

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



Contract Number
25-16 A-1

SAP Number

Department of Public Health

Department Contract Representative Telephone Number	Stephanie Ramos 840-587-6596
Contractor	United States Department of Health and Human Services, Health Resources and Services Administration
Contractor Representative Telephone Number	Whitney Watkins 301-945-9789
Contract Term	January 1, 2025 through December 31, 2025
Original Contract Amount	\$122,744
Amendment Amount	\$92,058
Total Contract Amount	\$214,802
Cost Center	9300081000
Grant Number (if applicable)	800249

Briefly describe the general nature of the contract:

Approve Amendment No. 1 to Agreement No. 25-16 (Award No. 6 H76HA00154-34-02), 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 funding amount by \$92,058, from \$122,744 to \$214,802, for the period of January 1, 2025 through December 31, 2025, with no change to the total grant period of January 1, 2025 through December 31, 2027.

FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, Deputy County Counsel
Date 07/14/2025

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

Joshua Dugas, Director
Date 07/14/2025



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**
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**
Victor Garcia
victor.garcia@dph.sbcounty.gov
(760)956-4470
- 8. Authorized Official**
Alvin Goh
agoh@dph.sbcounty.gov
(909)387-6293

Federal Agency Information

- 9. Awarding Agency Contact Information**
Whitney Watkins
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
wwatkins@hrsa.gov
(301) 287-0153
- 10. Program Official Contact Information**
Kristin Williams
HIV/AIDS Bureau (HAB)
kwilliams@hrsa.gov
(301) 945-9789

Federal Award Information

- 11. Award Number**
6 H76HA00154-34-02
- 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 01/01/2025 - End Date 12/31/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$92,058.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$214,802.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$214,802.00
26. Project Period Start Date 01/01/2025 - End Date 12/31/2027	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$214,802.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Inge Cooper on 05/07/2025

30. Remarks



Notice of Award
Award Number: 6 H76HA00154-34-02
Federal Award Date: 05/07/2025

HIV/AIDS Bureau (HAB)

<p>31. APPROVED BUDGET: (Excludes Direct Assistance)</p> <p><input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$0.00</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;">\$0.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$0.00</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;">\$214,802.00</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;">\$214,802.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> i. Indirect Cost Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Indirect Cost Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$214,802.00</td></tr> <tr><td> i. 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<p>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:</p> <p>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.</p>																																																																							
<p>39. ACCOUNTING CLASSIFICATION CODES</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: center;">FY-CAN</th> <th style="text-align: center;">CFDA</th> <th style="text-align: center;">DOCUMENT NUMBER</th> <th style="text-align: center;">AMT. FIN. ASST.</th> <th style="text-align: center;">AMT. DIR. ASST.</th> <th style="text-align: center;">SUB PROGRAM CODE</th> <th style="text-align: center;">SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">25 - 3770891</td> <td style="text-align: center;">93.918</td> <td style="text-align: center;">25H76HA00154</td> <td style="text-align: right;">\$92,058.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">25H76HA00154</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	25 - 3770891	93.918	25H76HA00154	\$92,058.00	\$0.00	N/A	25H76HA00154																																																								
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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. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program, recipient satisfactory performance, program authority, compliance with the Terms and Conditions of the award, and a decision that continued funding is in the best interest of the Federal government.

This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.

Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).

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
Victor Garcia	Program Director	victor.garcia@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/>).