


1. DATE ISSUED: 02/10/2009		2. PROGRAM CFDA: 93.914		 <p>U.S. Department of Health and Human Services HRSA Health Resources and Services Administration</p> <p>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</p>
3. SUPERSEDES AWARD NOTICE dated: 06/12/2008 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.				
4a. AWARD NO.: 6 H89HA00007-18-02	4b. GRANT NO.: H89HA00007	5. FORMER GRANT NO.: BRH890007		
6. PROJECT PERIOD: FROM: 04/04/1991 THROUGH: 02/28/2009				
7. BUDGET PERIOD: FROM: 03/01/2008 THROUGH: 02/28/2009				

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 Atlanta, GA 30303-3485
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11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation	12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:				
a. Salaries and Wages : \$0.00	a. Authorized Financial Assistance This Period \$18,130,357.00				
b. Fringe Benefits : \$0.00	b. Less Unobligated Balance from Prior Budget Periods				
c. Total Personnel Costs : \$0.00	i. Additional Authority \$0.00				
d. Consultant Costs : \$0.00	ii. Offset \$0.00				
e. Equipment : \$0.00	c. Unawarded Balance of Current Year's Funds \$0.00				
f. Supplies : \$0.00	d. Less Cumulative Prior Awards(s) This Budget Period \$18,130,357.00				
g. Travel : \$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$0.00				
h. Construction/Alteration and Renovation : \$0.00	13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)				
i. Other : \$0.00		<table border="1"> <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
YEAR	TOTAL COSTS				
Not applicable					
j. Consortium/Contractual Costs : \$0.00	14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)				
k. Trainee Related Expenses : \$0.00		a. Amount of Direct Assistance \$0.00			
l. Trainee Stipends : \$0.00		b. Less Unawarded Balance of Current Year's Funds \$0.00			
m. Trainee Tuition and Fees : \$0.00		c. Less Cumulative Prior Awards(s) This Budget Period \$0.00			
n. Trainee Travel : \$0.00		d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00			
o. TOTAL DIRECT COSTS : \$18,130,357.00					
p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00					
q. TOTAL APPROVED BUDGET : \$18,130,357.00					
i. Less Non-Federal Share: \$0.00					
ii. Federal Share: \$18,130,357.00					

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 Stephannie Young , Grants Management Officer on : 02/10/2009

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
08 - 3770750	93.914	H89HA0007T	\$0.00	\$0.00	N/A	N/A
08 - 3770751	93.914	H89HA0007T	\$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/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 Notice of Grant Award (NGA) removes all of the conditions placed on your award dated March 1, 2008. The grantee has submitted responses to the following conditions: COA 1 – Planned Allocation Table COA 2 – FY07 Final Expenditure Table This NOGA also acknowledges receipt of Reporting Requirements (RR): RR1 – FY07 Financial Status Report RR2 – FY07 WICY Report RR4 – FY07 Final Annual Progress Report

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

Contacts

NoA Email Address(es):

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

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Songhai Barclift at:
5600 Fishers Ln
RM 7A-55
Rockville, MD, 20857-0001
Email: songhai.barclift@hrsa.hhs.gov
Phone: (301) 443-0523
Fax: (301) 443-0366

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