


<b>1. DATE ISSUED:</b> 03/04/2004		<b>2. PROGRAM CFDA:</b> 93.914		 <p><b>NOTICE OF AWARD</b> AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title XXVI, Section 2603b</p>					
<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 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.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 H89HA00007-14-00		<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> 02/28/2005									
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2004 <b>THROUGH:</b> 02/28/2005									
<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 STREET SW ATLANTA, GA 30303-3444 <b>DUNS NUMBER:</b>			<b>10. DIRECTOR:</b> (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Jeff Cheek FULTON COUNTY GOVT, BOARD OF COMMISSIONERS 141 Pryor St Atlanta, GA 30303-3466						
<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 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 : \$18,339,732.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$18,339,732.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$18,339,732.00			a. Authorized Financial Assistance This Period <b>\$18,339,732.00</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 \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$18,339,732.00</b>						
<b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)									
<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2">Not applicable</td> </tr> </tbody> </table>						YEAR	TOTAL COSTS	Not applicable	
YEAR	TOTAL COSTS								
Not applicable									
<b>14. APPROVED DIRECT ASSISTANCE BUDGET:</b> (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>									
<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> <span style="float:right"><b>[A]</b></span> 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 \$1,552,404 in MAI funds.									
<i>Electronically signed by Dorothy Kelley , Grants Management Officer on : 03/04/2004</i>									
<b>17. OBJ. CLASS:</b> 41.15,41.51		<b>18. CRS-EIN:</b> 1586001729A1		<b>19. FUTURE RECOMMENDED FUNDING:</b> \$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>			
04 - 3770790	93.914	H89HA0007M	\$9,268,937.00	\$0.00	N/A	N/A			
04 - 3770791	93.914	H89HA0007M	\$9,070,795.00	\$0.00	N/A	N/A			

## 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.**

### Program Specific Condition(s)

#### 1. Due Date: Within 90 Days of Budget Start Date

Within three months of the Budget Period Start Date, a revised budget, SF 424A and narrative justification for Administration, Quality Management, Planning Council Support, Program Support, and Services reflecting FY2004 funding must be received by the DGMO FOR APPROVAL. Budget narratives must be prepared according to instructions in the 2004 Application Guidance, pages 102 through 106. All contracts must be listed on the Contractual line on the SF424A, including all contracts for Administration, Quality Management, Planning Council Support, and Program Support.

#### 2. Due Date: Within 120 Days of Budget Start Date

Within three months of the Budget Period Start Date, the grantee must submit to the DGMO the following information: a. Original and one copy of the final FY 2003 Final Allocation Table. The FY 2003 Final Allocation Table must also be sent electronically to DSSDIVSERV@HRSA.GOV b. Original and one copy of the FY2004 Planned Allocation Table indicating the priority areas established by the Planning Council and the dollar amount of FY 2004 Title I funds allocated to each prioritized service category. Use only the categories identified on the Table, which will be sent to you electronically. Electronic submission (DSSDIVSERV@HRSA.GOV) of the Table must also be completed within three months. Include a letter from the HIV Health Services Planning Council (PC) Chairperson/ co-Chairs indicating endorsement of the allocations and program priorities. Grantee will incur costs at its own risk until this condition is satisfied and removed. (See Remark No.7). c. Revised Table 10 "FY2004 Implementation Plan" which reflects the priorities established by the Planning Council as reported above. Minority AIDS Initiative (MIA) funds must be clearly identified.

