



Contract Number
22-153 A4

SAP Number

Department of Public Health

Department Contract Representative	Shannon Swims
Telephone Number	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	\$1,520,647
Amendment Amount	\$7,375,680
Total Contract Amount	\$8,896,327
Cost Center	9300371000

Briefly describe the general nature of the contract:

Approve Amendment No.4 to Contract No. 22-153 (Grant Award No. 6 H89HA00032-30-02) 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 provide medical care and support services to persons living with HIV/AIDS in San Bernardino and Riverside counties, increasing the grant award by \$7,375,680, from \$1,520,647 to \$8,896,327, for the period of March 1, 2023 through February 29, 2024.

FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, Deputy County Counsel

Date May 12, 2023

Reviewed for Contract Compliance

Date _____

Reviewed/Approved by Department

Joshua Dugas (May 12, 2023 08:49 PDT)
Joshua Dugas, Director

Date May 12, 2023



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8900032
Federal Award Date: 04/06/2023

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

Federal Award Information

- 11. Award Number**
6 H89HA00032-30-02
- 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

- 19. Budget Period Start Date 03/01/2023 - End Date 02/29/2024**
- 20. Total Amount of Federal Funds Obligated by this Action** \$7,375,680.00
 - 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** \$8,896,327.00
- 24. Total Approved Cost Sharing or Matching, where applicable** \$0.00
- 25. Total Federal and Non-Federal Approved this Budget Period** \$8,896,327.00
- 26. Project Period Start Date 03/01/2022 - End Date 02/28/2025**
- 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period** \$17,673,777.00

- 28. Authorized Treatment of Program Income**
Addition

- 29. Grants Management Officer – Signature**
Karen Mayo on 04/06/2023

30. Remarks

This award includes the following sources of funding:
FY21 MAI - \$114,016.00
FY21 Supplemental- \$1,777,010.00
FY23 MAI - \$511,562.00
FY23 Formula - \$5,475,579.00
FY23 Supplemental - \$1,018,160.00
Total FY23 Award - \$8,896,327.00



Notice of Award
Award Number: 6 H89HA00032-30-02
Federal Award Date: 04/06/2023

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)																																										
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36. OBJECT CLASS 41.15																																											
37. BHCMI#																																											
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.																																											
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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/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 offset of an unobligated balance in the amount of \$1,891,026.00 from 03/1/2021-02/28/2022 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. This Notice of Award provides the balance of fiscal year 2023 (FY23) funding based on HRSA's FY23 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. The Ryan White HIV/AIDS Program (RWHAP) legislation requires, to the maximum extent practicable, that core medical and support services will be provided without regard to an individual's ability to pay, or to the current or past health condition of the individual to be served. Consequently, HRSA expects that RWHAP recipients and subrecipients utilize a grievance process, articulated in writing, to investigate complaints for denial of services.

Reporting Requirement(s)

1. Due Date: Within 60 Days of Award Release Date

The recipient must submit a FY 2023 Program Submission no later than 60 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 60 Days of Award Release Date

The recipient must submit a FY 2023 Program Terms Report no later than 60 days after the receipt of the final award, 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/>).