

<b>1. DATE ISSUED:</b> 02/23/2012	<b>2. PROGRAM CFDA:</b> 93.914	 <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 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)																																																				
<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 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.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 H89HA00007-22-00	<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> 02/28/2013																																																						
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2012 <b>THROUGH:</b> 02/28/2013																																																						
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> 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 F 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																																																				
<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>																																																				
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<b>15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b>																																																						
<b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b>		<b>[A]</b>																																																				
Estimated Program Income: \$0.00																																																						
<b>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:</b>																																																						
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.																																																						
<b>REMARKS:</b> (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)																																																						
This award includes the following sources of funding:																																																						
Formula	\$13,637,549																																																					
Supplemental	\$ 5,382,762																																																					
MAI	\$ 1,963,609																																																					
Total FY 2012 & FY 2010 offset	\$ 20,983,920																																																					

**Electronically signed by Dorothy Kelley , Grants Management Officer on : 02/23/2012****17. OBJ. CLASS: 41.15    18. CRS-EIN: 1586001729A1    19. FUTURE RECOMMENDED FUNDING: \$0.00**

<b>FY-CAN</b>	<b>CFDA</b>	<b>DOCUMENT NO.</b>	<b>AMT. FIN. ASST.</b>	<b>AMT. DIR. ASST.</b>	<b>SUB PROGRAM CODE</b>	<b>SUB ACCOUNT CODE</b>
12 - 3771206	93.914	12H89HA00007	\$13,637,549.00	\$0.00	N/A	HIV1-12
12 - 3771207	93.914	12H89HA00007	\$5,162,730.00	\$0.00	N/A	HIV1-12
12 - 3771205	93.914	12H89HA00007	\$1,963,609.00	\$0.00	N/A	HIV1-12
10 - 3770721	93.914	12H89HA00007	\$220,032.00	\$0.00	N/A	HIV1-12

## 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. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation as outlined in Appendix A to 2 CFR Part 170 (<http://www.hrsa.gov/grants/ffata.html>). Subawards to individuals are exempt from these requirements.
2. Requirements for CCR: Unless your entity is exempt from this requirement under 2 CFR 25.110, it is incumbent upon you, as the recipient, to maintain the accuracy/currency of your information in the CCR until the end of the project. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information or another award term. Requirements for DUNS numbers: If you are authorized to make subawards under this award, you : - Must notify potential subrecipients that no entity may receive a subaward from you unless the entity has provided its DUNS number to you. - May not make a subaward to an entity unless the entity has provided its DUNS number to you.
3. Fiscal year (FY) 2010 Part A Formula unobligated balances (UOB) and Supplemental UOB have been deobligated from FY 2010 and reobligated for use in FY 2012 under Document Number 12H89HA00007 as Supplemental grant funds for the budget period March 1, 2012 through February 28, 2013. These funds must be tracked separately by the grantee as FY 2010 funds made available for use as Supplemental funds in FY 2012.  
This action by the DGMO is in accordance with Title XXVI of the Public Health Service (PHS) Act, Section 2603(b) (for Eligible Metropolitan Areas) and Section 2609(d)(2) (for Transitional Grant Areas), as amended by the Ryan White HIV/AIDS Program Treatment Extension Act of 2009; and also in accordance with the HIV/AIDS Bureau Policy Notice 10—01-2009, *The Part A and Part B Unobligated Balances Provision*.

### Program Specific Term(s)

1. Please note a new document number is assigned each budget period. This document number should be used to draw down and report grant funds.
2. Foreign travel is not permitted.
3. 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%.

The grantee may not use more than ten (10) percent of the FY 2012 grant funds for administration, accounting, reporting, program oversight and planning council activities. Indirect costs are considered administrative.

4. In accordance with Program Policy No. 10-02, grant funds may not be used for: 1.) outreach programs which have HIV prevention education as their exclusive purpose, or 2.) broad-scope awareness activities about HIV services that target the general public (See HAB website [www.hab.hrsa.gov](http://www.hab.hrsa.gov) for information on DSS Program policies).
5. 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.
6. Minimum WICY Expenditures: Part A grantees are required to use a minimum amount/percentage of their FY 2012 award to provide services to women, infants, children and youth (WICY). The minimum set-aside amounts/percentages for each eligible metropolitan

area/transitional grant area (EMA/TGA) 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 EMA/TGA.

