


1. DATE ISSUED: 04/17/2009		2. PROGRAM CFDA: 93.914		 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
3. SUPERSEDES AWARD NOTICE dated: 03/05/2009 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.				
4a. AWARD NO.: 6 H89HA00007-19-01	4b. GRANT NO.: H89HA00007	5. FORMER GRANT NO.: BRH890007		
6. PROJECT PERIOD: FROM: 04/04/1991 THROUGH: 02/28/2010				
7. BUDGET PERIOD: FROM: 03/01/2009 THROUGH: 02/28/2010				

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:	10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Jeffrey Alan Cheek FULTON COUNTY GOVT, BOARD OF COMMISSIONERS 141 Pryor Street, SW Atlanta, GA 30303-3485
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11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation	12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:				
a. Salaries and Wages : \$0.00	a. Authorized Financial Assistance This Period \$17,225,715.00				
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 \$6,600,841.00				
g. Travel : \$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$10,624,874.00				
h. Construction/Alteration and Renovation : \$0.00	13. RECOMMENDED FUTURE SUPPORT: (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	14. APPROVED DIRECT ASSISTANCE BUDGET: (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 \$0.00				
o. TOTAL DIRECT COSTS : \$17,225,715.00					
p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00					
q. TOTAL APPROVED BUDGET : \$17,225,715.00					
i. Less Non-Federal Share: \$0.00					
ii. Federal Share: \$17,225,715.00					

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)

Electronically signed by Dorothy Kelley , Grants Management Officer on : 04/17/2009

17. OBJ. CLASS: 41.15	18. CRS-EIN: 1586001729A1	19. FUTURE RECOMMENDED FUNDING: \$0.00
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FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
09 - 3770760	93.914	H89HA0007U	\$5,623,674.00	\$0.00	N/A	N/A
09 - 3770761	93.914	H89HA0007U	\$5,001,200.00	\$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/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.

Program Specific Condition(s)

1. Due Date: Not Available

The grantee must submit the FY 2009 Part A and MAI Planned Allocation Table, indicating the priority areas established by the Planning Council (PC) and the dollar amount of FY 2009 Part A and MAI funds allocated to each prioritized service category related to Part A eligible Core Medical and Support Services. The table must be submitted through the HRSA Electronic Handbook (EHB) using the format provided in that system. Use only the categories identified on the Table.

Under separate cover the grantee must send a letter from the HIV Health Services PC Chairperson/co-Chairs, indicating endorsement of the allocations and program priorities. This letter must be sent to your Division Services Systems (DSS) Project Officer on or before the due date of this condition.

Grant Specific Term(s)

1. Unless otherwise specified, one copy of each Condition and Reporting Requirement must be electronically submitted to the Division of Grants Management Operations (DGMO), using the e-mail address of the Grants Management Specialist listed below, concurrently with an electronic copy submitted to the Division of Service Systems (DSS), using the e-mail message address of the Program Project Officer listed below. Each e-mail submission must contain only one condition or reporting requirement. Label each submission, using the Grantee name and the requirement exactly as it is labeled on the Notice of Grant Award, e.g., Atlanta Part A 2009 Final Annual Program Report. Grantee name and Grant number must be included with each submission. Both the original and copy must be submitted on the same date.
2. Pursuant to sections 2617(b)(4)(E) and 2682(b) of Title XXVI of the Public Health Service (PHS) Act, the lead State agency shall collect and submit to the Secretary all audits consistent with the OMB circular A-133, from grantees within the State, including audits regarding funds expended in accordance with this part. Therefore grantees that receive Ryan White funding shall submit to the lead State agency a copy of their most recent A-133 audit, and any other audit specific to Ryan White funding the grantee may have conducted. The State will forward these audits to HRSA where they will be posted in their entirety on the HRSA web site. Therefore, please submit to the lead State agency, preferably in electronic format, a copy of your most recent audit or audits by November 1, 2009.
3. Please be advised that the Division of Service Systems (DSS) will contact you directly through an email with instructions about submission of a required Program Terms Report. This report must be sent to your DSS Project Officer. Failure to respond to this request for the report may result in additional conditions and potential restriction of funds being added to a subsequent award. The communication from the DSS will cover the following items that must be included in the Program Terms Report:
 - A revised SF-424A and narrative justification for Administration, Clinical Quality Management and HIV Services for all FY 2009 funding.
 - A complete FY 2009 Implementation Plan which reflects all the Core Medical and Support service categories and priorities established by the Planning Council.
 - A 2009 Part A Planned Allocations Report. This report will be for allocations of Part A funds only. This report is a separate document from Grant Condition 1 – FY 2009 Part A & MAI Planned Allocation Table. The report format will be included with the Program Terms Report Instructions.
 - A Contract Review Certification (CRC) for all contracted funds in Administration, HIV Services, and Quality Clinical Management.
4. Minimum WICY Expenditures: Part A grantees are required to use a minimum amount/percentage of their FY 2009 award to provide services to women, infants, children and youth (WICY).
 - The minimum "set-aside" amounts/percentages for each state/territory must be determined separately for each priority population, and may not be less than the percentage/ratio of each population to the total number of persons.
 - 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.)

