$66,731
FY19 Supplemental- \$687,005
FY21 MAI-\$381,441
FY21 Formula-\$3,382,819
FY21 Supplemental-\$1,777,010

Total FY21 Award-\$6,295,006



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31. 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:	\$8,131,931.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$8,131,931.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$8,131,931.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$8,131,931.00
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 Award(s) This Budget Period	\$1,836,925.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$6,295,006.00

33. RECOMMENDED FUTURE SUPPORT:

(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
	Not applicable

34. 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 Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER

BRH890032

36. OBJECT CLASS

41.15

37. BHCNIS#**38. 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.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
21 - 3772306	93.914	21H89HA00032	\$3,382,819.00	\$0.00	FRML	21H89HA00032
21 - 3772307	93.914	21H89HA00032	\$1,777,010.00	\$0.00	SUPPL	21H89HA00032
19 - 3772208	93.914	21H89HA00032	\$687,005.00	\$0.00	SUPPL	21H89HA00032
21 - 3772305	93.914	21H89HA00032	\$381,441.00	\$0.00	MAI	21H89HA00032
19 - 3772206	93.914	21H89HA00032	\$66,731.00	\$0.00	MAI	21H89HA00032

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. This Notice of Award provides the balance of fiscal year 2021 (FY21) funding based on HRSA's FY21 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. This Notice of Award provides the offset of an unobligated balance in the amount of \$753,736 from the 03/1/2019-02/29/2020 budget period to the current budget period. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

Program Specific Term(s)

1. Requirements regarding the timeframe for obligation and expenditure of formula and supplemental RWHAP funds within the designated timeframe, including the requirement to submit an estimated unobligated balance and carryover request prior to the end of the grant year, and associated penalties are waived for FY 2020 and FY 2021. Recipients are still required to submit a final FFR.
2. Recipients are required to participate in the development of the Statewide Coordinated Statement of Need (SCSN) as facilitated by the RWHAP Part B recipient. As the HRSA guidance for the Integrated HIV Prevention and Care Plan indicates the SCSN is a component of the Integrated HIV Prevention and Care Plan, <http://hab.hrsa.gov/manageyourgrant/hivpreventionplan062015.pdf>, due to HRSA and CDC in September 2016. Therefore, recipients are required to participate in the Integrated HIV Prevention and Care Plan development.

Reporting Requirement(s)

1. **Due Date: Within 90 Days of Award Issue Date**
The recipient must submit a FY 2021 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 2021 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.
3. **Due Date: 05/29/2021**
The recipient must submit a Final FY 2021 Part A Annual Progress Report no later than 90 days after the budget period end date, 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)

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/>).