

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



Contract Number
23-1326 A-2

SAP Number

Department of Public Health

Department Contract Representative	LaTanya Mitchell
Telephone Number	909-665-2647
Contractor	US Department of Health and Human Services, Health Resources and Services Administration
Contractor Representative	Whitney Watkins
Telephone Number	301-287-0153
Contract Term	01/01/2024 through 12/31/2024
Original Contract Amount	\$161,852
Amendment Amount	
Total Contract Amount	\$161,852
Cost Center	9300051000
Grant Number (if applicable)	

Briefly describe the general nature of the contract:

Approve and accept Amendment No. 2 (Award No. 6 H76HA00154-33-03) to Contract No. 23-1326, 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 grant award amount by \$161,852, from 226,591 to \$388,443, for the period of January 1, 2024 through December 31, 2024.

FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, County Counsel

Date Jul 11, 2024

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

Joshua Dugas, Director

Date Jul 11, 2024



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H7600154
Federal Award Date: 06/03/2024

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
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
PD18A8XKE7B6
7. Project Director or Principal Investigator
Morena Garcia
Public Health Program Manager
Morena.Garcia@dph.sbcounty.gov
(760)956-4457
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 H76HA00154-33-03
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 01/01/2024 - End Date 12/31/2024
20. Total Amount of Federal Funds Obligated by this Action \$161,852.00
 - 20a. Direct Cost Amount
 - 20b. Indirect Cost Amount \$48,915.00
21. Authorized Carryover \$0.00
22. Offset \$0.00
23. Total Amount of Federal Funds Obligated this budget period \$388,443.00
24. Total Approved Cost Sharing or Matching, where applicable \$0.00
25. Total Federal and Non-Federal Approved this Budget Period \$388,443.00
26. Project Period Start Date 01/01/2022 - End Date 12/31/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period \$1,165,329.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Inge Cooper on 06/03/2024

30. Remarks



Notice of Award
Award Number: 6 H76HA00154-33-03
Federal Award Date: 06/03/2024

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		33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)					
		<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2">Not applicable</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	Not applicable	
YEAR	TOTAL COSTS						
Not applicable							
a. Salaries and Wages: \$180,445.00 b. Fringe Benefits: \$101,482.00 c. Total Personnel Costs: \$281,927.00 d. Consultant Costs: \$0.00 e. Equipment: \$0.00 f. Supplies: \$4,000.00 g. Travel: \$13,601.00 h. Construction/Alteration and Renovation: \$0.00 i. Other: \$40,000.00 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: \$339,528.00 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$48,915.00 i. Indirect Cost Federal Share: \$48,915.00 ii. Indirect Cost Non-Federal Share: \$0.00 q. TOTAL APPROVED BUDGET: \$388,443.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$388,443.00		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 CSH901882					
		36. OBJECT CLASS 41.51					
		37. BHCNIS#					
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:							
a. Authorized Financial Assistance This Period \$388,443.00 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 \$226,591.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$161,852.00							
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 - 3770891	93.918	22H76HA00154	\$161,852.00	\$0.00	N/A	22H76HA00154	

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 provides the balance of fiscal year 2024 (FY24) funding based on HRSA's FY24 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. Of the total base award amount \$227876 is designated under the Minority AIDS Initiative to support culturally and linguistically appropriate care and services to racial and ethnic minorities.

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
Morena Garcia	Program Director	morena.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/>).