



**Contract Number**  
25-146 A-1

**SAP Number**  
N/A

## Department of Public Health

<b>Department Contract Representative Telephone Number</b>	<u>Rebecca Saucedo</u> <u>(909) 725-5426</u>
<b>Contractor</b>	<u>United States Department of Health and Human Services, Health Resources and Services Administration</u>
<b>Contractor Representative Telephone Number</b>	<u>India Smith</u> <u>(301) 443-3429</u>
<b>Contract Term</b>	<u>March 1, 2025 through February 28, 2026</u>
<b>Original Contract Amount</b>	<u>\$1,662,168</u>
<b>Amendment Amount</b>	<u>\$2,444,965</u>
<b>Total Contract Amount</b>	<u>\$4,107,133</u>
<b>Cost Center</b>	<u>9300371000</u>
<b>Grant Number (if applicable)</b>	<u>800231</u>

**Briefly describe the general nature of the contract:** Approve and accept Amendment No. 1 to Grant Agreement No. 25-146 (Grant Award No. 6 H89HA00032-32-01) from the United States Department of Health and Human Services, Health Resources and Services Administration, for the Ryan White HIV/AIDS Program Part A HIV Emergency Relief Project Grant, increasing the amount by \$2,444,965, from \$1,662,168 to \$4,107,133, with no change to the period of March 1, 2025, through February 28, 2026.

**FOR COUNTY USE ONLY**

Approved as to Legal Form

Adam Ebright, Deputy County Counsel

Date 07/07/2025

Reviewed for Contract Compliance

▶

Date \_\_\_\_\_

Reviewed/Approved by Department

Joshua Dugas (Jul 7, 2025 08:07 PDT)

Joshua Dugas, Director of Public Health

Date 07/07/2025



**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**  
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 H89HA00032-32-01
- 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**

<b>19. Budget Period Start Date 03/01/2025 - End Date 02/28/2026</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$2,444,965.00</b>
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
<b>21. Authorized Carryover</b>	<b>\$0.00</b>
<b>22. Offset</b>	<b>\$0.00</b>
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	<b>\$4,107,133.00</b>
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$4,107,133.00</b>
<b>26. Project Period Start Date 03/01/2025 - End Date 02/29/2028</b>	
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	<b>\$4,107,133.00</b>

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

**30. Remarks**

This award consists of the following amounts:  
FY25 MAI - \$289,849.00  
FY25 FRML - \$3,817,284.00  
Total Funding - \$4,107,133.00



Notice of Award  
Award Number: 6 H89HA00032-32-01  
Federal Award Date: 05/07/2025

HIV/AIDS Bureau (HAB)

<p><b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b></p> <p><input checked="" type="checkbox"/> Grant Funds Only</p> <p><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;">\$0.00</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;">\$4,107,133.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;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;">\$4,107,133.00</td></tr> <tr><td>    i. 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<p><b>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:</b></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><b>39. ACCOUNTING CLASSIFICATION CODES</b></p> <table border="1" 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 - 377RA25</td> <td style="text-align: center;">93.914</td> <td style="text-align: center;">25H89HA00032</td> <td style="text-align: right;">\$2,272,351.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: center;">FRML</td> <td style="text-align: center;">25H89HA00032</td> </tr> <tr> <td style="text-align: center;">25 - 377RA24</td> <td style="text-align: center;">93.914</td> <td style="text-align: center;">25H89HA00032</td> <td style="text-align: right;">\$172,614.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: center;">MAI</td> <td style="text-align: center;">25H89HA00032</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	25 - 377RA25	93.914	25H89HA00032	\$2,272,351.00	\$0.00	FRML	25H89HA00032	25 - 377RA24	93.914	25H89HA00032	\$172,614.00	\$0.00	MAI	25H89HA00032																																																	
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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/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. At the time of this award creation, HRSA was operating under a Continuing Resolution; therefore, this award provides partial funding based on the continuation of FY 2024 program requirements, funding levels, and specialized reporting requirements. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final FY 2025 appropriations. A revised NoA will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.
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).

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>).