



**Recipient Information**

1. Recipient Name  
CITY & COUNTY OF SAN FRANCISCO  
1380 Howard St Fl 4  
San Francisco, CA 94103-2651
2. Congressional District of Recipient  
12
3. Payment System Identifier (ID)  
1946000417A8
4. Employer Identification Number (EIN)  
946000417
5. Data Universal Numbering System (DUNS)  
103717336
6. Recipient's Unique Entity Identifier  
DCTNHRGU1K75
7. Project Director or Principal Investigator  
Bill Blum  
bill.blum@sfdph.org  
(415)554-9105
8. Authorized Official

**Federal Agency Information**

9. Awarding Agency Contact Information  
India Smith  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
ISmith@hrsa.gov  
(301) 443-2096
10. Program Official Contact Information  
Jessica E Kreger  
HIV/AIDS Bureau (HAB)  
jkreger@hrsa.gov  
(301) 443-5646

**Federal Award Information**

11. Award Number  
6 UT8HA33951-03-01
12. Unique Federal Award Identification Number (FAIN)  
UT833951
13. Statutory Authority  
42 U.S.C. § 243(c); 300ff-11 et seq.
14. Federal Award Project Title  
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
15. Assistance Listing Number  
93.686
16. Assistance Listing Program Title  
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
17. Award Action Type  
Administrative
18. Is the Award R&D?  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 03/01/2022 - End Date 02/28/2023</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$1,398,623.00</b>
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$2,000,400.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$2,000,400.00</b>
<b>26. Project Period Start Date 03/01/2020 - End Date 02/28/2025</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$4,667,400.00

28. Authorized Treatment of Program Income  
Addition
29. Grants Management Officer – Signature  
Brad Barney on 05/26/2022

**30. Remarks**



Notice of Award  
Award Number: 6 UT8HA33951-03-01  
Federal Award Date: 05/26/2022

**HIV/AIDS Bureau (HAB)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b>	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> 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:	\$2,000,400.00
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:	\$2,000,400.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$2,000,400.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$2,000,400.00

<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>	
a. Authorized Financial Assistance This Period	<b>\$2,000,400.00</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 Award(s) This Budget Period	\$601,777.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$1,398,623.00</b>

<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
04	\$1,000,000.00
05	\$1,000,000.00

<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b>	
a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>

**35. FORMER GRANT NUMBER**

**36. OBJECT CLASS**  
41.15

**37. BHCNIS#**

**38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:**

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

<b>39. ACCOUNTING CLASSIFICATION CODES</b>						
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
22 - 377EEGT	93.914	20UT8HA33951	\$1,398,623.00	\$0.00	N/A	20RWHAP-A-B

## 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 Condition(s)

**1. Due Date: Within 45 Days of Award Issue Date**

Within 45 days of this notice, submit for approval a revised SF424A, line item budget, budget narrative justification, and work plan to reflect the activities supported by this award and the total funds awarded. The line-item budget must be formatted so that costs for each line item are divided by the approved activities.

### Grant Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2022 (FY22) funding based on HRSA's FY22 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

### Program Specific Term(s)

1. Recipients may request carryover of any unobligated balance (UOB) from the Ending the HIV Epidemic in the U.S. initiative funding throughout the life of the period of performance ending on February 28, 2025. A Prior Approval request for carryover of UOB must be submitted via HRSA's Electronic Handbooks (EHBs). Funds may not be used without written approval from the Division of Grants Management Operations (DGMO). When submitting your Prior Approval request, you must include the year you are requesting the funds to be carried from and the amount. It is your responsibility to track the UOB based on the project budget period during the five year period of performance.
2. If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs.

### Reporting Requirement(s)

**1. Due Date: Within 90 Days of Award Issue Date**

The recipient must submit an annual Initiative Allocation Report.

**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
Bill Blum	Program Director	bill.blum@sfdph.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).