

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



Contract Number
24-289 A-2

SAP Number

Department of Public Health

Department Contract Representative	<u>Dominic Correra</u>
Telephone Number	<u>(909) 665-2647</u>
Contractor	<u>United States Department of Health and Human Services, Health Resources and Services Administration</u>
Contractor Representative	<u>India Smith</u>
Telephone Number	<u>(301) 443-3429</u>
Contract Term	<u>March 1, 2024 through February 28, 2025</u>
Original Contract Amount	<u>\$2,559,215</u>
Amendment Amount	<u>\$604,339</u>
Total Contract Amount	<u>\$3,163,554</u>
Cost Center	<u>9300371000</u>
Grant Number (if applicable)	<u>800231</u>

Briefly describe the general nature of the contract: Approve Amendment No. 2 to Agreement No. 24-289 (Federal Award No. 6 UT8HA33958-05-03), from the United States Department of Health and Human Services, Health Resources and Services Administration for the Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B, authorizing carryover of \$604,339 in unobligated funding from the prior budget period, to increase the total award amount from \$2,559,215 to \$3,163,554, for the period of March 1, 2024 through February 28, 2025.

FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, County Counsel

Date 09/27/2024

Reviewed for Contract Compliance

Date _____

Reviewed/Approved by Department

Joshua Dugas (Sep 27, 2024 13:38 PDT)

Joshua Dugas, Public Health Director

Date 09/27/2024



Recipient Information

- 1. Recipient Name
SAN BERNARDINO, COUNTY OF
172 W Third St
San Bernardino, CA 92415-0001
- 2. Congressional District of Recipient
33
- 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
Shannon Swims
Program Coordinator
Shannon.Swims@dph.sbcounty.gov
(909)387-6492
- 8. Authorized Official
Shannon Swims
Program Coordinator
Shannon.Swims@dph.sbcounty.gov
(909)387-6492

Federal Agency Information

- 9. Awarding Agency Contact Information
Patryce Peden
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
ppeden@hrsa.gov
(301) 443-2277
- 10. Program Official Contact Information
Agnes Davenport
HIV/AIDS Bureau (HAB)
adavenport@hrsa.gov
(301) 287-9875

Federal Award Information

- 11. Award Number
6 UT8HA33958-05-03
- 12. Unique Federal Award Identification Number (FAIN)
UT833958
- 13. Statutory Authority
42 U.S.C. § 243(c); 300ff-11 et seq.
- 14. Federal Award Project Title
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
- 15. Assistance Listing Number
93.686
- 16. Assistance Listing Program Title
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
- 17. Award Action Type
Administrative
- 18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2024 - End Date 02/28/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$604,339.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$2,559,215.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$3,163,554.00
26. Project Period Start Date 03/01/2020 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$9,782,376.00

- 28. Authorized Treatment of Program Income
Addition
- 29. Grants Management Officer – Signature
Karen Mayo on 08/01/2024

30. Remarks

Prior Approval Request Tracking Number PA-00130276. Prior Approval Request Type: Carryover



Notice of Award
Award Number: 6 UT8HA33958-05-03
Federal Award Date: 08/01/2024

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> 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:	\$2,559,215.00
j. Consortium/Contractual Costs:	\$604,339.00
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:	\$3,163,554.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
i. Indirect Cost Federal Share:	\$0.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$3,163,554.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$3,163,554.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$3,163,554.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$604,339.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$2,559,215.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

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

36. OBJECT CLASS
41.15

37. BHCNIS#

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
24 - 377AAGR	93.914	20UT8HA33958	\$0.00	\$0.00	N/A	20RWHP-A-B

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 authorizes the carryover of an unobligated balance in the amount of \$604,339 from budget period 03/01/2023 - 02/29/2024 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

Program Specific Term(s)

1. If applicable, recipients must submit the Tangible Personal Property Report (TPPR) (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Recipients are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. TPPRs must be submitted electronically through HRSA EHBs.
- All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Joshua Olagunju	Business Official	jolagunju@doh.sbcounty.gov
Shannon Swims	Program Director, Authorizing Official	shannon.swims@dph.sbcounty.gov
Joshua Olagunju	Employee	jolagunju@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/>).