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.

7. The Grantee is required to notify the Division of Grants Management Operations (DGMO) and the Project Officer, 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/AIDS (PLWH/A) and are receiving Part A funded HIV-related services. In addition, the 33% PLWH/A 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 FY2012 application. The notification and letter must be accompanied by revised tables or narrative describing compliance with Planning Council Composition and Reflectiveness. Please submit all documentation via the HRSA EHBs Prior Approval Portal as type "Other", subtype "Other".
8. Unless otherwise specified, all Conditions, Program Terms, and Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks (EHBs).
9. Client eligibility recertification is required every six months and must include verification of low income status, residency, medical necessity, and that the Ryan White HIV/AIDS Program is the payer of last resort.
10. The Grantee is required to meet specific requirements regarding the monitoring of both their grant and their provider/sub-grantees as detailed in the *National Monitoring Standards for Ryan White Grantees*.
11. Any post-award changes in Part A and/or Minority AIDS Initiative (MAI) grant allocations must be submitted to the Project Officer along with a letter from the Planning Council Chair(s). Please refer to Standard Term No. 5 if the rebudgeting amounts 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 or \$250,000, whichever is less.
12. Funds may not be used by grantees or subcontractors for the purchase of vehicles without written DGMO approval.
13. Grantees are prohibited from using Ryan White HIV/AIDS Program funds to support Syringe Services Programs, inclusive of syringe exchange, access, and disposal.
14. The use of grant funds for incentives in the form of gift cards to participants must be submitted as a Prior Approval request through the EHBs. Gift cards may not be in the form of a pre-paid credit card. The following restriction applies: Recipients of gift card incentives must sign a statement acknowledging and agreeing to the purpose(s) of and restrictions on the incentive. Unallowable uses include (but are not limited to) purchase of alcohol, tobacco, illegal drugs, or firearms. Gift cards may not be redeemed for cash.
15. Office of Management and Budget (OMB) circular A-133 requires grantees and sub-grantees that spend more than \$500,000 of funds in a given year of Federal awards to conduct a single or program-specific audit for that year. The audits must be submitted to the Federal Audit Clearinghouse either 30 days after receipt of the auditor's report(s) or nine months after the end of the entity's fiscal year (FY) end date; In addition, pursuant to section 2605 (a)(10), every two (2) years the chief elected official must submit copies of all OMB A-133 audits regarding funds expended under Part A to the Part B lead State agency under section 2617(b)(4). The State will forward audits collected from Part A, B, C, and D grantees/sub-grantees to HRSA where they will be posted in their entirety on the HRSA web site. Therefore, grantees will be provided instructions separately on the process and deadline for submitting electronic copies of audits to the lead State agency.

16. Ryan White Services Data Report (RSR): Acceptance of this grant indicates the grantee's assurance that it will comply with the annual Ryan White Services Data Report (RSR) requirements, and that it will mandate such compliance by each of its contractors and subcontractors.

## 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 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](mailto: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/reviseedlep.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 Award to obtain a copy of the Term.
10. The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. HRSA funds may not be used to pay the salary of an individual at a rate in excess of \$179,700 (the Executive Level II salary of the Federal Executive Pay scale). This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts for substantive work under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with institutional policy. **Your award amount will not necessarily be recalculated to adjust for necessary reductions in salaries included in your proposal. However, none of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the salary limitation.** [It is important to note that an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.]