#### 3. Due Date: Within 150 Days of Budget Start Date

Within five months of the Budget Period Start Date, the grantee must submit to the DGMO a Contract Review Certification (CRC), for each provider/contractor for all contracted funds in Administration, Quality Management, Planning Council support, and Program support, and a consolidated list of contracts in hard copy and on disk. This condition will not be satisfied until all grant funds are obligated. a. The Consolidated List of Contracts, must include the name of the contractor/agency (use the name of the agency as it appears on the CRC); full address (NO PO box numbers); Tax ID; whether or not the contractor is a minority provider; whether or not clients are served directly; service type; amount of contract; and the overall total of the budgets submitted with the list. (Disk will be mailed by the program office with the required format) b. Contract Review Certification: Section B.1. of the Certification form refers to the administrative requirements for the entity (grantee or administrative agent) who conducted the RFP process, negotiated the budgets, and awarded the contracts (requires signature of the Grantee Program Director). Section B.2 refers to the cost principles applicable for the type of organization receiving Title I funds to provide services (requires signature of the Grantee fiscal representative). The Certification is to be signed by the grantee (not a contracted Administrative Agent). There must be signatures of two different people in sections B.1 and B.2. Do not use acronyms on the CRC. The grantee will have, at a minimum, available for inspection by project officers or other HRSA officials, a copy of all contracts or formal agreements with sub grantees, the most recent program report for the respective sub grantee, the most recent fiscal or audit report for sub grantees and site visit reports.

#### 4. Due Date: Within 90 Days of Budget Start Date

Within 3 months of the Budget Period Start Date, the grantee must submit a plan to the Grants Management Office for the use of these funds consistent with Title I MAI program guidelines. The plan must contain the following information specific to each service to be provided to each minority community:

- 1) the amount of funds budgeted for that service;
- 2) the type and total number of service units to be provided;
- 3) the number of infants, children, women and youth expected to be served as well as the total number of clients planned to be served; and
- 4) client-level outcomes expected to be achieved.

**5. Due Date: Within 180 Days of Budget Start Date**

Within six months of the Budget Period Start Date, EMAs that are using Ryan White Title I funds to purchase or reimburse for outpatient drugs must submit, a narrative describing the organization's drug acquisition practices and provide a copy of the EMA's formulary. Those EMAs not participating in the 340-B Drug Discount Program or Federal Supply Schedule (FSS) Drug Pricing Program, should submit a description of the methodology used to purchase medications that is comparable to the discount received using 340B. The description should include the contracted price paid for medications (drug cost, administrative fees, and dispensing fee). The EMA must also include a statement explaining the extent of collaboration with the State ADAP. EMAs that do not administer a local pharmacy assistance program must provide a statement explaining this fact. (See Program Remark No.11 below)

**6. Due Date: Within 180 Days of Budget Start Date**

EMAs must maintain adequate systems for tracking and reporting on HIV related expenditures from year-to-year. Within six months of the Budget Period Start Date, the Grantee must submit a list of the elements that will be used to document maintenance of effort in your subsequent grant application. A description of the tracking system that will be used to document these elements must also be included. (See Section II, Chapter 4, of the Ryan White CARE Act Title I Manual for details)

**Program Specific Term(s)**

1. Please note that there is a new document number each budget period that must be used to draw down and report the grant funds.
2. Foreign travel is not permitted.
3. The grantee may not use more than five (5) percent of the FY 2005 grant funds for administration, accounting, reporting, and program oversight. Indirect costs are considered administration
4. 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 5%) 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%.
5. Requests to carry over unobligated funds from the prior budget period into this current award must be received no later than 10/01/ of this current calendar year.
6. The Grantee is required to notify the DGMO, within 30 days, of any changes in Planning Council Composition that impact legislative compliance with Reflectiveness or the 15 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 Disease (PLWH) and are receiving Title I funded HIV-related services. In addition, the 33% PLWH Council members and the Council as a whole must accurately reflect the demographics of the epidemic in the EMA. Reflectiveness must be based on the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in your EMA as reported in your FY2005 application. The notification and letter must be accompanied by revised tables or narrative describing compliance with Planning Council Composition and Reflectiveness.
7. Refer to Condition 2b. Subsequent revisions to the allocations must be submitted to the DGMO along with a letter from the Planning Council Chair(s).
8. MAI Funds may be used only for MAI activities. MAI Funds must be expended for the purposes identified by Congress.
9. 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 FY 2004 Title I funds used to provide services to WICY. (See DSS May 27, 2002 letter for specific waiver instructions.)
10. In accordance with Program Policy No. 97-03, grant funds may not be used for: 1.) outreach programs which have as their purpose exclusively, HIV prevention education, 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).
11. If your organization purchases or reimburses for outpatient drugs, an assessment must be made to determine whether the organization's drug acquisition practices meet Federal requirements regarding cost-effectiveness and reasonableness (See 42 CFR Part 50, Subpart E, and OMB Circulars A-122 and A-87 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 Section 340B), failure to participate may result in a negative audit finding, cost disallowance or grant funding offset. ( See Condition 5 above)
12. An annual final Financial Status Report (Standard Form 269), covering expenditures for the current budget period), must be received by the DGMO no later than May 31, of each year. Written approval must be obtained for late reports, however, extensions beyond 9/30 of each year will not be approved. The request for extension must be received no later than May 31, of each year. A final FSR may not include

