

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



Contract Number
24-180 A-1

SAP Number

Department of Public Health

Department Contract Representative Telephone Number Samantha Padilla (909) 677-3929

Contractor United States Department of Health and Human Services
Contractor Representative Telephone Number India Smith (301) 443-3429
Contract Term March 1, 2024 through February 28, 2025
Original Contract Amount \$2,622,603
Amendment Amount \$6,387,747
Total Contract Amount \$9,010,350
Cost Center 9300371000

Briefly describe the general nature of the contract:

Accept Amendment No. 1 to Grant Agreement No. 24-180 (Award No. 6H89HA00032-31-01), from the United States Department of Health and Human Services for the Ryan White HIV/AIDS Program Part A HIV Emergency Relief Project Grant, increasing the amount by \$6,387,747 from \$2,622,603 to \$9,010,350, for the period of March 1, 2024 to February 28, 2025.

FOR COUNTY USE ONLY

Approved as to Legal Form
Adam Ebright, Deputy County Counsel
Date 06/11/2024

Reviewed for Contract Compliance
Date

Reviewed/Approved by Department
Joshua Dugas, Public Health Director
Date 06/11/2024



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
PD18A8XKE7B6
7. Project Director or Principal Investigator
Shannon Swims
Program Coordinator
shannon.swims@dph.sbcounty.gov
(909)387-6492
8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information
India Smith
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
ISmith@hrsa.gov
(301) 443-2096
10. Program Official Contact Information
Sylvestre Kpangni
HIV/AIDS Bureau (HAB)
skpangni@hrsa.gov
(301) 443-0866

Federal Award Information

11. Award Number
6 H89HA00032-31-01
12. Unique Federal Award Identification Number (FAIN)
H8900032
13. Statutory Authority
42 U.S.C. § 300ff-11-20 and § 300ff-121
14. Federal Award Project Title
HIV EMERGENCY RELIEF PROJECT GRANTS
15. Assistance Listing Number
93.914
16. Assistance Listing Program Title
HIV Emergency Relief Project Grants
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	\$6,387,747.00
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	\$9,010,350.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$9,010,350.00
26. Project Period Start Date 03/01/2022 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$24,842,131.15

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Karen Mayo on 05/08/2024

30. Remarks

This award includes the following sources of funding:
FY22 MAI - \$308,625.00
FY22 Supplemental -\$1,346,549.00
FY24 Formula-\$3,085,929.00
FY24 MAI - \$158,042.00
FY24 Supplemental -\$1,488,602.00
Total Funding -\$6,387,747.00



Notice of Award
Award Number: 6 H89HA00032-31-01
Federal Award Date: 05/08/2024

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:	\$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:	\$0.00
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:	\$9,010,350.00
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:	\$9,010,350.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$9,010,350.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$9,010,350.00
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	\$2,622,603.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$6,387,747.00

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
BRH890032

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 - 377RA16	93.914	24H89HA00032	\$3,085,929.00	\$0.00	FRML	24H89HA00032
24 - 377RA17	93.914	24H89HA00032	\$1,488,602.00	\$0.00	SUPPL	24H89HA00032
22 - 3771357	93.914	24H89HA00032	\$1,346,549.00	\$0.00	SUPPL	24H89HA00032
24 - 377RA15	93.914	24H89HA00032	\$158,042.00	\$0.00	MAI	24H89HA00032
22 - 3771355	93.914	24H89HA00032	\$308,625.00	\$0.00	MAI	24H89HA00032

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. During each budget period, recipients must include in their program budget travel support for recipient staff members to attend meetings/conferences identified by HRSA HAB as essential to RWHAP administration and implementation. HRSA HAB meetings may include, but are not limited to, the biennial National Ryan White Conference on HIV Care and Treatment, grant-specific Administrative Reverse Site Visits (ARSV), or targeted technical assistance events. Meetings are generally held in the Washington, D.C. metropolitan area. If no essential meetings are held during the budget period, recipients can reallocate funds for other allowable grant expenses. Recipients must comply with 45 CFR Part 75.474 and all other applicable HHS and Federal policies governing travel supported under Federal assistance awards.
2. This Notice of Award provides the offset of an unobligated balance in the amount of \$1,655,174.00 from 03/1/2022-02/28/2023 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 2024 (FY 24) funding based on HRSA's FY 24 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 Award Release Date

The recipient must submit a FY 2024 Program Submission no later than 60 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

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
Shannon Swims	Program Director	shannon.swims@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/>).