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| 1. DATE ISSUED: 03/31/2020 | | 2. PROGRAM CFDA: 93.918 | |
| 3. SUPERSEDES AWARD NOTICE dated: 12/04/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded. | | | |
| 4a. AWARD NO.: 6 H76HA00154-29-01 | | 4b. GRANT NO.: H76HA00154 | 5. FORMER GRANT NO.: CSH901882 |
| 6. PROJECT PERIOD: FROM: 09/30/1991 THROUGH: 12/31/2020 | | | |
| 7. BUDGET PERIOD: FROM: 01/01/2020 THROUGH: 12/31/2020 | | | |



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)

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)
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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 – 2667of 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)

| 8. TITLE OF PROJECT (OR PROGRAM): Ryan White Part C Outpatient EIS Program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------------|-----------------------|---|-----------------------------|---|------------------------|--|-----------------|--------|----------------|------------|--------------|-------------|--|--------|-------------|-------------|------------------------------------|--------|--------------------------------|--------|------------------------|--------|------------------------------|--------|----------------------|--------|--------------------------|--------------|--|-------------|-----------------------------|--------------|---|--|---------------------|---|--|-------------------------|--------|------------|------------|--|--------|---|--------------|---|---------------------|
| 9. GRANTEE NAME AND ADDRESS: SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT 351 N Mt View Avenue San Bernardino, CA 92415-0003 DUNS NUMBER: 106376861 | 10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) David Yleah SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT 606 E Mill St San Bernardino, CA 92415-0620 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. 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 | 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr><td>a . Salaries and Wages :</td><td align="right">\$213,315.00</td></tr> <tr><td>b . Fringe Benefits :</td><td align="right">\$109,879.00</td></tr> <tr><td>c . Total Personnel Costs :</td><td align="right">\$323,194.00</td></tr> <tr><td>d . Consultant Costs :</td><td align="right">\$0.00</td></tr> <tr><td>e . Equipment :</td><td align="right">\$0.00</td></tr> <tr><td>f . Supplies :</td><td align="right">\$8,740.00</td></tr> <tr><td>g . Travel :</td><td align="right">\$14,941.00</td></tr> <tr><td>h . Construction/Alteration and Renovation :</td><td align="right">\$0.00</td></tr> <tr><td>i . Other :</td><td align="right">\$55,000.00</td></tr> <tr><td>j . Consortium/Contractual Costs :</td><td align="right">\$0.00</td></tr> <tr><td>k . Trainee Related Expenses :</td><td align="right">\$0.00</td></tr> <tr><td>l . Trainee Stipends :</td><td align="right">\$0.00</td></tr> <tr><td>m Trainee Tuition and Fees :</td><td align="right">\$0.00</td></tr> <tr><td>n . Trainee Travel :</td><td align="right">\$0.00</td></tr> <tr><td>o . TOTAL DIRECT COSTS :</td><td align="right">\$401,875.00</td></tr> <tr><td>p . INDIRECT COSTS (Rate: % of S&W/TADC) :</td><td align="right">\$47,283.00</td></tr> <tr><td>q . TOTAL APPROVED BUDGET :</td><td align="right">\$449,158.00</td></tr> </table> | 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 : | \$55,000.00 | 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 : | \$401,875.00 | p . INDIRECT COSTS (Rate: % of S&W/TADC) : | \$47,283.00 | q . TOTAL APPROVED BUDGET : | \$449,158.00 | <table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td align="right">\$449,158.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td align="right">\$0.00</td></tr> <tr><td> ii. Offset</td><td align="right">\$9,401.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td align="right">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td align="right">\$112,290.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td align="right">\$327,467.00</td></tr> </table> | a. Authorized Financial Assistance This Period | \$449,158.00 | b. Less Unobligated Balance from Prior Budget Periods | | i. Additional Authority | \$0.00 | ii. Offset | \$9,401.00 | c. Unawarded Balance of Current Year's Funds | \$0.00 | d. Less Cumulative Prior Awards(s) This Budget Period | \$112,290.00 | e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$327,467.00 |
| 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 : | \$55,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 : | \$401,875.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| p . INDIRECT COSTS (Rate: % of S&W/TADC) : | \$47,283.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| q . TOTAL APPROVED BUDGET : | \$449,158.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Authorized Financial Assistance This Period | \$449,158.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Less Unobligated Balance from Prior Budget Periods | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Additional Authority | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii. Offset | \$9,401.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Unawarded Balance of Current Year's Funds | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Less Cumulative Prior Awards(s) This Budget Period | \$112,290.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$327,467.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th align="center">YEAR</th> <th align="center">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td align="center" colspan="2">Not applicable</td> </tr> </tbody> </table> | | YEAR | TOTAL COSTS | Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YEAR | TOTAL COSTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr><td>a. Amount of Direct Assistance</td><td align="right">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td align="right">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Awards(s) This Budget Period</td><td align="right">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td align="right">\$0.00</td></tr> </table> | | a. Amount of Direct Assistance | \$0.00 | b. Less Unawarded Balance of Current Year's Funds | \$0.00 | c. Less Cumulative Prior Awards(s) This Budget Period | \$0.00 | d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Amount of Direct Assistance | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Less Unawarded Balance of Current Year's Funds | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Less Cumulative Prior Awards(s) This Budget Period | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----------------------------|--------------|
| i. Less Non-Federal Share: | \$0.00 |
| ii. Federal Share: | \$449,158.00 |

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other **[A]**
 Estimated Program Income: \$0.00

16. 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.

REMARKS: (Other Terms and Conditions Attached Yes No)

Electronically signed by Inge Cooper , Grants Management Officer on : 03/31/2020

| | | |
|------------------------------|-------------------------------------|---|
| 17. OBJ. CLASS: 41.51 | 18. CRS-EIN: 1956002748B1 | 19. FUTURE RECOMMENDED FUNDING: \$0.00 |
|------------------------------|-------------------------------------|---|

| FY-CAN | CFDA | DOCUMENT NO. | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE |
|--------------|--------|--------------|-----------------|-----------------|------------------|------------------|
| 20 - 3770891 | 93.918 | 18H76HA00154 | \$327,467.00 | \$0.00 | | 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. Of the total base award amount \$271400 is designated under the Minority AIDS Initiative to support culturally and linguistically appropriate care and services to racial and ethnic minorities.
2. This Notice of Grant Award provides the offset of an unobligated balance in the amount of \$9,401 from the 01/01/2018-12/31/2018 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. This Notice of Award provides the balance of fiscal year 2020 (FY20) funding based on HRSA's FY20 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

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 |
|-------------|----------------------|------------------------------|
| Alvin Goh | Authorizing Official | agoh@dph.sbcounty.gov |
| David Yleah | Program Director | david.yleah@dph.sbcounty.gov |

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Kristin Williams at:
5600 Fishers Lane
Rockville, MD, 20857-0001
Email: kwilliams@hrsa.gov
Phone: (301) 945-9789

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Potie Pettway at:
MailStop Code: 10NWH04
HRSA/OFAM/DGMO/HRB
5600 Fishers Lane
Rockville, MD, 20857-0001
Email: ppetway@hrsa.gov
Phone: (301) 443-1014
Fax: (301) 443-9810