1. DATE ISSUED:

2. PROGRAM CFDA: 93.914

06/12/2008

3. SUPERSEDES AWARD NOTICE dated: 02/27/2008

except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4a. AWARD NO.: 6 H89HA00007-18-01 4b. GRANT NO.:

5. FORMER GRANT

H89HA00007

NO.: BRH890007

6. PROJECT PERIOD:

FROM: 04/04/1991 THROUGH: 02/28/2009

7. BUDGET PERIOD:

FROM: 03/01/2008 THROUGH: 02/28/2009

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) FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-ff-11 et seq (as amended), Part A

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) Jeffrey Alan Cheek

FULTON COUNTY GOVT, BOARD OF COMMISSIONERS

141 Pryor St SW

11.APPROVED BUDGET:(Excludes Direct Assistance)

[X] Grant Funds Only

[] Total project costs including grant funds and all other financial participation

a . Salaries and Wages : b . Fringe Benefits : \$0.00 c . Total Personnel Costs : \$0.00

d . Consultant Costs:

e . Equipment : \$0.00 f. Supplies: \$0.00

g . Travel: \$0.00 \$0.00 h. Construction/Alteration and Renovation:

i Other: \$0.00 j. Consortium/Contractual Costs: \$0.00 k . Trainee Related Expenses : \$0.00

Trainee Stipends: \$0.00

Trainee Tuition and Fees: \$0.00 n . Trainee Travel : \$0.00

o. TOTAL DIRECT COSTS: \$18,130,357.00 \$0.00

q . TOTAL APPROVED BUDGET : \$18,130,357.00

\$0.00

p. INDIRECT COSTS (Rate: % of S&W/TADC):

i. Less Non-Federal Share:

ii. Federal Share: \$18,130,357.00

Atlanta, GA 30303-3485 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period \$18,130,357,00

b. Less Unobligated Balance from Prior Budget Periods

\$0.00 i. Additional Authority

ii Offset \$0.00

c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Awards(s) This Budget \$16,769,228.00

e. AMOUNT OF FINANCIAL ASSISTANCE THIS \$1,361,129.00 ACTION

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

and and are calculated by 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

\$0.00

d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION

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]

\$0.00

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 [X]Yes []No)

Electronically signed by Dorothy Kelley , Grants Management Officer on : 06/12/2008

17. OBJ. CLASS: 41.15	18. CRS-I	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	
06 - 3770790	93.914	H89HA0007T	\$694,984.00	\$0.00	N/A	N/A	
06 - 3770791	93.914	H89HA0007T	\$666,145.00	\$0.00	N/A	N/A	

Date Issued: 6/12/2008 9:53:44 AM Award Number: 6 H89HA00007-18-01

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/WebEPSExternal/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 This Notice of Grant Award authorizes the carryover of an unobligated balance in the amount of \$1,361,129 from the budget period 3/1/2006 through 2/28/2007 into the current budget period. The sum of \$1,361,129 was deobligated from the old Document Number H89HA0007Q and reobligated under the new Document Number H89HA0007T. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal funds requested for carryover is incorrect, the HRSA is not obligated to make additional Federal funds available to cover the shortfall.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
		patrick.oconnor@fultoncountyga.gov, jeff.cheek@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

Rockville, MD, 20852-1750 Email: dgibson@hrsa.gov Phone: (301) 443-3243 Fax: (301) 594-4073