

1. DATE ISSUED: 03/01/2005		2. PROGRAM CFDA: 93.914	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 2 H89HA00007-15-00		4b. GRANT NO.: H89HA00007	5. FORMER GRANT NO.: BRH890007
6. PROJECT PERIOD: FROM: 04/04/1991 THROUGH: 02/28/2006			
7. BUDGET PERIOD: FROM: 03/01/2005 THROUGH: 02/28/2006			

U.S. Department of Health and Human Services

HRSA
 Health Resources and Services Administration

NOTICE OF AWARD
 AUTHORIZATION (Legislation/Regulation)
 Public Health Service Act, Title XXVI, Section 2603b
 Public Health Service Act Section 2603(b), 42 U.S.C 300ff-13(b)

8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS

9. GRANTEE NAME AND ADDRESS:
 FULTON COUNTY GOVT, BOARD OF COMMISSIONERS
 141 PRYOR STREET
 ATLANTA, GA 30303-3468
DUNS NUMBER:

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Jeffery Alan Cheek
 FULTON COUNTY GOVT, BOARD OF COMMISSIONERS
 141 Pryor St
 Atlanta, GA 30303-3466

11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

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 :	\$19,126,568.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$19,126,568.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$19,126,568.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$19,126,568.00
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 Awards(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$19,126,568.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
Not applicable	

14. 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 Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other **[A]**
 Estimated Program Income: \$0.00

16. 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:
 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 74 or 45 CFR Part 92 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.

REMARKS: (Other Terms and Conditions Attached Yes No)
 This award includes \$1,737,279 in MAI funds. Please note that your Grants Management Specialist has changed. See last page for contact information.
Electronically signed by Dorothy Kelley, Grants Management Officer on : 03/01/2005

17. OBJ. CLASS: 41.15 **18. CRS-EIN:** 1586001729A1 **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
05 - 3770790	93.914	H89HA0007O	\$9,637,983.00	\$0.00	N/A	N/A
05 - 3770791	93.914	H89HA0007O	\$9,488,585.00	\$0.00	N/A	N/A

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.

Program Specific Condition(s)

1. Due Date: Within 90 Days of Budget Start Date

- a. A revised budget, SF 424A and narrative justification for Administration, Quality Management, Planning Council Support, Program Support, and Services reflecting FY2005 funding must be received for by the Division of Grants Management Operations (DGMO) for approval. Budget narratives must be prepared according to instructions in the 2005 Application Guidance. All contracts must be listed on the Contractual line on the SF424A, including all contracts for Administration, Quality Management, Planning Council Support, and Program Support. Budget and Narrative must be sent electronically. Grantee will incur costs at its own risk until this condition is satisfied and removed. (See Remark No.7).
- b. The FY2005 Planned Allocation Table indicating the priority areas established by the Planning Council and the dollar amount of FY 2005 Title I funds allocated to each prioritized service category. Format for the table will be sent to all grantees. Use only the categories identified on the Table. The Table must be sent electronically. Also include a letter from the HIV Health Services Planning Council (PC) Chairperson/ co-Chairs indicating endorsement of the allocations and program priorities.
- c. A complete FY2005 Implementation Plan which reflects all the service categories and priorities established by the Planning Council and reflected in your FY 2005 Planned Allocations Table. Minority AIDS Initiative (MAI) funds must be clearly identified. The Plan must be sent electronically.
- d. A FY 2005 MAI Plan, the grantee must submit a plan for use of funds consistent with Title I MAI program guidelines. The plan must contain the following information specific to each service to be provided to each minority community: 1) the amount of funds budgeted for that service; 2) the type and total number of service units to be provided; 3) the number of infants, children, women and youth expected to be served as well as the total number of clients planned to be served; and 4) client-level outcomes expected to be achieved. The Plan must be sent electronically.

2. Due Date: Within 120 Days of Budget Start Date

The grantee must submit to the following information:

- a. The final FY 2004 Final Allocation Table. Format for the table will be sent to all grantees. The FY 2004 Final Allocation Tables must be sent electronically using the prescribed format.

3. Due Date: Within 150 Days of Budget Start Date

A Contract Review Certification (CRC), for all contracted funds in Administration, Quality Management, Planning Council support, Program support, and HIV Services, and a consolidated list of contracts. A CRC for each provider/contractor is no longer required. A single CRC that covers all providers/contracts is required. Required format for the CRC and consolidated list of contracts will be sent to all grantees. This condition will not be satisfied until all grant funds are obligated.

- a. The Consolidated List of Contracts, must include the name of the contractor/agency (use the name of the agency as it appears on the CRC); full address (NO PO box numbers); Tax ID; whether or not the contractor is a minority provider; whether or not clients are served directly; service type; amount of contract; and the overall total of the budgets submitted with the list. The CRC must be submitted electronically.
- b. Contract Review Certification: Section B.1. of the Certification form refers to the administrative requirements for the entity (grantee or administrative agent) who conducted the RFP process, negotiated the budgets, and awarded the contracts (requires signature of the

Grantee Program Director). Section B.2 refers to the cost principles applicable for the type of organization receiving Title I funds to provide services (requires signature of the Grantee fiscal representative). The Certification is to be signed by the grantee (not a contracted Administrative Agent). There must be scanned signatures of two different people in sections A and B. Do not use acronyms on the CRC.

The grantee will have, at a minimum, available for inspection by project officers or other HRSA officials, a copy of all contracts or formal agreements with sub grantees, the most recent program report for the respective sub grantee, the most recent fiscal or audit report for sub grantees and site visit reports.