5. Please note that there is a new document number each budget period that must be used to draw down and report the grant funds.
6. Foreign travel is not permitted.
7. The grantee may not use more than ten (10) percent of the FY 2009 grant funds for administration, accounting, reporting, program oversight and planning council activities. Indirect costs are considered administrative.
8. 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%.
9. 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 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 Part A 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/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 FY2008 application. The notification and letter must be accompanied by revised tables or narrative describing compliance with Planning Council Composition and Reflectiveness.
10. Refer to Condition 1. Subsequent revisions to the allocations must be submitted to the DGMO along with a letter from the Planning Council Chair(s).
11. 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 for information on DSS Program policies).
12. 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-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.
13. An annual final Financial Status Report (Standard Form 269), covering expenditures for the current budget period, must be submitted to HRSA using the Electronic Handbook (EHB) 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.

Reporting Requirement(s)

1. **Due Date: Within 90 Days of Budget End Date**

The grantee must submit a Financial Status Report within 90 days after the budget period end date. This report should reflect cumulative reporting within the project period (Document Number) and must be submitted using the Electronic Handbook (EHB). The Financial Status Report will not be accepted unless the amount of expenditures for the two separate funding streams are reflected in the "Remarks" category of the 269a/short form, as listed below: 1. The Part A formula amount \$12,224,515. 2. The Part A Supplemental funding \$5,001,200.

2. **Due Date: 06/30/2009**

The grantee must submit list of Core Medical and Support Service budget elements that will be used to document maintenance of effort expenditures reported in subsequent grant applications; and a description of the tracking system that will be used to document these elements. This information must be sent to the Grantee's DSS Project Officer.

3. **Due Date: 09/30/2009**

The grantee must submit the FY 2008 Part A and MAI Final Expenditure Table as a Part A Grant Requirement. This same table must also be submitted as a MAI grant requirement. The table must be submitted electronically using the format provide by the DSS. The table must be sent to the Grantee's DSS Project Officer.

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

The grantee must submit a Final Annual Progress Report, using the format prescribed by the HIV/AIDS Bureau, Division of Service Systems, no later than 120 days after the end of the budget period end date.

Included in the report the grantee must submit a Report on Expenditures for Women, Infants, Children, and Youth (WICY). All grantees must

be able to document Part A expenditures separately for WICY, as mandated by the Ryan White Treatment and Modernization Act of 2006 as follows:

- a. The amounts and percentages of Part A service-related expenditures to provide services to WICY separately; and
- b. 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/TGA.

Updated WICY Guidelines and Reporting Instructions will be provided separately. (See Program Term No. 3 for Waiver Information.)

5. Due Date: 03/15/2010

Acceptance of this grant award indicates the grantee's assurance that it will comply with data requirements of the Ryan White Program Data Report (RDR), and that it will mandate such compliance by each of its contractors and subcontractors. RDRs are due annually on March 15.

Acceptance of the RDR report will reside in the RDR system.

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

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
		jeff.cheek@fultoncountyga.gov, patrick.oconnor@fultoncountyga.gov, patrick.o'connor@fultoncountyga.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Songhai Barclift at:

5600 Fishers Ln

RM 7A-55

Rockville, MD, 20857-0001

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Phone: (301) 443-0523

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Division of Grants Management Operations:

For assistance on grant administration issues, please contact Djuana Gibson at:

HRSA, Division of Grants Management Operations (DGMO)

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