

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



**Contract Number**  
21-168 A-1

**SAP Number**

## Department of Public Health

<b>Department Contract Representative</b>	Shannon Swims
<b>Telephone Number</b>	(909) 387-6492
<b>Contractor</b>	United States Department of Health and Human Services, Health Resources and Services Administration
<b>Contractor Representative</b>	
<b>Telephone Number</b>	
<b>Contract Term</b>	March 1, 2021 through February 28, 2022
<b>Original Contract Amount</b>	\$1,836,925
<b>Amendment Amount</b>	\$6,295,006
<b>Total Contract Amount</b>	\$8,131,931
<b>Cost Center</b>	9300371000

**Briefly describe the general nature of the contract:** Amended grant award, Amendment No. 1 to County Contract No. 21-168 (Award No. 6H89HA00032-28-01), from the United States Department of Health and Human Services, Health Resources and Services Administration, increasing the award by \$6,295,006, from \$1,836,925 to \$8,131,931, for the HIV Emergency Relief Project Grant - Ryan White HIV/AIDS Program Part A to provide medical care and support services to persons living with HIV/AIDS in San Bernardino and Riverside counties, for the period of March 1, 2021 through February 28, 2022.

### FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, Deputy County Counsel

Date 4/26/2021

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

Andrew Goldfrach, Interim Director

Date



**Department of Health and Human Services**  
Health Resources and Services Administration

**Notice of Award**

FAIN# H8900032

Federal Award Date: 03/23/2021

**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**
- 7. Project Director or Principal Investigator**  
Shannon Swims  
Administrative Supervisor  
Shannon.Swims@dph.sbcounty.gov  
(909)387-6492
- 8. Authorized Official**

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
India Smith  
GRANTS MANAGEMENT SPECIALIST  
Health Resources and Services Administration  
ISmith@hrsa.gov  
(301) 443-2096
- 10. Program Official Contact Information**  
Catiffaney Griswold  
Project Officer  
Health Resources and Services Administration  
cgriswold@hrsa.gov  
(706) 566-4287

**Federal Award Information**

- 11. Award Number**  
6 H89HA00032-28-01
- 12. Unique Federal Award Identification Number (FAIN)**  
H8900032
- 13. Statutory Authority**  
42 U.S.C. § 300ff-11-20; 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 03/01/2021 - End Date 02/28/2022**
- 20. Total Amount of Federal Funds Obligated by this Action** \$6,295,006.00
  - 20a. Direct Cost Amount
  - 20b. Indirect Cost Amount
- 21. Authorized Carryover** \$0.00
- 22. Offset** \$0.00
- 23. Total Amount of Federal Funds Obligated this budget period** \$8,131,931.00
- 24. Total Approved Cost Sharing or Matching, where applicable** \$0.00
- 25. Total Federal and Non-Federal Approved this Budget Period** \$8,131,931.00
- 26. Project Period Start Date 03/01/2021 - End Date 02/28/2022**
- 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period** \$8,131,931.00

- 28. Authorized Treatment of Program Income**  
Addition

- 29. Grants Management Officer – Signature**  
Brad Barney on 03/23/2021

**30. Remarks**

This award consists of the following amounts:

FY19 MAI-\$66,731  
FY19 Supplemental- \$687,005  
FY21 MAI-\$381,441  
FY21 Formula-\$3,382,819  
FY21 Supplemental-\$1,777,010

Total FY21 Award-\$6,295,006



Notice of Award  
Award Number: 6 H89HA00032-28-01  
Federal Award Date: 03/23/2021

