


<b>1. DATE ISSUED:</b> 02/27/2008		<b>2. PROGRAM CFDA:</b> 93.914		 U.S. Department of Health and Human Services <b>HRSA</b> Health Resources and Services Administration <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
<b>3. SUPERSEDES AWARD NOTICE dated:</b> except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.				
<b>4a. AWARD NO.:</b> 2 H89HA00007-18-00		<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> 02/28/2009				
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2008 <b>THROUGH:</b> 02/28/2009				

**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) Jeffrey Alan Cheek FULTON COUNTY GOVT, BOARD OF COMMISSIONERS 141 Pryor St SW Atlanta, GA 30303-3485	
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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>																																																					
<table border="0"> <tr><td>a. Salaries and Wages :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Fringe Benefits :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Total Personnel Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Consultant Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>g. Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>j. Consortium/Contractual Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>k. Trainee Related Expenses :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS :</td><td style="text-align: right;">\$16,769,228.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC) :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET :</td><td style="text-align: right;">\$16,769,228.00</td></tr> <tr><td>    i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Federal Share:</td><td style="text-align: right;">\$16,769,228.00</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 :	\$16,769,228.00	p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00	q. TOTAL APPROVED BUDGET :	\$16,769,228.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$16,769,228.00	<table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;"><b>\$16,769,228.00</b></td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td>    i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$16,769,228.00</b></td></tr> </table>		a. Authorized Financial Assistance This Period	<b>\$16,769,228.00</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	\$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$16,769,228.00</b>
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**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)  
 Please note the change in Grants Management Specialist. Contact information is found on the NoA.

**Electronically signed by Dorothy Kelley , Grants Management Officer on : 02/27/2008**

<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
08 - 3770750	93.914	H89HA0007T	\$12,223,780.00	\$0.00	N/A	N/A
08 - 3770751	93.914	H89HA0007T	\$4,545,448.00	\$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 Condition(s)

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

The grantee must submit the FY 2008 Planned Allocation Table, indicating the priority areas established by the Planning Council (PC) and the dollar amount of FY 2008 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 End Date

The grantee must submit the FY 2007 Final Expenditure Table. Format for the table will be sent to all grantees. The FY 2007 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 2008 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 and HIV Services FY 2008 funding. • A complete FY 2008 Implementation Plan which reflects all the Core Medical and Support service categories and priorities established by the PC and reflected in your FY 2008 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.
- Minimum WICY Expenditures: Part A grantees are required to use a minimum amount/percentage of their FY 2008 award to provide services to women, infants, children and youth (WICY). • The minimum "set-aside" amounts/percentages for each state/territory must be determined separately for each priority population, and may not be less than the percentage the ratio of each population to the total number of persons estimated to be living with AIDS within the state/territory. • 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 2008 grant funds for administration, accounting, reporting, program oversight and planning council activities. Indirect costs are considered administrative.
- 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 Circulars 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.
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. 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.

## Standard Term(s)

1. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <ftp://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf> and it is anticipated that Part IV, HRSA program-specific guidance will be available at the website in the near future. In addition, HRSA-specific contacts will be appended to Part III of the GPS which identifies Department-wide points of contact.

Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect. Once available, Part IV, HRSA program-specific guidance will take precedence over Parts I and II in situations where there are conflicting or otherwise inconsistent policies.

2. 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.
3. 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 item ...For 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.
4. 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.
5. Items 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 92.30 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are 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 HRSA.

In addition to the prior approval requirements identified in Part 74.25, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 92, this requirement is in lieu of that in 45 CFR 92.30(c)(1)(ii) which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Parts 74.25 and 92.30 unless HRSA has specifically exempted the grantee from the requirement(s).]

6. 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.
7. 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](mailto:Htips@os.dhhs.gov) or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. 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>
9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.
10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Grant Award to obtain a copy of the Term.

## 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. The Financial Status Report will not be accepted unless the amount of expenditures for the three separate funding streams are reflected in the "Remarks" category of the 269a/short form, as listed below: 1. The formula amount \$12,223,780. 2. The ADAP Supplemental funding \$4,545,448.

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

Women, Infants, Children, and Youth (WICY) Report - Due Date: Within 120 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 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.

### 4. Due Date: 03/16/2009

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.**

## Contacts

### NoA Email Address(es):

Name	Role	Email
		patrick.oconnor@fultoncountyga.gov

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Elise Young at:

HRSA/HAB/DSS

5600 Fishers Ln

RM 7A-55

Rockville, MD, 20857-0001

Email: elise.young@hrsa.hhs.gov

Phone: (301) 443-0336

### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Djuana Gibson at:

HRSA, Division of Grants Management Operations (DGMO)

5600 Fishers Ln

RM 11A-02

Rockville, MD, 20857-0001

Email: dgibson@hrsa.gov

Phone: (301) 443-3243

Fax: (301) 594-4073