

Contract	Number
22-15	3 A3

# **SAP Number**

# **Department of Public Health**

Department Contract Representative Telephone Number	Shannon Swims 909-387-6492
Contractor	United States Department of Health and Human Services
Contractor Representative	India Smith
Telephone Number	301-443-2096
Contract Term	March 1, 2023 through February
	29, 2024
Original Contract Amount	\$0
Amendment Amount	\$0
<b>Total Contract Amount</b>	\$0
Cost Center	9300371000

# Briefly describe the general nature of the contract:

 Approve Amendment No. 3 to Contract No. 22-153 (Grant Award No. 4 H89HA0003230-01) 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, to update and correct the Budget Period End Date from February 28, 2024 to February 29, 2024, with no financial changes or grant funds awarded.

FOR COUNTY USE ONLY		
Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► hik ±H* Adam Ebright, Deputy County Counsel	<u> </u>	Joshua Dugas (May 12, 2023 08-49 PDT)  Joshua Dugas, Director
Date May 12, 2023	Date	Date May 12, 2023



# **Department of Health and Human Services**

Health Resources and Services Administration

Notice of Award FAIN# H8900032

Federal Award Date: 02/27/2023

\$10,298,097.00

## **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
- 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

Curt Hagman Chairman of the Board of Supervisor curt.hagman@bos.sbcounty.gov (909)387-4866

## **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

Damien Frierson Public Health Analyst HIV/AIDS Bureau (HAB) dfrierson@hrsa.gov (301) 945-3356

## **Federal Award Information**

#### 11. Award Number

4 H89HA00032-30-01

#### 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

Change in Budget Period/Project Period; With or Without funds

#### 18. Is the Award R&D?

No

# **Summary Federal Award Financial Information**

#### 19. Budget Period Start Date 03/01/2023 - End Date 02/29/2024

13. Budget Period Start Date 03/01/2023 - End Date 02/23/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
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	\$1,520,647.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$1,520,647.00
26. Project Period Start Date 03/01/2022 - End Date 02/28/2025	

# Cost Sharing or Matching this Project Period

27. Total Amount of the Federal Award including Approved

28. Authorized Treatment of Program Income Addition

#### 29. Grants Management Officer - Signature

Brad Barney on 02/27/2023

### 30. Remarks

GA Admin Batch Tracking Number 000163.

Date Issued: 2/27/2023 7:00:05 AM Award Number: 4 H89HA00032-30-01



HIV/AIDS Bureau (HAB)

Notice of Award Award Number: 4 H89HA00032-30-01 Federal Award Date: 02/27/2023

[] Total project costs including grant funds and all other financial participation  a. Salaries and Wages: \$0.00 31  b. Fringe Benefits: \$0.00 34. APPROVE  c. Total Personnel Costs: \$0.00 a. Amount of the consultant Costs: \$0.00 b. Less Unaw c. Less Cumu d. Supplies: \$0.00 c. Less Cumu d. AMOUNT  g. Travel: \$0.00 BRH89003	31.	APPROVED BUDGET: (Excludes Direct Assistance)		33. RECOMME
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	e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00	

33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)					
YEAR	TOTAL COSTS				
\$8,687,995.00					
34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)					
a. Amount of Direct Assistance					
b. Less Unawarded Balance of Current Year's Funds					
c. Less Cumulative Prior Award(s) This Budget Period		\$0.00			
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION					
35. FORMER GRANT NUMBE BRH890032	R	Parameter and a second of the			
<b>36. OBJECT CLASS</b> 41.15					

# 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 statue 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

		DOCUMENT				
FY-CAN	CFDA	NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 377RA07	93.914	23H89HA00032	\$0.00	\$0.00	FRML	23H89HA00032
23 - 377RA06	93.914	23H89HA00032	\$0.00	\$0.00	MAI	23H89HA00032

Date Issued: 2/27/2023 7:00:05 AM Award Number: 4 H89HA00032-30-01

# 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. This Revised NOA is issued to correct the budget period end date.

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
Curt Hagman	Authorizing Official	curt.hagman@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/).