

<b>1. DATE ISSUED:</b> 05/28/2015		<b>2. PROGRAM CFDA:</b> 93.914		 <p>U.S. Department of Health and Human Services <b>HRSA</b> Health Resources and Services Administration</p> <p><b>NOTICE OF AWARD</b> 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 Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)  Public Health Service Act, Sections 2601-2610 Public Health Service Act, Sections 2601-2610 (42 USC 300ff-11 – 300ff-20), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)</p>																																																			
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 02/18/2015 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																							
<b>4a. AWARD NO.:</b> 6 H89HA11478-07-01	<b>4b. GRANT NO.:</b> H89HA11478	<b>5. FORMER GRANT NO.:</b> 6 H89HA00031-15-02																																																					
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 04/04/2015 <b>THROUGH:</b> 02/28/2016																																																							
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2015 <b>THROUGH:</b> 02/28/2016																																																							
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> Ryan White Part A HIV Emergency Relief Grant Program																																																							
<b>9. GRANTEE NAME AND ADDRESS:</b> Maricopa County 301 West Jefferson Avenue Phoenix, AZ 85003-2143 <b>DUNS NUMBER:</b> 077535144		<b>10. DIRECTOR:</b> (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Rose Conner Maricopa County Division Line: Ryan White Part A 301 W Jefferson St Phoenix, AZ 85003-2110																																																					
<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>																																																					
<table border="0"> <tr><td>a . Salaries and Wages :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b . Fringe Benefits :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c . Total Personnel Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d . Consultant Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e . Equipment :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f . Supplies :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>g . Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>h . Construction/Alteration and Renovation :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i . Other :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>j . Consortium/Contractual Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>k . Trainee Related Expenses :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l . Trainee Stipends :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m Trainee Tuition and Fees :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n . Trainee Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o . TOTAL DIRECT COSTS :</td><td style="text-align: right;">\$8,722,962.00</td></tr> <tr><td>p . INDIRECT COSTS (Rate: % of S&amp;W/TADC) :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q . TOTAL APPROVED BUDGET :</td><td style="text-align: right;">\$8,722,962.00</td></tr> <tr><td>    i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Federal Share:</td><td style="text-align: right;">\$8,722,962.00</td></tr> </table>		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 :	\$8,722,962.00	p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00	q . TOTAL APPROVED BUDGET :	\$8,722,962.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$8,722,962.00	<table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;"><b>\$8,722,962.00</b></td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td>    i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$7,011,028.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$1,711,934.00</b></td></tr> </table>		a. Authorized Financial Assistance This Period	<b>\$8,722,962.00</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	\$7,011,028.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$1,711,934.00</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 :	\$8,722,962.00																																																						
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00																																																						
q . TOTAL APPROVED BUDGET :	\$8,722,962.00																																																						
i. Less Non-Federal Share:	\$0.00																																																						
ii. Federal Share:	\$8,722,962.00																																																						
a. Authorized Financial Assistance This Period	<b>\$8,722,962.00</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	\$7,011,028.00																																																						
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$1,711,934.00</b>																																																						
<b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <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																																																							
<b>14. APPROVED DIRECT ASSISTANCE BUDGET:</b> (In lieu of cash)																																																							
<table border="0"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$0.00</b></td></tr> </table>				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>																																												
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 75 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 the following sources of funding:																																																							
FY13 Supplemental- \$258,098																																																							
FY15 Formula- \$5,561,640																																																							
FY15 MAI - \$493,584																																																							
FY15 Supplemental- \$ 2,409,640																																																							
Total Funding- \$8,722,962																																																							

<b>Electronically signed by Victoria Carper , Grants Management Officer on : 05/28/2015</b>						
<b>17. OBJ. CLASS:</b> 41.15		<b>18. CRS-EIN:</b> 1866000472A8		<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>
15 - 3773215	93.914	15H89HA11478	\$1,142,822.00	\$0.00	FRML	HIV1-15
15 - 3773216	93.914	15H89HA11478	\$200,500.00	\$0.00	SUPPL	HIV1-15
13 - 3772046	93.914	15H89HA11478	\$258,098.00	\$0.00	SUPPL	HIV1-15
15 - 3773214	93.914	15H89HA11478	\$110,514.00	\$0.00	MAI	HIV1-15

## 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 Term(s)

1. This revised award provides the balance of Fiscal Year 2015 (FY15) funding based on final FY15 HRSA appropriations, and includes the remainder of the Ryan White Part A reporting requirements.
2. Fiscal year (FY) 2013 unobligated balances have been deobligated from FY 2013 and reobligated for use in FY 2015. These funds must be tracked separately by the grantee as FY 2013 funds according to funding type. Please refer to the "Remarks" section of the NoA face page for the amount, type and purpose of these funds.

This action by the DGMO is in accordance with Title XXVI of the Public Health Service (PHS) Act, Section 2603(b) (for Eligible Metropolitan Areas) and Section 2609(d)(2) (for Transitional Grant Areas), as amended by the Ryan White HIV/AIDS Program Treatment Extension Act of 2009.

