

Department of Health and Human Services Health Resources and Services Administration

Notice of Award FAIN# H7600154 Federal Award Date: 05/03/2021

Recipient Information	Federal Award Information		
1. Recipient Name SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT 351 N Mt View Avenue	11. Award Number 6 H76HA00154-30-01		
San Bernardino, CA 92415-0003 2. Congressional District of Recipient	12. Unique Federal Award Identification Number (FAIN) H7600154		
43	13. Statutory Authority		
3. Payment System Identifier (ID) 1956002748B1	FY 2007 Part C of Title XXVI of the PHS Act, 42 U.S.C. section 300-ff-51 et Sections 2651 and 2693 et seq., of the Public Health Service Act, as amen as amended by the Ryan White HIV/		
4. Employer Identification Number (EIN) 956002748	Sections 2651 - 2667 and 2693 of the PHS Act (42 USC 300ff -51) as amen HIV/AIDS Treatment Ext Act of 2009	ded by the Ryan Whit	
5. Data Universal Numbering System (DUNS) 106376861	Sections 2651 - 2667 and 2693 of the Public Health Service Act (42 USC 30 amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 Sections 2651 - 2667 and 2603 of the Public Health Service Act (42 USC 20	(P.L. 111-87)	
6. Recipient's Unique Entity Identifier	Sections 2651 - 2667 and 2693 of the Public Health Service Act (42 USC 30 by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-8		
7. Project Director or Principal Investigator Morena Garcia	Sections 2651 - 2667 and 2693 of the Public Health Service Act (42 USC30 amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009	00ff -51-67, and 121),	
Project Director	Sections 2651 - 2667 and 2693 of the Public Health Service Act(42 USC30		
morena.garcia@dph.sbcounty.gov (760)959-4457	amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 Title XXVI of the Public Health Service Act, Sections 2651-2667 and 2693		
8. Authorized Official	51), as amended by the Ryan White HIV/AIDS Treatment Extension Act of		
Alvin Goh	Sections 2651 – 2667of the Public Health Service Act, (42 U.S.C. §§300ff- 2693 (42 U.S.C. §300ff-121) of the Public Health Service Act, as amended		
agoh@dph.sbcounty.gov (909)387-6293	HIV/AIDS Treatment Extension Act of 2009 (P.L 111-87		
(505)567-0255	Sections 2651-2667 of the Public Health Service Act (42 USC § 300ff-51 - 6 the Public Health Service Act, as amended by the Ryan White HIV/AIDS T		
Federal Agency Information	Act of 2009 (P.L. 111-87)		
9. Awarding Agency Contact Information	42 U.S.C. §§ 300ff-51-67 and 300ff-121 (sections 2651-2667 and 2693 of	the Public Health	
Bria Haley Grants Management Specialist	Service (PHS) Act). 42 U.S.C. § 300ff-51-67; 300ff-121		
Office of Federal Assistance Management (OFAM)	42 U.S.C. § 300ff-71; 300ff-121		
Division of Grants Management Office (DGMO)	42 U.S.C. § 300ff-54; 300ff-121		
bhaley@hrsa.gov (301) 443-3778	14. Federal Award Project Title		
· · /	Ryan White Part C Outpatient EIS Program		
10. Program Official Contact Information Kristin Williams	15. Assistance Listing Number		
HIV/AIDS Bureau (HAB)	93.918		
kwilliams@hrsa.gov	16. Assistance Listing Program Title		
(301) 945-9789	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 Inform		
	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	
	21. Authorized Carryover 22. Offset	\$0.00 \$0.00	
	22. Offset	\$0.00	
	22. Offset23. Total Amount of Federal Funds Obligated this budget period	\$0.00 \$449,158.00	
	 22. Offset 23. Total Amount of Federal Funds Obligated this budget period 24. Total Approved Cost Sharing or Matching, where applicable 25. Total Federal and Non-Federal Approved this Budget Period 	\$0.00 \$449,158.00 \$0.00	
	 22. Offset 23. Total Amount of Federal Funds Obligated this budget period 24. Total Approved Cost Sharing or Matching, where applicable 	\$0.00 \$449,158.00 \$0.00	

Page 1 A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access sam information, please contact HRSA contact center at 877-464-4772. 8 am to 8 nm FT. weekdavs information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more

- 28. Authorized Treatment of Program Income Addition
- 29. Grants Management Officer Signature Inge Cooper on 05/03/2021

30. Remarks



HIV/AIDS Bureau (HAB)

Date Issued: 5/3/2021 5:12:41 PM	
Award Number: 6 H76HA00154-30-0)1

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

	APPROVED BUDGET: (Excludes Direct Assistance)	
-	X] Grant Funds Only	
] Total project costs including grant funds and all other final	ncial 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
I.	Trainee Stipends:	\$0.00
m.	Trainee Tuition and Fees:	\$0.00
n.	Trainee Travel:	\$0.00
0.	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 4. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) \$0.00 a. Amount of Direct Assistance 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 5. FORMER GRANT NUMBER CSH901882 6. OBJECT CLASS 41.51 7. BHCMIS#

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
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/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. 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	morena.garcia@dph.sbcounty.gov	
Alvin Goh	Authorizing Official	agoh@dph.sbcounty.gov	
Note: NoA emailed to these address(es)			

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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/).