

1. DATE ISSUED: 12/19/2006		2. PROGRAM CFDA: 93.914	
3. SUPERSEDES AWARD NOTICE dated: 03/01/2006 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 H89HA00007-16-02		4b. GRANT NO.: H89HA00007	5. FORMER GRANT NO.: BRH890007
6. PROJECT PERIOD: FROM: 04/04/1991 THROUGH: 02/28/2007			
7. BUDGET PERIOD: FROM: 03/01/2006 THROUGH: 02/28/2007			



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

9. GRANTEE NAME AND ADDRESS:
FULTON COUNTY GOVT, BOARD OF COMMISSIONERS
141 Pryor St SW
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 :	\$19,111,030.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$19,111,030.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$19,111,030.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$19,111,030.00
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	\$19,111,030.00
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)

Electronically signed by Neal Meyerson , Grants Management Officer on : 12/19/2006

17. OBJ. CLASS: 41.15,41.51	18. CRS-EIN: 1586001729A1	19. FUTURE RECOMMENDED FUNDING: \$0.00
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FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
06 - 3770790	93.914	H89HA0007Q	\$0.00	\$0.00	N/A	N/A
06 - 3770791	93.914	H89HA0007Q	\$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.

Grant Specific Term(s)

1. This Notice of Grant Award (NGA) removes all of the Conditions placed on your previous award. The grantee has submitted responses to the following conditions: Condition #1A Revised Budget Condition #1B FY 2006 Planned Allocation Table Condition #1C FY 2006 Implementation Plan Condition #1D FY 2006 MAI Plan Condition #2A FY 2005 Final Allocation Table Condition #3A Consolidated List of Contracts Condition #3B Contract Review Certification This NGA also acknowledges receipt of and approves Reporting Requirements (RR): RR1 FY 2005 Financial Status Report RR2 Final Annual Progress Report RR4 FY 2005 Final MAI Plan RR5 FY 2005 WICY Report All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
		patrick.o'connor@co.fulton.ga.us, jeff.cheek@co.fulton.ga.us

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Ieshia Jones at:
5600 Fishers Ln
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Rockville, MD, 20857-0001
Email: ijones@hrsa.gov
Phone: (301) 443-4063

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
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