



**Contract Number**  
**21-165 A-1**

**SAP Number**

## Department of Public Health

<b>Department Contract Representative</b>	Morena Garcia
<b>Telephone Number</b>	760 956-4457
 <b>Contractor</b>	 United States Department of Health and Human Services, Health Resources and Services Administration
<b>Contractor Representative</b>	Kristin Williams
<b>Telephone Number</b>	(310) 945-9789
<b>Contract Term</b>	January 1, 2021 through December 31, 2021
<b>Original Contract Amount</b>	\$187,164
<b>Amendment Amount</b>	\$261,994
<b>Total Contract Amount</b>	\$449,158
<b>Cost Center</b>	1008274

**Briefly describe the general nature of the contract:** Amended grant award, Amendment No. 1 to Contract No. 21-165 (Award No. 6H76HA00154-30-01), 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 amount by \$261,994, from \$187,164 to \$449,158, for the period of January 1, 2021 through December 31, 2021.

**FOR COUNTY USE ONLY**

Approved as to Legal Form

Adam Ebright, Deputy County Counsel

Date 6/4/21

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

Andrew Goldfrach, Interim Director

Date



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

**Notice of Award**

FAIN# H7600154

Federal Award Date: 05/03/2021

**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**  
Morena Garcia  
Project Director  
morena.garcia@dph.sbcounty.gov  
(760)959-4457
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 H76HA00154-30-01
12. **Unique Federal Award Identification Number (FAIN)**  
H7600154
13. **Statutory Authority**  
FY 2007 Part C of Title XXVI of the PHS Act, 42 U.S.C. section 300ff-51 et seq. (as amended).  
Sections 2651 and 2693 et seq., of the Public Health Service Act, as amended (42 USC 300ff -51),  
as amended by the Ryan White HIV/  
Sections 2651 - 2667 and 2693 of the PHS Act (42 USC 300ff -51) as amended by the Ryan White  
HIV/AIDS Treatment Ext Act of 2009  
Sections 2651 - 2667 and 2693 of the Public Health Service Act (42 USC 300ff 51-67, and 121), as  
amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)  
Sections 2651 - 2667 and 2693 of the Public Health Service Act (42 USC 300ff -51), as amended  
by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)  
Sections 2651 - 2667 and 2693 of the Public Health Service Act (42 USC300ff -51-67, and 121), as  
amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)  
Sections 2651 - 2667 and 2693 of the Public Health Service Act(42 USC300ff -51-67, and 121), as  
amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)  
Title XXVI of the Public Health Service Act, Sections 2651-2667 and 2693 et seq. (42 USC300ff-  
51), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)  
Sections 2651 - 2667 of the Public Health Service Act, (42 U.S.C. §§300ff-51-67) and section  
2693 (42 U.S.C. §300ff-121) of the Public Health Service Act, as amended by the Ryan White  
HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87  
Sections 2651-2667 of the Public Health Service Act (42 USC § 300ff-51 - 67) and section 2693 of  
the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension  
Act of 2009 (P.L. 111-87)  
42 U.S.C. §§ 300ff-51-67 and 300ff-121 (sections 2651-2667 and 2693 of the Public Health  
Service (PHS) Act).  
42 U.S.C. § 300ff-51-67; 300ff-121  
42 U.S.C. § 300ff-71; 300ff-121  
42 U.S.C. § 300ff-54; 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 01/01/2021 - End Date 12/31/2021**
20. **Total Amount of Federal Funds Obligated by this Action** **\$261,994.00**
  - 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** **\$449,158.00**
24. **Total Approved Cost Sharing or Matching, where applicable** **\$0.00**
25. **Total Federal and Non-Federal Approved this Budget Period** **\$449,158.00**
26. **Project Period Start Date 01/01/2018 - End Date 12/31/2021**
27. **Total Amount of the Federal Award including Approved**  
**Cost Sharing or Matching this Project Period** **\$1,787,231.00**

28. Authorized Treatment of Program Income  
Addition

29. Grants Management Officer – Signature  
Inge Cooper on 05/03/2021

30. Remarks



Notice of Award  
Award Number: 6 H76HA00154-30-01  
Federal Award Date: 05/03/2021

## HIV/AIDS Bureau (HAB)

## 31. APPROVED BUDGET: (Excludes Direct Assistance)

☒ Grant Funds Only☐ Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$213,315.00
b. Fringe Benefits:	\$109,879.00
c. Total Personnel Costs:	\$323,194.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$8,740.00
g. Travel:	\$14,941.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$102,283.00
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:	\$449,158.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$449,158.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$449,158.00

## 32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$449,158.00
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	\$187,164.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$261,994.00

## 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

CSH901882

## 36. OBJECT CLASS

41.51

## 37. BHCMI#

## 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 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.

## 39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
21 - 3770891	93.918	18H76HA00154	\$261,994.00	\$0.00	N/A	HIV-EISEGA_18

## 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 award is subject to 45 CFR 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
2. 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.
3. Of the total base award amount \$270647 is designated under the Minority AIDS Initiative to support culturally and linguistically appropriate care and services to racial and ethnic minorities.
4. The budget submitted in the application for this award contained a line item for Indirect Costs; however your organization did not provide a current Federally-negotiated indirect cost rate agreement that covers the activities to be funded with the application. Since your organization did not provide an agreement, charges for these funds have been allocated to the "Other" category. In order to claim indirect costs on this award, provide the agreement within 90 days of this Notice and the budget will be revised accordingly.  
If the Division of Grants Management Operations is not in receipt of either a Federally-negotiated indirect cost rate agreement or a request to re-budget, funds that were requested for indirect costs may not be used and should appear as an un-obligated balance on the Federal Financial Report (SF425) for this period.

### Reporting Requirement(s)

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

Submit a Ryan White HIV/AIDS Program Allocation Report, within 60 days after the start of the budget period.

**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	<a href="mailto:morena.garcia@dph.sbcounty.gov">morena.garcia@dph.sbcounty.gov</a>
Alvin Goh	Authorizing Official	<a href="mailto:agoh@dph.sbcounty.gov">agoh@dph.sbcounty.gov</a>

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/>).