## Reporting Requirement(s)

### 1. Due Date: 05/29/2012

The grantee must submit a FY 2012 Program Terms Report as a Part A Grant Requirement via the HRSA EHBs, consistent with reporting guidelines, instructions, and reporting templates provided in the EHBs. The Report must include the following items:

- a. The FY 2012 Part A and MAI Planned Allocation Table, indicating the priority areas established by the Planning Council (PC) and the dollar amount of FY 2012 Part A and MAI funds allocated to each prioritized service category related to eligible Core Medical and Support Services. Use only the service categories identified on the Table. Include a letter from the HIV Health Services PC Chairperson/co-Chairs indicating endorsement of the allocations and program priorities.
- b. The current Planning Council membership roster, indicating the number of Planning Council members as required in the By-Laws and includes the mandated membership category, name, agency affiliation, and term of office. Reflectiveness must be based on prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in your EMA/TGA as reported in your FY 2012 application.
- c. A revised SF-424A and budget narrative justification for: Administration, Clinical Quality Management, and HIV services for all FY 2012 funding. The Form can be found at <http://www.hhs.gov/forms/PHS-5161-1.doc>. The Grantee should only print the Budget Information-Non Construction Programs (Section A-F).
- d. A complete FY 2012 Implementation Plan that reflects all Core Medical and Support service categories and priorities for which funds were allocated by the Planning Council and that are consistent with the FY 2012 Part A and MAI Planned Allocations Table.
- e. A Consolidated List of Contractors for all direct service providers receiving Part A Ryan White HIV/AIDS Treatment Program funding contracts.
- f. A Contract Review Certification (CRC) for all funds in relation to direct service contracts, both Part A and MAI.

### 2. Due Date: 05/29/2012

The grantee must submit a report of Maintenance of Effort (MOE) Expenditures for fiscal years 2009 and 2010 via HRSA EHBs. The MOE expenditures reported must be based on the local budget items. Please upload the required documentation into the HRSA Electronic Handbooks.

### 3. Due Date: 06/01/2012

The grantee must submit a separate FY 2012 Part A MAI Annual Plan using HRSA's MAI web-based reporting system accessed via the HRSA EHBs, consistent with reporting guidelines and instructions provided separately.

### 4. Due Date: 12/31/2012

The Grantee must submit an estimate of their FY 2012 Unobligated Balances (UOB) and an estimated carryover request consistent with reporting guidelines and instructions provided via the HRSA's EHBs.

**5. Due Date: 06/28/2013**

The grantee must submit a FY 2012 Part A and MAI Final Expenditure Table via the HRSA EHBs using the format provided in the EHBs.

**6. Due Date: 07/29/2013**

The grantee must submit a Final FY 2012 Part A Annual Progress Report via the HRSA EHBs, consistent with reporting guidelines and instructions provided. This report must include the grantee's Report on Expenditures for Women, Infants, Children, and Youth (WICY) which documents the following:

- a. The amounts and percentages of Part A service-related expenditures to provide services to each WICY population separately; and
- b. That the reported amounts are, at a minimum, not less than the percentage constituted by the ratio of each population with 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. 14 for Waiver Information).

**7. Due Date: 07/30/2013**

The grantee must submit a Federal Financial Report (SF-425) using the EHBs. This report should reflect cumulative reporting within the budget period/document number.

The Federal Financial Report will not be accepted unless the grantee attaches (within the attachment section of the FFR) a separate document which provides a breakout of their award amounts, any approved carryover, and the respective expenditures for each as listed below:

FY 2012 Part A Formula Amount and Expenditure Amounts  
 FY 2012 Part A Supplemental Amount and Expenditure Amounts  
 FY 2012 Part A MAI Award Amount and Expenditure Amounts  
 FY 2011 Part A Carryover and Expenditure Amounts  
 FY 2011 Part A MAI Carryover and Expenditure Amounts

A final FFR may not include unliquidated obligations and must agree with the PMS report of disbursements and advances for the document number for the budget period being reported. If the grantee has an unobligated balance of FY 2012 Part A formula and/or Part A MAI funds, the grantee must:

- a) Attach and upload a carryover request with their FFR submission; or
- b) Indicate in their FFR their intent to submit a carryover request separately, via the Prior Approval Portal within 30 days of the FFR submission; or
- c) Indicate on the FFR their intention NOT to submit any carryover request.

**8. Due Date: 01/31/2014**

The grantee must submit a FY 2012 Part A MAI Annual Report on the use of Part A MAI funds via HRSA's MAI web-based reporting system accessed in the EHBs, and consistent with reporting guidelines and instructions provided separately.

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

**Contacts****NoA Email Address(es):**

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