


<b>1. DATE ISSUED:</b> 07/03/2014		<b>2. PROGRAM CFDA:</b> 93.914	
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 07/17/2012 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
<b>4a. AWARD NO.:</b> 6 H89HA00007-19-05		<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> 02/28/2010			
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2009 <b>THROUGH:</b> 02/28/2010			

U.S. Department of Health and Human Services  
  
**HRSA**  
 Health Resources and Services Administration

**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  
 Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)  
 Public Health Service Act, Sections 2601-2610  
 Public Health Service Act, Sections 2601-2610 (42 USC 300ff-11 – 300ff-20), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

**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:**  
 133894167

**10. DIRECTOR:** (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)  
 Patrick Daly  
 FULTON COUNTY GOVT, BOARD OF COMMISSIONERS  
 Division Line: Ryan White Program/Office of the County Manager  
 141 Pryor St SW  
 Atlanta, GA 30303-3444

**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 :	\$16,997,587.16
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q . TOTAL APPROVED BUDGET :	\$16,997,587.16
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$16,997,587.16

**12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	<b>\$16,997,587.16</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	\$16,997,587.16
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$0.00</b>

**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	<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 NoA is issued to remove one or more Grant Conditions imposed on projects.

**Electronically signed by Brad Barney , Grants Management Officer on :** 07/03/2014

**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

09 - 3770760	93.914	H89HA0007U	\$0.00	\$0.00	N/A	N/A
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## 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)

- The grant condition stated below on NoA 6 H89HA00007-19-01 is hereby lifted. The grantee must submit the FY 2009 Part A and MAI Planned Allocation Table, indicating the priority areas established by the Planning Council (PC) and the dollar amount of FY 2009 Part A and MAI funds allocated to each prioritized service category related to Part A eligible Core Medical and Support Services. The table must be submitted through the HRSA Electronic Handbook (EHB) using the format provided in that system. Use only the categories identified on the Table.  
Under separate cover the grantee must send a letter from the HIV Health Services PC Chairperson/co-Chairs, indicating endorsement of the allocations and program priorities. This letter must be sent to your Division Services Systems (DSS) Project Officer on or before the due date of this condition.

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

### Contacts

#### NoA Email Address(es):

Name	Role	Email
Angela Ash	Business Official	angela.ash@fultoncountyga.gov
Patrick Daly	Program Director	patrick.daly@fultoncountyga.gov

Note: NoA emailed to these address(es)

#### Program Contact:

For assistance on programmatic issues, please contact Yukiko Tani at:  
MailStop Code: 7A-55  
HRSA/HAB/DSS  
5600 Fishers Ln  
Rockville, MD, 20852-1750  
Email: ytani@hrsa.gov  
Phone: (301) 443-7061  
Fax: (301) 443-5271

#### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Karen Mayo at:  
MailStop Code: 11-03  
HRSA, OFAM, DGMO, HRB  
5600 Fishers Ln  
Rockville, MD, 20852-1750  
Email: kmayo@hrsa.gov  
Phone: (301) 443-3555  
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