unliquidated obligations and must agree with the PMS SF 272 report of disbursements for the document number for the budget period being reported. Points for expenditures will not be given for FSRs received after 9/30/ of each year.

13. All Program Specific Conditions must be submitted electronically to the Program Office at [DSSDIVSERV@HRSA.GOV](mailto:DSSDIVSERV@HRSA.GOV) and to the Grants Management Specialist (GMS) listed below. Grantee's must also submit 2 paper copies to the GMS

## Standard Term(s)

1. 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.
2. 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.
3. The HHS Appropriations Act requires that to the greatest extent practicable, all equipment and products purchased with funds made available under this award should be American-made.
4. Requests 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 92.20 must be submitted in writing to the Grants Management Officer (GMO). Only responses signed by the GMO are to be 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 Health Resources and Services Administration.
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 payment should be directed to: Payment Management, DHHS, P.O. Box 6021, Rockville, MD 20852, <http://www.dpm.psc.gov/> or Telephone Number: (301) 443-1661.
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>

## Reporting Requirement(s)

1. **Due Date: Within 90 Days of Budget End Date**  
Financial Status Report SF-269a/short form at (<http://www.psc.gov/forms/sf>) is due within 90 days after expiration of the budget period. This report should reflect cumulative reporting from budget period to budget period and should be submitted to the HRSA Division of Grants Management Operations, 5600 Fishers Lane, Room 11A-16, Rockville, MD 20857.
2. **Due Date: Within 90 Days of Budget End Date**  
An annual progress report (in the format prescribed by the HIV/AIDS Bureau, Division of Service Systems) must be received by the DGMO no later than three months after the end of the each budget period end date.
3. **Due Date: 03/15/2005**  
Acceptance of this grant award indicates the grantee's assurance that it will comply with data Requirements of the CARE Act Data Report (CADR), and that it will mandate such compliance by each of its contractors and subcontractors. CADRs are due annually on March 15.
4. **Due Date: Within 90 Days of Budget End Date**  
Within 3 months of the Budget Period End Date, a final report on the use of the MAI funds during the prior budget period must be submitted

to HRSA consistent with HRSA's Title I MAI reporting guidelines. The report must be submitted electronically to DSSDIVSERV@HRSA.GOV and a hard copy mailed to the project officer listed below.

**5. Due Date: Within 120 Days of Budget End Date**

Reporting on Expenditures for Women, Infants, Children and Youth As of FY 2003, ALL Title I grantees must be able to document Title I expenditures separately for Women, Infants, Children and Youth as mandated by the CARE Act amendments of FY 2000. a. The amounts and percentages of prior budget period grant funds (for example FY 2004, FY 2003, etc.) used to provide services to women, infants, children and youth (WICY) separately; and b. Whether the reported amounts are, at a minimum, not less than the percentage constituted by the ratio of each population with acquired immune deficiency syndrome (AIDS) to the general population with AIDS living within the EMA. (See Remark No. 9 for Waiver Information)

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
		jeff.cheek@co.fulton.ga.us, mdavis4@hrsa.gov, pjofc@aol.com

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Mylandar Davis at:  
MailStop Code: Room 7A-39  
5600 Fishers Ln  
Rockville, MD, 20857-0001  
Email: mdavis@hrsa.gov  
Phone: (301) 443-0523

### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Paulette Fagan at:  
MailStop Code: 11-11  
DGMO  
5600 Fishers Ln  
Rockville, MD, 20857-0001  
Email: pfagan@hrsa.gov  
Phone: (301) 443-6934  
Fax: (301) 443-6686