



Contract Number
25-122 A1

SAP Number
N/A

Department of Public Health

Department Contract Representative	Tarah Cendejas
Telephone Number	909-832-0807
 Contractor	 United States Department of Health and Human Services, Health Resources and Services Administration
Contractor Representative	Patryce Peden
Telephone Number	301-443-2277
Contract Term	March 1, 2025 through February 28, 2026
Original Contract Amount	\$1,076,917
Amendment Amount	\$481,335
Total Contract Amount	\$1,558,252
Cost Center	9300371000
Grant Number (if applicable)	800258

Briefly describe the general nature of the contract:

Amendment No. 1 to Agreement No. 25-122 (Grant Award No. 6 UT8HA33958-06-01) from the United States Department of Health and Human Services, Health Resources and Service Administration for the Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B, increasing the amount by \$481,335, from \$1,076,917 to \$1,558,252, for the period of March 1, 2025 through February 28, 2026.

FOR COUNTY USE ONLY

Approved as to Legal Form

Daniel Pasek

Daniel Pasek (Jul 26, 2025 12:04:23 PDT)

Daniel Pasek, Deputy County Counsel

Date 07/28/2025

Reviewed for Contract Compliance



Date _____

Reviewed/Approved by Department

Joshua Dugas

Joshua Dugas (Jul 28, 2025 12:30:24 PDT)

Joshua Dugas, Director

Date 07/28/2025



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# UT833958
Federal Award Date: 06/20/2025

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)**
195600274881
4. **Employer Identification Number (EIN)**
956002748
5. **Data Universal Numbering System (DUNS)**
106376861
6. **Recipient's Unique Entity Identifier**
PD18A8XE7B6
7. **Project Director or Principal Investigator**
Shannon Swims
Program Coordinator
shannon.swims@dph.sbcounty.gov
(909)387-6492
8. **Authorized Official**
Dawn Rowe
Chair, Board of Supervisors
dawn.rowe@bos.sbcounty.gov
(909)387-4855

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 UT8HA33958-06-01
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 03/01/2025 - End Date 02/28/2026**
20. **Total Amount of Federal Funds Obligated by this Action** \$481,335.00
 - 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 \$1,558,252.00
24. Total Approved Cost Sharing or Matching, where applicable \$0.00
25. Total Federal and Non-Federal Approved this Budget Period \$1,558,252.00
26. **Project Period Start Date 03/01/2025 - End Date 02/28/2030**
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period \$1,558,252.00

28. **Authorized Treatment of Program Income**
Addition

29. **Grants Management Officer – Signature**
Karen Mayo on 06/20/2025

30. Remarks



Notice of Award
Award Number: 6 UT8HA33958-06-01
Federal Award Date: 06/20/2025

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		33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)											
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: \$1,558,252.00 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: \$1,558,252.00 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: \$1,558,252.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$1,558,252.00		<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>07</td> <td>\$1,558,252.00</td> </tr> <tr> <td>08</td> <td>\$1,558,252.00</td> </tr> <tr> <td>09</td> <td>\$1,558,252.00</td> </tr> <tr> <td>10</td> <td>\$1,558,252.00</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	07	\$1,558,252.00	08	\$1,558,252.00	09	\$1,558,252.00	10	\$1,558,252.00
YEAR	TOTAL COSTS												
07	\$1,558,252.00												
08	\$1,558,252.00												
09	\$1,558,252.00												
10	\$1,558,252.00												
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: a. Authorized Financial Assistance This Period \$1,558,252.00 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 \$1,076,917.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$481,335.00		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							
25 - 377ABGR	93.914	25UT8HA33958	\$481,335.00	\$0.00	N/A	25UT8HA33958							

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. Applicable Regulations – Prior to October 1, 2025, the recipient agrees this award will be subject to 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), with the exception of eight flexibilities HHS adopted on October 1, 2024, from 2 C.F.R. Part 200. See 2 C.F.R. § 300.1 (Adoption of 2 C.F.R. Part 200). After October 1, 2025, this award will be subject to all applicable provisions of 2 C.F.R. Parts 200 and 300 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards).
2. 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).
3. If applicable, recipients must submit the Tangible Personal Property Report (TPPR) (SF-428) and any related forms. The report must be submitted within 120 days after the project period ends. Recipients are required to report all equipment with an acquisition cost of \$10,000 or more per unit acquired by the recipient with award funds. TPPRs must be submitted electronically through HRSA EHBs.
4. By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipients, whose programs are covered by Title IX, certify as follows:
 - Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement.
 - The above requirements are conditions of payment that go to the essence of the Agreement and are therefore material terms of the Agreement.
 - Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.
 - Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
 - Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Joshua Olagunju	Employee	jolagunju@dph.sbcounty.gov
Shannon Swims	Business Official, Point of Contact	shannon.swims@dph.sbcounty.gov

Shannon Swims	Authorizing Official, Program Director	shannon.swims@dph.sbcounty.gov
Dawn Rowe	Authorizing Official	dawn.rowe@bos.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/>).