### Reporting Requirement(s)

#### 1. Due Date: 08/30/2015

The grantee must submit a FY 2015 Program Terms Report as a Part A Grant Requirement via the HRSA EHBs, consistent with reporting guidelines, instructions, and reporting templates provided in the EHBs. The Report must include the following items:

- a. The FY 2015 Part A and MAI Planned Allocation Table, indicating the priority areas established by the Planning Council (PC) and the dollar amount of FY 2015 Part A and MAI funds allocated to each prioritized service category related to eligible Core Medical and Support Services. Use only the service categories identified on the Table. Include a letter from the HIV Health Services PC Chairperson/co-Chairs, indicating endorsement of the allocations and program priorities.
- b. The current Planning Council membership roster, indicating the number of Planning Council members as required in the By-Laws and includes the mandated membership category, name, agency affiliation, and term of office. 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 FY 2015 application.
- c. A revised SF-424A and budget narrative justification for: Administration, Clinical Quality Management, and HIV Services for all FY 2015 funding. The Form can be found at <http://www.hhs.gov/forms/PHS-5161-1.doc>. The Grantee should only print the Budget Information-Non Construction Programs (Section A-F).
- d. A complete FY 2015 Implementation Plan that reflects all Core Medical and Support service categories and priorities for which funds were allocated by the Planning Council and that are consistent with the FY 2015 Part A and MAI Planned Allocations Table.
- e. A Consolidated List of Contracts for all direct service providers receiving Part A Ryan White HIV/AIDS Program funding/contracts.
- f. A Contract Review Certification (CRC) for all funds in relation to direct service contracts, both Part A and MAI.
- g. This section is applicable only to grantees funding LPAP with Part A funding and should be limited to 3 pages or less.

A Local Pharmaceutical Assistance Program (LPAP) is an allowable Ryan White HIV/AIDS Program (RWHAP) core medical service. The purpose of an LPAP is "...to provide therapeutics to treat HIV/AIDS or to prevent the serious deterioration of health arising from HIV/AIDS in eligible individuals, including measures for prevention and treatment of opportunistic infections." An LPAP is not a substitute for the ADAP. It is to provide medications when the ADAP is not meeting the needs of the clients of the EMA/TGA and is to be instituted based on need and in accordance with the National Monitoring Standards (NMS).

#### 2. Due Date: 07/31/2015

The grantee must submit a separate FY 2015 Part A MAI Annual Plan using HRSA's MAI web-based reporting system accessed via the HRSA EHBs, consistent with reporting

guidelines and instructions provided separately.

### 3. Due Date: 07/30/2016

The grantee must submit a FY 2015 Part A and MAI Final Expenditure Table via the HRSA EHBs using the format provided in the EHBs.

### 4. Due Date: 07/30/2016

The grantee must submit a Final FY 2015 Part A Annual Progress Report via the HRSA EHBs, consistent with reporting guidelines and instructions provided. The components are listed below.

Final FY 2015 Program Implementation Plan

Planning Council Activities

Early Identification of Individuals with HIV/AIDS (EIIHA) Update

Administration Final Expenditures

Certification of Aggregate Administrative Costs

Technical Assistance

Local Pharmacy Assistance Program (LPAP) Summary

FY 2015 WICY Expenditures Report

This report must include the grantee's Report on Expenditures for WICY which documents the following:

- i. The amounts and percentages of Part A service-related expenditures to provide services to each WICY population separately; and,
- ii. That the reported amounts are, at a minimum, not less than the percentage constituted by the ratio of each population with HIV/AIDS to the general population with HIV/AIDS living within the EMA/TGA. Updated WICY Guidelines and Reporting Instructions will be provided separately.

### 5. Due Date: 12/31/2015

The Grantee must submit an estimate of their FY 2015 Unobligated Balances (UOB) and an estimated carryover request consistent with reporting guidelines and instructions provided via the HRSA's EHBs.

### 6. Due Date: 03/28/2016

The grantee must submit all annual Ryan White Services Data Report (RSR) requirements via the HRSA's EHBs.

### 7. Due Date: 01/31/2017

The grantee must submit a FY 2015 MAI Annual Report on the use of Part A MAI funds via HRSA's MAI web-based reporting system accessed in the EHBs, and consistent with reporting guidelines and instructions provided separately.

**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
Rose Conner	Program Director	connerr001@mail.maricopa.gov

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Monique Richards at:

MailStop Code: 5600 Fishers lane # 09W05

DMAHP

5600 Fisherslane

# 09W05B

Rockville, MD, 20857-

Email: mrichards@hrsa.gov

Phone: (301) 443-3883

**Division of Grants Management Operations:**

For assistance on grant administration issues, please contact Patryce Peden at:

MailStop Code: 18-75  
HRSA/OFAM/DGMO/HRHB  
5600 Fishers Lane  
Rockville, MD, 20857-  
Email: PPeden@hrsa.gov  
Phone: (301) 443-2277

---