


<b>1. DATE ISSUED:</b> 05/16/2007		<b>2. PROGRAM CFDA:</b> 93.914		 <p>U.S. Department of Health and Human Services <b>HRSA</b> Health Resources and Services Administration</p> <p><b>NOTICE OF AWARD</b> 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) FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-ff-11 et seq (as amended), Part A</p>
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 03/01/2007 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.				
<b>4a. AWARD NO.:</b> 6 H89HA00007-17-01	<b>4b. GRANT NO.:</b> H89HA00007	<b>5. FORMER GRANT NO.:</b> BRH890007		
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 04/04/1991 <b>THROUGH:</b> 02/29/2008				
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2007 <b>THROUGH:</b> 02/29/2008				

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

<b>9. GRANTEE NAME AND ADDRESS:</b> FULTON COUNTY GOVT, BOARD OF COMMISSIONERS 141 Pryor St SW Atlanta, GA 30303-3468 <b>DUNS NUMBER:</b>	<b>10. DIRECTOR:</b> (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Jeffery Alan Cheek FULTON COUNTY GOVT, BOARD OF COMMISSIONERS 141 Pryor St Atlanta, GA 30303-3466
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<b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation	<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b> a. Authorized Financial Assistance This Period <b>\$16,074,285.00</b> 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 \$12,223,780.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$3,850,505.00</b>																																										
<table border="0"> <tr><td>a. Salaries and Wages :</td><td>\$0.00</td></tr> <tr><td>b. Fringe Benefits :</td><td>\$0.00</td></tr> <tr><td>c. Total Personnel Costs :</td><td>\$0.00</td></tr> <tr><td>d. Consultant Costs :</td><td>\$0.00</td></tr> <tr><td>e. Equipment :</td><td>\$0.00</td></tr> <tr><td>f. Supplies :</td><td>\$0.00</td></tr> <tr><td>g. Travel :</td><td>\$0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation :</td><td>\$0.00</td></tr> <tr><td>i. Other :</td><td>\$0.00</td></tr> <tr><td>j. Consortium/Contractual Costs :</td><td>\$0.00</td></tr> <tr><td>k. Trainee Related Expenses :</td><td>\$0.00</td></tr> <tr><td>l. Trainee Stipends :</td><td>\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees :</td><td>\$0.00</td></tr> <tr><td>n. Trainee Travel :</td><td>\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS :</td><td>\$16,074,285.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC) :</td><td>\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET :</td><td>\$16,074,285.00</td></tr> <tr><td>    i. Less Non-Federal Share:</td><td>\$0.00</td></tr> <tr><td>    ii. Federal Share:</td><td>\$16,074,285.00</td></tr> </table>	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 :	\$16,074,285.00	p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00	q. TOTAL APPROVED BUDGET :	\$16,074,285.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$16,074,285.00	<b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project) <table border="1" style="width: 100%;"> <thead> <tr><th>YEAR</th><th>TOTAL COSTS</th></tr> </thead> <tbody> <tr><td colspan="2" style="text-align: center;">Not applicable</td></tr> </tbody> </table>	YEAR	TOTAL COSTS	Not applicable	
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<b>14. APPROVED DIRECT ASSISTANCE BUDGET:</b> (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 <b>\$0.00</b>																																											

**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 is issued to correct the document number to the number required for the FY 2007 subaccount. Any funds drawn and reported through the Division of Payment Management (DPM) under the old document number will be moved to the new document number by the DPM staff.

**Electronically signed by Pamela Hilton , Grants Management Officer on :** 05/16/2007

<b>17. OBJ. CLASS:</b> 41.15	<b>18. CRS-EIN:</b> 1586001729A1	<b>19. FUTURE RECOMMENDED FUNDING:</b> \$0.00
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FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
07 - 3770790	93.914	H89HA0007R	(\$12,223,780.00)	\$0.00	N/A	N/A
07 - 3770790	93.914	H89HA0007S	\$12,223,780.00	\$0.00	N/A	N/A
07 - 3770791	93.914	H89HA0007S	\$3,850,505.00	\$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 120 Days of Budget Start Date**

The grantee must submit the FY 2007 Planned Allocation Table, indicating the priority areas established by the Planning Council (PC) and the dollar amount of FY 2007 Part A funds allocated to each prioritized service category related to Part A eligible Core Medical Services. A 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 PC Chairperson/co-Chairs, indicating endorsement of the allocations and program priorities

**2. Due Date: Within 150 Days of Budget Start Date**

The grantee must submit the FY 2006 Final Expenditure Table. Format for the table will be sent to all grantees. The FY 2006 Final Expenditure Table must be sent electronically using the prescribed format.

