

<b>1. DATE ISSUED:</b> 05/20/2014		<b>2. PROGRAM CFDA:</b> 93.914	
<b>3. SUPERSEDES AWARD NOTICE</b> dated: 02/13/2014 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
<b>4a. AWARD NO.:</b> 6 H89HA00007-24-02		<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> 02/28/2015			
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2014 <b>THROUGH:</b> 02/28/2015			



**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 :	\$22,285,910.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$22,285,910.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$22,285,910.00

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

a. Authorized Financial Assistance This Period	<b>\$22,285,910.00</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	\$6,204,143.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$16,081,767.00</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 award is comprised of the following sources of funding:  
 FY14 Formula- \$13,765,356.00  
 FY14 MAI- \$2,099,546.00  
 FY14 ADAP Supplemental- \$6,268,954.00  
 FY12 Supplemental - \$152,054.00  
 Total Funding \$22,285,910.00

**Electronically signed by Victoria Carper, Grants Management Officer on : 05/20/2014**

**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
14 - 3773025	93.914	14H89HA00007	\$8,142,164.00	\$0.00	FRML	HIV1-14
14 - 3773026	93.914	14H89HA00007	\$6,268,954.00	\$0.00	SUPPL	HIV1-14
12 - 3771207	93.914	14H89HA00007	\$152,054.00	\$0.00	SUPPL	HIV1-14
14 - 3773024	93.914	14H89HA00007	\$1,518,595.00	\$0.00	MAI	HIV1-14

## 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/WebEPSEExternal/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 revised award provides the balance of Fiscal Year 2014 (FY14) funding based on final FY14 HRSA appropriations, and includes the remainder of the Ryan White Part A reporting requirements.
2. Fiscal year (FY) 2012 unobligated balances have been deobligated from FY 2012 and reobligated for use in FY 2014. These funds must be tracked separately by the grantee as FY 2012 funds according to funding type. Please refer to the "Remarks" section of the NoA face page for the amount, type and purpose of these funds.

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.

### Reporting Requirement(s)

#### 1. Due Date: 08/15/2014

The grantee must submit a FY 2014 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 2014 Part A and MAI Planned Allocation Table, indicating the priority areas established by the Planning Council (PC) and the dollar amount of FY 2014 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 the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in your EMA/TGA as reported in your FY 2014 application.
- c. A revised SF-424A and budget narrative justification for: Administration, Clinical Quality Management, and HIV Services for all FY 2014 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 2014 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 2014 Part A and MAI Planned Allocations Table.
- e. A Consolidated List of Contracts for all direct service providers receiving Part A Ryan White HIV/AIDS 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: 07/18/2014**

The grantee must submit a separate FY 2014 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.

**3. Due Date: 07/30/2015**

The grantee must submit a FY 2014 Part A and MAI Final Expenditure Table via the HRSA EHBs using the format provided in the EHBs.

**4. Due Date: 12/31/2014**

The Grantee must submit an estimate of their FY 2014 Unobligated Balances (UOB) and an estimated carryover request consistent with reporting guidelines and instructions provided via the HRSA's EHBs.

**5. Due Date: 03/30/2015**

The grantee must submit all annual Ryan White Services Data Report (RSR) requirements via the HRSA's EHBs.

**6. Due Date: 01/31/2016**

The grantee must submit a FY 2014 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.

**7. Due Date: 07/30/2014**

The grantee must submit a Final FY 2013 Part A Annual Progress Report via the HRSA EHBs, consistent with reporting guidelines and instructions provided. The components are listed below.

a. Final FY 2013 Program Implementation Plan

b. Planning Council Activities

c. Early Identification of Individuals with HIV/AIDS (EIIHA) Update

d. Administration Final Expenditures

e. Technical Assistance



f. Certification of Aggregate Administrative Costs

g. FY 2013 Women, Infants, Children, and Youth (WICY) Expenditures - This report must include the grantee's Report on Expenditures for 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 EMATGA. Updated WICY Guidelines and Reporting Instructions will be provided separately (See Program Term No. 14 for Waiver Information).



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

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

## Contacts

### NoA Email Address(es):

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

Fax: (301) 594-4073