Program Specific Term(s)

1. Please note that there is a new document number each budget period that must be used to draw down and report the grant funds.
2. Foreign travel is not permitted.
3. The grantee may not use more than five (5) percent of the FY 2005 grant funds for administration, accounting, reporting, and program oversight. Indirect costs are considered administration
4. The amount available, in the aggregate, for first-line entities to spend on administrative costs is calculated by subtracting the grantee's administrative costs (up to 5%) and the grantee's quality management costs (up to 5% or \$3,000,000, whichever is less) from the total grant amount and multiplying the difference by 10%.
5. Requests to carry over unobligated funds from the prior budget period into this current award must be received no later than 10/01/ of this current calendar year.
6. The Grantee is required to notify the DGMO, within 30 days, of any changes in Planning Council Composition that impact legislative compliance with Reflectiveness or the 15 mandated membership categories . A letter signed by the Planning Council Chair(s) must be submitted assuring that 33% of the Council members are non-conflicted persons living with HIV Disease (PLWH) and are receiving Title I funded HIV-related services. In addition, the 33% PLWH Council members and the Council as a whole must accurately reflect the demographics of the epidemic in the EMA. Reflectiveness must be based on the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in your EMA as reported in your FY2005 application. The notification and letter must be accompanied by revised tables or narrative describing compliance with Planning Council Composition and Reflectiveness.
7. Refer to Condition 1b. Subsequent revisions to the allocations must be submitted to the DGMO along with a letter from the Planning Council Chair(s).
8. MAI Funds may be used only for MAI activities. MAI Funds must be expended for the purposes identified by Congress.
9. WICY Waiver: If the grantee can document that one or more WICY priority populations are receiving HIV-related health services through the state Medicaid program under Title XIX of the Social Security Act, the State Children's Health Program (SCHIP) under Title XXI of the same Act, or other qualified federal or state programs in accordance with HRSA guidelines, then the grantee may request a waiver of the minimum WICY expenditure requirement from HRSA. Grantees approved for a WICY waiver do not have to report the amount of FY 2005 Title I funds used to provide services to WICY. (See DSS May 27, 2002 letter for specific waiver instructions.)
10. In accordance with Program Policy No. 97-03, grant funds may not be used for: 1.) outreach programs which have as their purpose exclusively, HIV prevention education, or 2.) broad-scope awareness activities about HIV services that target the general public (See HAB website www.hab.hrsa.gov for information on DSS Program policies).
11. If your organization purchases or reimburses for outpatient drugs, an assessment must be made to determine whether the organization's drug acquisition practices meet Federal requirements regarding cost-effectiveness and reasonableness (See 42 CFR Part 50, Subpart E, and OMB Circulars A-122 and A-87 regarding cost principles). If your organization is eligible to be a covered entity under Section 340B of the Public Health Service Act and the assessment shows that participating in the 340B Drug Pricing Program and its Prime Vendor Program is the most economical and reasonable manner of purchasing or reimbursing for covered outpatient drugs (as defined in Section 340B), failure to participate may result in a negative audit finding, cost disallowance or grant funding offset. (See Condition 5 above)
12. An annual final Financial Status Report (Standard Form 269), covering expenditures for the current budget period), must be received by the DGMO no later than May 31, of each year. Written approval must be obtained for late reports, however, extensions beyond 9/30 of each year will not be approved. The request for extension must be received no later than May 31, of each year. A final FSR may not include unliquidated obligations and must agree with the PMS SF 272 report of disbursements for the document number for the budget period being reported. Points for expenditures will not be given for FSRs received after 9/30/ of each year.
13. One copy of all Conditions and Reporting Requirements must be electronically submitted to the Division of Grants Management Operations (DGMO) using the e-mail address of the Grants Management Specialist listed below, concurrently with a electronic copy submitted to the Division of Service System (DSS) using the e-mail message address of the Program Project Officer listed below. Both the original and copy must be submitted on the same date.

Standard Term(s)

1. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
2. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or itemFor which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
3. The HHS Appropriations Act requires that to the greatest extent practicable, all equipment and products purchased with funds made available under this award should be American-made.
4. Requests that require prior approval from the awarding office as indicated in 45 CFR Part 74.25 [Note: 74.25 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Grant Award] or 45 CFR Part 92.20 must be submitted in writing to the Grants Management Officer (GMO). Only responses signed by the GMO are to be considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the Health Resources and Services Administration.
5. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payment should be directed to: Payment Management, DHHS, P.O. Box 6021, Rockville, MD 20852, <http://www.dpm.psc.gov/> or Telephone Number: 1-877-614-5533.
6. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
7. Submit audits, if required, in accordance with OMB Circular A-133, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800)253-0696 toll free <http://harvester.census.gov/sac/facconta.htm>

Contacts**NoA Email Address(es):**

Name	Role	Email
		jeff.cheek@co.fulton.ga.us, stephannie.young@hrsa.hhs.gov, pjofc@aol.com

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Mylandar Davis at:
5600 Fishers Ln
RM 7A-55
Rockville, MD, 20857-0001
Email: mdavis4@hrsa.gov
Phone: (301) 443-0523

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Stephannie Young at:
5600 Fishers Ln
RM 11A-16
Rockville, MD, 20857-0001
Email: syoung1@hrsa.gov
Phone: (301) 594-1246

Fax: (301) 443-6686