## Health Resources and Services Administration

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation	<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right; width: 20%;"></td> </tr> <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;">\$8,131,931.00</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>q. TOTAL APPROVED BUDGET:</td> <td style="text-align: right;">\$8,131,931.00</td> </tr> <tr> <td style="padding-left: 20px;">i. Less Non-Federal Share:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td style="padding-left: 20px;">ii. Federal Share:</td> <td style="text-align: right;">\$8,131,931.00</td> </tr> </table>			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:	\$8,131,931.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	q. TOTAL APPROVED BUDGET:	\$8,131,931.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$8,131,931.00	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">YEAR</th> <th style="width: 40%;">TOTAL COSTS</th> </tr> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </table>	YEAR	TOTAL COSTS	Not applicable	
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:	\$8,131,931.00																																												
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00																																												
q. TOTAL APPROVED BUDGET:	\$8,131,931.00																																												
i. Less Non-Federal Share:	\$0.00																																												
ii. Federal Share:	\$8,131,931.00																																												
YEAR	TOTAL COSTS																																												
Not applicable																																													
<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>	<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b>																																												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Authorized Financial Assistance This Period</td> <td style="text-align: right; width: 20%;">\$8,131,931.00</td> </tr> <tr> <td>b. Less Unobligated Balance from Prior Budget Periods</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">i. Additional Authority</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td style="padding-left: 20px;">ii. Offset</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c. Unawarded Balance of Current Year's Funds</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>d. Less Cumulative Prior Award(s) This Budget Period</td> <td style="text-align: right;">\$1,836,925.00</td> </tr> <tr> <td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td> <td style="text-align: right;">\$6,295,006.00</td> </tr> </table>	a. Authorized Financial Assistance This Period	\$8,131,931.00	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	\$1,836,925.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$6,295,006.00	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Amount of Direct Assistance</td> <td style="text-align: right; width: 20%;">\$0.00</td> </tr> <tr> <td>b. Less Unawarded Balance of Current Year's Funds</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c. Less Cumulative Prior Award(s) This Budget Period</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td> <td style="text-align: right;">\$0.00</td> </tr> </table>	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																						
a. Authorized Financial Assistance This Period	\$8,131,931.00																																												
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	\$1,836,925.00																																												
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$6,295,006.00																																												
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																																												
<b>35. FORMER GRANT NUMBER</b> BRH890032																																													
<b>36. OBJECT CLASS</b> 41.15																																													
<b>37. BHCNIS#</b>																																													
<b>38. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b> a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.																																													
<b>39. ACCOUNTING CLASSIFICATION CODES</b>																																													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">FY-CAN</th> <th style="width: 10%;">CFDA</th> <th style="width: 15%;">DOCUMENT NUMBER</th> <th style="width: 15%;">AMT. FIN. ASST.</th> <th style="width: 15%;">AMT. DIR. ASST.</th> <th style="width: 15%;">SUB PROGRAM CODE</th> <th style="width: 15%;">SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>21 - 3772306</td> <td>93.914</td> <td>21H89HA00032</td> <td style="text-align: right;">\$3,382,819.00</td> <td style="text-align: right;">\$0.00</td> <td>FRML</td> <td>21H89HA00032</td> </tr> <tr> <td>21 - 3772307</td> <td>93.914</td> <td>21H89HA00032</td> <td style="text-align: right;">\$1,777,010.00</td> <td style="text-align: right;">\$0.00</td> <td>SUPPL</td> <td>21H89HA00032</td> </tr> <tr> <td>19 - 3772208</td> <td>93.914</td> <td>21H89HA00032</td> <td style="text-align: right;">\$687,005.00</td> <td style="text-align: right;">\$0.00</td> <td>SUPPL</td> <td>21H89HA00032</td> </tr> <tr> <td>21 - 3772305</td> <td>93.914</td> <td>21H89HA00032</td> <td style="text-align: right;">\$381,441.00</td> <td style="text-align: right;">\$0.00</td> <td>MAI</td> <td>21H89HA00032</td> </tr> <tr> <td>19 - 3772206</td> <td>93.914</td> <td>21H89HA00032</td> <td style="text-align: right;">\$66,731.00</td> <td style="text-align: right;">\$0.00</td> <td>MAI</td> <td>21H89HA00032</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	21 - 3772306	93.914	21H89HA00032	\$3,382,819.00	\$0.00	FRML	21H89HA00032	21 - 3772307	93.914	21H89HA00032	\$1,777,010.00	\$0.00	SUPPL	21H89HA00032	19 - 3772208	93.914	21H89HA00032	\$687,005.00	\$0.00	SUPPL	21H89HA00032	21 - 3772305	93.914	21H89HA00032	\$381,441.00	\$0.00	MAI	21H89HA00032	19 - 3772206	93.914	21H89HA00032	\$66,731.00	\$0.00	MAI	21H89HA00032		
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE																																							
21 - 3772306	93.914	21H89HA00032	\$3,382,819.00	\$0.00	FRML	21H89HA00032																																							
21 - 3772307	93.914	21H89HA00032	\$1,777,010.00	\$0.00	SUPPL	21H89HA00032																																							
19 - 3772208	93.914	21H89HA00032	\$687,005.00	\$0.00	SUPPL	21H89HA00032																																							
21 - 3772305	93.914	21H89HA00032	\$381,441.00	\$0.00	MAI	21H89HA00032																																							
19 - 3772206	93.914	21H89HA00032	\$66,731.00	\$0.00	MAI	21H89HA00032																																							

## 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 2021 (FY21) funding based on HRSA's FY21 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. This Notice of Award provides the offset of an unobligated balance in the amount of \$753,736 from the 03/1/2019-02/29/2020 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. Requirements regarding the timeframe for obligation and expenditure of formula and supplemental RWHAP funds within the designated timeframe, including the requirement to submit an estimated unobligated balance and carryover request prior to the end of the grant year, and associated penalties are waived for FY 2020 and FY 2021. Recipients are still required to submit a final FFR.
2. Recipients are required to participate in the development of the Statewide Coordinated Statement of Need (SCSN) as facilitated by the RWHAP Part B recipient. As the HRSA guidance for the Integrated HIV Prevention and Care Plan indicates the SCSN is a component of the Integrated HIV Prevention and Care Plan, <http://hab.hrsa.gov/manageyourgrant/hivpreventionplan062015.pdf>, due to HRSA and CDC in September 2016. Therefore, recipients are required to participate in the Integrated HIV Prevention and Care Plan development.

### Reporting Requirement(s)

1. **Due Date: Within 90 Days of Award Issue Date**  
The recipient must submit a FY 2021 Program Submission no later than 90 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.
2. **Due Date: Within 90 Days of Award Issue Date**  
The recipient must submit a FY 2021 Program Terms Report no later than 90 days after the receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.
3. **Due Date: 05/29/2021**  
The recipient must submit a Final FY 2021 Part A Annual Progress Report no later than 90 days after the budget period end date, 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/>).