


1. DATE ISSUED: 10/24/2014		2. PROGRAM CFDA: 93.914	
3. SUPERSEDES AWARD NOTICE dated: 05/20/2014 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 H89HA00007-24-03	4b. GRANT NO.: H89HA00007	5. FORMER GRANT NO.: BRH890007	
6. PROJECT PERIOD: FROM: 04/04/1991 THROUGH: 02/28/2015			
7. BUDGET PERIOD: FROM: 03/01/2014 THROUGH: 02/28/2015			



 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 :	\$22,677,325.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q . TOTAL APPROVED BUDGET :	\$22,677,325.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$22,677,325.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$22,677,325.00
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	\$22,285,910.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$391,415.00

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	\$0.00

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)
 Prior Approval Request Tracking Number PA-00040697. Prior Approval Request Type: Carryover

Electronically signed by Brad Barney , Grants Management Officer on : 10/24/2014

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

13 - 3772045	93.914	14H89HA00007	\$391,415.00	\$0.00	FRML	HIV1-14
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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/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 Notice of Award authorizes the carryover of an unobligated balance in the amount of \$391,415 from budget period 03/01/13-02/28/14 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

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 Mark Pepler at:
5600 Fishers Lane
RM 7A-55
Rockville, MD, 20852-1750
Email: MPepler@hrsa.gov
Phone: (301) 443-8131

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
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