


<b>1. DATE ISSUED:</b> 02/15/2011		<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 Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) Public Health Service Act, Sections 2601-2610
<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 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.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 H89HA00007-21-00	<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> 02/29/2012				
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2011 <b>THROUGH:</b> 02/29/2012				

**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> 133894167	<b>10. DIRECTOR:</b> (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Kandace Carty FULTON COUNTY GOVT, BOARD OF COMMISSIONERS Division Line: Ryan White Program/Office of the County Manager 141 Pryor St SW Atlanta, GA 30303-3444
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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. Salaries and Wages : \$0.00	a. Authorized Financial Assistance This Period <b>\$7,522,661.00</b>				
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 \$0.00				
g. Travel : \$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$7,522,661.00</b>				
h. Construction/Alteration and Renovation : \$0.00	<b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)				
i. Other : \$0.00		<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">YEAR</th> <th style="width: 50%;">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	<b>14. APPROVED DIRECT ASSISTANCE BUDGET:</b> (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 <b>\$0.00</b>			
o. TOTAL DIRECT COSTS : \$7,522,661.00					
p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00					
q. TOTAL APPROVED BUDGET : \$7,522,661.00					
i. Less Non-Federal Share: \$0.00					
ii. Federal Share: \$7,522,661.00					

**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)  
 Included in this award is \$836,311 specifically for the Minority Aids Initiative (MAI).

**Electronically signed by Dorothy Kelley , Grants Management Officer on : 02/15/2011**

**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
11 - 3775023	93.914	11H89HA00007	\$6,686,350.00	\$0.00	N/A	HIVI-11
11 - 3775019	93.914	11H89HA00007	\$836,311.00	\$0.00	N/A	HIVI-11

## 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 action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the FFR (Federal Financial Report) SF 425-Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.
2. Please note that your Grants Management Specialist has changed. See last page for contact information.
3. All conditions, Program Terms and Reporting Requirements will be placed on the forthcoming Supplemental Notice of Grant Award.

### 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>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
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. 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).]

5. 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 payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at [www.DPM.PSC.GOV](http://www.DPM.PSC.GOV).
6. 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).
7. 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>
8. 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/reviselelep.html>.
9. 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.

## Contacts

### NoA Email Address(es):

Name	Role	Email
Kandace Carty	Program Director	<a href="mailto:kandace.carty@fultoncountyga.gov">kandace.carty@fultoncountyga.gov</a>
Angela Ash	Business Official	<a href="mailto:angela.ash@fultoncountyga.gov">angela.ash@fultoncountyga.gov</a>
Patrick O'connor	Business Official	<a href="mailto:patrick.o'connor@fultoncountyga.gov">patrick.o'connor@fultoncountyga.gov</a>

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Songhai Barclift at:  
HIV/AIDS Bureau  
5600 Fishers Ln  
RM 7A-55  
Rockville, MD, 20857-0001  
Email: [songhai.barclift@hrsa.hhs.gov](mailto:songhai.barclift@hrsa.hhs.gov)  
Phone: (301) 443-0523  
Fax: (301) 443-8143

### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Karen Mayo at:  
MailStop Code: 11A-02  
HRSA, OFAM, DGMO, GSFBS  
5600 Fishers Ln  
Rockville, MD, 20852-1750  
Email: [kmayo@hrsa.gov](mailto:kmayo@hrsa.gov)  
Phone: (301) 443-3555  
Fax: (301) 594-4073