

1. DATE ISSUED: 03/10/2005		2. PROGRAM CFDA: 93.914	
3. SUPERSEDES AWARD NOTICE dated: 03/01/2005 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 H89HA00007-15-01		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			



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 SW
 ATLANTA, GA 30303-
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	\$19,126,568.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

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 Notice of Award (NoA) is issued to include the Reporting Requirements that were inadvertently omitted from the NoA dated March 1, 2005. All prior Terms and Conditions remain in effect unless specifically removed.

Electronically signed by Dorothy Kelley , Grants Management Officer on : 03/10/2005

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	\$0.00	\$0.00	N/A	N/A
05 - 3770791	93.914	H89HA0007O	\$0.00	\$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.

Reporting Requirement(s)

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

Financial Status Report SF-269a/short form at (<http://www.psc.gov/forms/sf>) is due within 90 days after expiration of the budget period. This report should NOT reflect cumulative reporting from budget period to budget period and must be electronically submitted to the HRSA Division of Grants Management Operations.

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

A final annual progress report (in the format prescribed by the HIV/AIDS Bureau, Division of Service Systems) must be received by the DGMO no later than 120 days after the end of the each budget period end date.

3. Due Date: 03/15/2006

Acceptance of this grant award indicates the grantee's assurance that it will comply with data Requirements of the CARE Act Data Report (CADR), and that it will mandate such compliance by each of its contractors and subcontractors. CADRs are due annually on March 15.

4. Due Date: Within 90 Days of Budget End Date

A final report on the use of the MAI funds during the prior budget period must be submitted to HRSA consistent with HRSA's Title I MAI reporting guidelines.

5. Due Date: Within 120 Days of Budget End Date

Report on Expenditures for Women, Infants, Children and Youth (WICY). As of FY 2004, all Title I grantees must be able to document Title I expenditures separately for Women, Infants, Children and Youth as mandated by the CARE Act amendments of FY 2000. a. The amounts and percentages of prior budget period grant funds (for example FY 2004, FY 2003, etc.) used to provide services to women, infants, children and youth (WICY) separately; and b. Whether the reported amounts are, at a minimum, not less than the percentage constituted by the ratio of each population with Acquired Immune Deficiency Syndrome (AIDS) to the general population with AIDS living within the EMA. (See Remark No. 9 for Waiver Information).

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
		jeff.cheek@co.fulton.ga.us, 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

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