



Contract Number  
22-29 A-1

SAP Number

## Department of Public Health

Department Contract Representative	<u>Laura Edwards</u>
Telephone Number	<u>(909) 677-3929</u>
Contractor	<u>Department of Health and Human Services/Health Resources and Services Administration</u>
Contractor Representative	<u>Kristen Williams</u>
Telephone Number	<u>(301) 945-9789</u>
Contract Term	<u>1/1/2022 through 12/31/2024</u>
Original Contract Amount	<u>\$161,864</u>
Amendment Amount	<u>\$226,579</u>
Total Contract Amount	<u>\$388,443</u>
Cost Center	<u>9300081000</u>

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

Amendment No. 1 to Contract No. 22-29 (Award No. 6 H76HA00154-31-01) from the United States Department of Health and Human Services, Health Resources and Services Administration for the Ryan White Part C Outpatient Early Intervention Services Program, increasing the amount by \$226,579, from \$161,864 to \$388,443 for the period of January 1, 2022 through December 31, 2022.

#### FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, Deputy County Counsel

Date Sep 12, 2023

Reviewed for Contract Compliance

Date \_\_\_\_\_

Reviewed/Approved by Department

Joshua Dugas (Sep 12, 2023 12:26 PDT)

Joshua Dugas, Director of Public Health

Date Sep 12, 2023



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

Notice of Award  
FAIN# H7600154  
Federal Award Date: 06/15/2022

**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**  
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**  
Bria Haley  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
bhaley@hrsa.gov  
(301) 443-3778
10. **Program Official Contact Information**  
Kristin Williams  
HIV/AIDS Bureau (HAB)  
kwilliams@hrsa.gov  
(301) 945-9789

**Federal Award Information**

11. **Award Number**  
6 H76HA00154-31-01
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 01/01/2022 - End Date 12/31/2022**
20. **Total Amount of Federal Funds Obligated by this Action** \$226,579.00
  - 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** \$388,443.00
24. **Total Approved Cost Sharing or Matching, where applicable** \$0.00
25. **Total Federal and Non-Federal Approved this Budget Period** \$388,443.00
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** \$388,443.00

28. **Authorized Treatment of Program Income**  
Addition
29. **Grants Management Officer – Signature**  
Inge Cooper on 06/15/2022

**30. Remarks**



Notice of Award  
Award Number: 6 H76HA00154-31-01  
Federal Award Date: 06/15/2022

## 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)																																												
<table style="width: 100%;"> <tr> <td style="width: 80%;">a. Salaries and Wages:</td> <td style="text-align: right;">\$181,089.00</td> </tr> <tr> <td>b. Fringe Benefits:</td> <td style="text-align: right;">\$93,551.00</td> </tr> <tr> <td>c. Total Personnel Costs:</td> <td style="text-align: right;">\$274,640.00</td> </tr> <tr> <td>d. Consultant Costs:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>e. Equipment:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>f. Supplies:</td> <td style="text-align: right;">\$4,000.00</td> </tr> <tr> <td>g. Travel:</td> <td style="text-align: right;">\$9,653.00</td> </tr> <tr> <td>h. Construction/Alteration and Renovation:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>i. Other:</td> <td style="text-align: right;">\$50,000.00</td> </tr> <tr> <td>j. Consortium/Contractual Costs:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>k. Trainee Related Expenses:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>l. Trainee Stipends:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>m. Trainee Tuition and Fees:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>n. Trainee Travel:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>o. TOTAL DIRECT COSTS:</td> <td style="text-align: right;">\$338,293.00</td> </tr> <tr> <td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td> <td style="text-align: right;">\$50,150.00</td> </tr> <tr> <td>q. TOTAL APPROVED BUDGET:</td> <td style="text-align: right;">\$388,443.00</td> </tr> <tr> <td>    i. Less Non-Federal Share:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>    ii. Federal Share:</td> <td style="text-align: right;">\$388,443.00</td> </tr> </table>	a. Salaries and Wages:	\$181,089.00	b. Fringe Benefits:	\$93,551.00	c. Total Personnel Costs:	\$274,640.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$4,000.00	g. Travel:	\$9,653.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$50,000.00	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:	\$338,293.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$50,150.00	q. TOTAL APPROVED BUDGET:	\$388,443.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$388,443.00	<table style="width: 100%;"> <tr> <th style="width: 30%;">YEAR</th> <th style="width: 70%;">TOTAL COSTS</th> </tr> <tr> <td style="text-align: center;">32</td> <td style="text-align: right;">\$388,443.00</td> </tr> <tr> <td style="text-align: center;">33</td> <td style="text-align: right;">\$388,443.00</td> </tr> </table>	YEAR	TOTAL COSTS	32	\$388,443.00	33	\$388,443.00
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<b>35. FORMER GRANT NUMBER</b> CSH901882																																													
<b>36. OBJECT CLASS</b> 41.51																																													
<b>37. BHCMI#</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.																																													
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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. This Notice of Award provides the balance of fiscal year 2022 (FY22) funding based on HRSA's FY22 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. Of the total base award amount \$226938 is designated under the Minority AIDS Initiative to support culturally and linguistically appropriate care and services to racial and ethnic minorities.
3. This Notice of Award provides the offset of an unobligated balance in the amount of \$5,940.00 from the 1/1/2020 12/31/2020 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.

### Reporting Requirement(s)

1. **Due Date: Within 60 Days of Budget Start Date**

Submit a Ryan White HIV/AIDS Program Allocation Report by July 29, 2022.

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
Morena Garcia	Program Director	morena.garcia@dph.sbcounty.gov
Alvin Goh	Authorizing Official	agoh@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/>).