1. DATE ISSUED MM/DD/YYYY   11/25/2019 1a. SUPERSEDES AWARD NOTICE dated 09/06/2019   except that any additions or restrictions previously imposed remain in effect unless specifically rescinded   2. CFDA NO.   93.118 - Acquired Immunodeficiency Syndrome (AIDS) Activity					DEPARTMENT OF HEALTH AND HUMAN SERVICES			
					Centers for Disease Control and Prevention CDC Office of Financial Resources			
3. ASSISTANCE TYPE Coop	erative Agreement			-	2939 Bra	undywine Ro	bad	
3. ASSISTANCE TYPE Cooperative Agreement 4. GRANT NO. 6 NU65PS923709-01-01 Formerly Other						a, GA 3034		
4a. FAIN NU65PS923709		5a. ACTION TY	PE Post Award Amendment					
6. PROJECT PERIOD MM/DD/YYYY MM/DD/YYYY			NOTICE OF AWARD AUTHORIZATION (Legislation/Regulations)					
From 09/30/2019 Through 09/29/2020								
7. BUDGET PERIOD	MM/DD/YYYY		MM/DD/YYYY	[AWARD AUTHORITY NOT DEFINED FOR PS10-10136.NU2G]				
From	09/30/2019	Through	09/29/2020					
8. TITLE OF PROJECT (OR Component B: Acceleration		V Planning to End	the HIV Epidemic					
9a. GRANTEE NAME AND A				9b. GRANT	EE PROJECT DIRECTOR			
CITY & COUNTY OF SA	N FRANCISCO				acey Packer			
101 Grove St San Francisco, CA 9410	2-4505				n Ness, 5th Floor ancisco, CA 94102-6012			
San Handisou, CA 9410	2-1000				: 415-437-6223			
10a. GRANTEE AUTHORIZI	IG OFFICIAL			10b. FEDEF	AL PROJECT OFFICER			
Dr. Tomas Aragon.				Ms. Carla Alexander-Pender				
101 Grove St Room 308				1600 Clifton Rd				
San Francisco, CA 9410	2-4505			Atlanta, GA 30333				
Phone: 415-787-2583				Phone	: 404.639.8993			
			ALL AMOUNTS ARE	SHOWN IN U	SD			
11. APPROVED BUDGET (Ex	cludes Direct Assista	ince)		12. AWARD	COMPUTATION			
I Financial Assistance from the	ne Federal Awarding	Agency Only	icipation I		of Federal Financial Assistance (from	1. C.		375,000.00
II Total project costs including	grant funds and all	other financial part	icipation L•		bligated Balance From Prior Budget I			0.00
a. Salaries and Wages	s		0.00		nulative Prior Award(s) This Budget P			375,000.00
b. Fringe Benefits			0.00		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION			0.00
c. Total Personnel	Costs		0.00		deral Funds Awarded to Date for Pr MENDED FUTURE SUPPORT	oject Period		375,000.00
			0.00		he availability of funds and satisfactor	y progress of th	ne project):	
d. Equipment				YEAR	TOTAL DIRECT COSTS	YEAR	τοται	DIRECT COSTS
e. Supplies			0.00	a. 2	TOTAL DIRECT COSTS	d. 5	TOTAL	DIRECTOCOTO
f. Travel			0.00	b. 3		e. 6		
g. Construction			0.00	c. 4		f. 7		
h. Other			0.00	15. PROGRAM	INCOME SHALL BE USED IN ACCORD WITH	ONE OF THE FOLL	OWING	
i. Contractual			375,000.00	a. b.	DEDUCTION ADDITIONAL COSTS			b
j. TOTAL DIRECT	COSTS		375,000.00	c. d.	MATCHING OTHER RESEARCH (Add / Deduct Option)			
k. INDIRECT COSTS			0.00	0.	OTHER (See REMARKS)	D TO AND AS ADD		
I. TOTAL APPROVED BUDGET		375,000.00	ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHEN OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation b. The grant program legislation		D EITHER DIRECTLY			
m. Federal Share			375,000.00	c. d.	This award notice including terms and condition: Federal administrative requirements, cost princi	ples and audit requir	ements applicable to t	
n. Non-Federal Share			0.00	prevail. Accept	ere are conflicting or otherwise inconsistent p stance of the grant terms and conditions is ac the grant payment system.			
REMARKS (Other Ten Budget Revision Appro	rms and Conditions A val	Attached -	X Yes	No)				

GRANTS MANAGEMENT OFFICIAL: Arthur Lusby, Grants Management Officer, Team Lead 2960 Brandywine Rd Mailstop TV-2 Atlanta, GA 30341-5509 Phone: 770.488.2865

17.OBJ CLASS	41.51	18a. VENDOR CODI	1946000417A8	18b. EIN	946000417	19. DUNS	103717336	20. 0	CONG. DIST.	12
FY-ACC	OUNT NO.	DOC	UMENT NO.	_	ADMINISTRATIVE CODE	AMT	ACTION FIN ASST		APPROPRIATIO	ON
21. a. 9	9-9390D7H	b. 19N	U65PS923709	c.	PS	d.	\$0.00	e.	75-1	19-0120
22. a.		b.		C.		d.		e.		
23. a.		b.		c.		d.		e.		

X.

PAGE 2 of 2	DATE ISSUED	
	11/25/2019	

GRANT NO. 6 NU65PS923709-01-01

## **Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)	
Personnel	\$0.00	\$0.00	\$0.00	
Fringe Benefits	\$0.00	\$0.00	\$0.00	
Travel	\$0.00	\$0.00	\$0.00	
Equipment	\$0.00	\$0.00	\$0.00	
Supplies	\$0.00	\$0.00	\$0.00	
Contractual	\$0.00	\$0.00	\$0.00	
Construction	\$0.00	\$0.00	\$0.00	
Other	\$0.00	\$0.00	\$0.00	
Total	\$0.00	\$0.00	\$0.00	

## **AWARD ATTACHMENTS**

San Francisco Department of Public Health

6 NU65PS923709-01-01

1. Revised Terms and Conditions