### Grant Specific Term(s)

- One copy of each Condition and Reporting Requirement 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 an electronic copy submitted to the Division of Service Systems (DSS), using the e-mail message address of the Program Project Officer listed below. Each e-mail submission must contain only one condition or reporting requirement. Label each submission, using the Grantee name and the requirement exactly as it is labeled on the Notice of Grant Award, e.g., Atlanta 2007 Part A Planned Allocations Report. Grantee name and Grant number must be included with each submission. Both the original and copy must be submitted on the same date.
- Please be advised that your Project Officer listed below will contact you directly through an email, stating the required program submissions. Failure to respond to the Project Officer's requests for additional information may result in additional conditions and potential restriction of funds being added to a subsequent award. The communication from the Project Officer will cover the following:
  - A revised SF-424A and narrative justification for Administration, Clinical Quality Management, HIV Services and Planning Council Support reflecting FY 2007 funding.
  - A complete FY 2007 Implementation Plan which reflects all the service categories and priorities established by the PC and reflected in your FY 2007 Planned Allocations Table.
  - A Contract Review Certification (CRC) for all contracted funds in Administration, Quality Clinical Management, and HIV Services, and a consolidated list of contracts.
- Women, Infants, Children, and Youth (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 grant expenditures used to provide services to the waived priority population(s), but must document and report expenditures for non-waived populations. (Updated WICY Guidelines and Reporting Instructions will be provided separately.)
- Please note that there is a new document number for each budget period that must be used to draw down and report the grant funds.
- Foreign travel is not permitted.
- The grantee may not use more than ten (10) percent of the FY 2007 grant funds for administration, accounting, reporting, program oversight and planning council activities. Indirect costs are considered administration.
- 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 10%) 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%.

8. 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 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 Part A 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/TGA. Reflectiveness must be based on the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in your EMA/TGA as reported in your FY2007 application. The notification and letter must be accompanied by revised tables or narrative describing compliance with Planning Council Composition and Reflectiveness.
9. Refer to Condition 1. Subsequent revisions to the allocations must be submitted to the DGMO along with a letter from the PC Chair(s).
10. In accordance with Program Policy No. 97-03, grant funds may not be used for: 1.) outreach programs, which have HIV prevention education as their purpose exclusively, or 2.) broad-scope awareness activities about HIV services that target the general public (see the HAB website - [www.hab.hrsa.gov](http://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 Circ
12. Ulars A-87 and A-122 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 that section), failure to participate may result in a negative audit finding, cost disallowance, or grant funding offset.
13. 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. 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.

**Reporting Requirement(s)**

1. **Due Date: Within 90 Days of Budget End Date**  
The grantee must submit a Financial Status Report, SF-269a/short form, (<http://www.psc.gov/forms/sf>), which is due within 90 days after expiration of the budget period. This report should NOT reflect cumulative reporting from budget period to budget period.
2. **Due Date: Within 90 Days of Budget End Date**  
Women, Infants, Children, and Youth (WICY) Report - Due Date: Within 90 days of Budget End Date  
The grantee must submit a Report on Expenditures for Women, Infants, Children, and Youth (WICY). All grantees must be able to document Part A expenditures separately for WICY, as mandated by the Ryan White Treatment and Modernization Act of 2006 as follows:
  - a. The amounts and percentages of Part A service-related expenditures to provide services to WICY separately;
  - b. 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/TGA. Updated WICY Guidelines and Reporting Instructions will be provided separately. (See Program Term No. 3 for Waiver Information.)
3. **Due Date: Within 90 Days of Budget End Date**  
A final report on the use of Part A supplemental Minority AIDS Initiative (MAI) funds during the prior budget period (3/1/2006 – 2/28/2007) must be submitted to HRSA consistent with HRSA's Part A MAI reporting guidelines.
4. **Due Date: Within 150 Days of Budget End Date**  
The grantee must submit a Final Annual Progress Report, using the format prescribed by the HIV/AIDS Bureau, Division of Service Systems, no later than 150 days after the end of the each budget period end date.
5. **Due Date: 03/17/2007**  
Acceptance of this grant award indicates the grantee's assurance that it will comply with data requirements of the CADR, and that it will mandate such compliance by each of its contractors and subcontractors. CADRs are due annually on March 15. Acceptance of the CADR report will reside in the CADR system.

**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
		patrick.o'connor@co.fulton.ga.us, jeff.cheek@co.fulton.ga.us,

	patrick.o'connor@fultoncountyga.gov
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Note: NoA emailed to these address(es)

**Program Contact:**

For assistance on programmatic issues, please contact Ieshia Jones at:  
Division of Service Systems  
5600 Fishers Ln  
RM 7A-42  
Rockville, MD, 20857-0001  
Email: [ijones@hrsa.gov](mailto:ijones@hrsa.gov)  
Phone: (301) 443-4063  
Fax: (301) 443-5271

**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](mailto:syoung1@hrsa.gov)  
Phone: (301) 594-1246  
Fax: (301) 443-6686

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