Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# UT833951
Federal Award Date: 05/19/2026

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
11

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
Andy Scheer
andy.scheer@sfdph.org
(628)206-7675

8. Authorized Official
Andy Scheer
andy.scheer@sfdph.org
(628)206-7675

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
Tonia M Schaffer
Public Health Analyst
HIV/AIDS Bureau (HAB)
TSchaffer@hrsa.gov
(301) 945-3950

Federal Award Information

11. Award Number
6 UT8HA33951-07-01

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

19. Budget Period Start Date 03/01/2026 - End Date 02/28/2027	
20. Total Amount of Federal Funds Obligated by this Action	$2,433,239.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	$0.00
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$3,178,715.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$3,178,715.00
26. Project Period Start Date 03/01/2025 - End Date 02/28/2030	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$6,102,743.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Inge Cooper on 05/19/2026

30. Remarks

HRSA
Health Resources & Services Administration

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Award Number: 6 UT8HA33951-07-01
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HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

[X] 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:	$3,178,715.00
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:	$3,178,715.00
p.	INDIRECT COSTS (Rate: % of S&W/TADC):	$0.00
	i. Indirect Cost Federal Share:	$0.00
	ii. Indirect Cost Non-Federal Share:	$0.00
q.	TOTAL APPROVED BUDGET:	$3,178,715.00
	i. Less Non-Federal Share:	$0.00
	ii. Federal Share:	$3,178,715.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a.	Authorized Financial Assistance This Period	**$3,178,715.00**
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 Award(s) This Budget Period	$745,476.00
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$2,433,239.00**

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
08	$2,710,822.00
09	$2,710,822.00
10	$2,710,822.00

34. 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 Award(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	**$0.00**

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.15

37. BHCMIS#

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 statue 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.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
26 - 377ACGR	93.914	25UT8HA33951	$2,433,239.00	$0.00	N/A	25UT8HA33951

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.

Grant Specific Condition(s)

1. **Due Date: Within 45 Days of Award Release 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. Work plan must include two innovative activities per the Notice of Funding Opportunity Announcement. The line-item budget must be formatted so that costs for each line item are divided by the approved activities.

Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2026 (FY26) funding based on HRSA's FY26 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. HRSA HIV/AIDS Bureau recipients must comply with all applicable local, state, and federal laws as a condition of receiving a Ryan White HIV/AIDS Program award. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.
3. If applicable, recipients must submit the Tangible Personal Property Report (TPPR) (SF-428) and any related forms. The report must be submitted within 120 days after the project period ends. Recipients are required to report all equipment with an acquisition cost of $10,000 or more per unit acquired by the recipient with award funds. TPPRs must be submitted electronically through HRSA EHBs.

Reporting Requirement(s)

1. **Due Date: Within 90 Days of Award Release 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
Andy Scheer	Program Director, Authorizing Official	andy.scheer@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/).