

| 1. DATE ISSUED: 05/18/2016 | | 2. PROGRAM CFDA: 93.914 | |  <p>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 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) Public Health Service Act, Sections 2601-2610, and 2693(b)(2)(A) (42 USC 300ff-11 – 300ff-20, and 300ff-121(b)(2)(A)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------|-------------------------------------|--|--|-----------------------|---|-----------------------------|---|------------------------|--|-----------------|--------|----------------|--------|--------------|--------|--|--------|-------------|--------|------------------------------------|--------|--------------------------------|--------|------------------------|--------|--------------------------------|--------|----------------------|--------|--------------------------|----------------|--|--------|-----------------------------|----------------|----------------------------|--------|--------------------|----------------|---|--|-----------------------|---|--|-------------------------|--------|------------|--------|--|--------|---|----------------|---|-----------------------|
| 3. SUPERSEDES AWARD NOTICE dated: 01/26/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a. AWARD NO.: 6 H89HA11478-08-01 | | 4b. GRANT NO.: H89HA11478 | 5. FORMER GRANT NO.: 6 H89HA00031-15-02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. PROJECT PERIOD: FROM: 03/01/2009 THROUGH: 02/28/2017 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. BUDGET PERIOD: FROM: 03/01/2016 THROUGH: 02/28/2017 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. TITLE OF PROJECT (OR PROGRAM): Ryan White Part A HIV Emergency Relief Grant Program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. GRANTEE NAME AND ADDRESS: Maricopa County 301 West Jefferson Avenue Phoenix, AZ 85003-2143 DUNS NUMBER: 077535144 | | | 10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Rose Conner Maricopa County Division Line: Ryan White Part A 301 W Jefferson St Phoenix, AZ 85003-2110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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;">\$9,066,054.00</td></tr> <tr><td>p . INDIRECT COSTS (Rate: % of S&W/TADC) :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q . TOTAL APPROVED BUDGET :</td><td style="text-align: right;">\$9,066,054.00</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;">\$9,066,054.00</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 : | \$9,066,054.00 | p . INDIRECT COSTS (Rate: % of S&W/TADC) : | \$0.00 | q . TOTAL APPROVED BUDGET : | \$9,066,054.00 | i. Less Non-Federal Share: | \$0.00 | ii. Federal Share: | \$9,066,054.00 | <table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$9,066,054.00</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;">\$4,844,179.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$4,221,875.00</td></tr> </table> | a. Authorized Financial Assistance This Period | \$9,066,054.00 | 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 Awards(s) This Budget Period | \$4,844,179.00 | e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$4,221,875.00 |
| 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 : | \$9,066,054.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| p . INDIRECT COSTS (Rate: % of S&W/TADC) : | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| q . TOTAL APPROVED BUDGET : | \$9,066,054.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Less Non-Federal Share: | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii. Federal Share: | \$9,066,054.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Authorized Financial Assistance This Period | \$9,066,054.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Awards(s) This Budget Period | \$4,844,179.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$4,221,875.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. RECOMMENDED FUTURE SUPPORT: (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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. APPROVED DIRECT ASSISTANCE BUDGET: (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;">\$0.00</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 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FY14 Supplement- \$1,281,339 FY16 Formula - \$5,655,756 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FY16 MAI- \$515,502
FY16 Supplemental - \$1,613,457
Total Funding - \$9,066,054

Electronically signed by Inge Cooper , Grants Management Officer on : 05/18/2016

17. OBJ. CLASS: 41.15 18. CRS-EIN: 1866000472A8 19. FUTURE RECOMMENDED FUNDING: \$0.00

| FY-CAN | CFDA | DOCUMENT NO. | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE |
|--------------|--------|--------------|-----------------|-----------------|------------------|------------------|
| 16 - 3771127 | 93.914 | 16H89HA11478 | \$1,206,444.00 | \$0.00 | FRML | HIV1-16 |
| 16 - 3771128 | 93.914 | 16H89HA11478 | \$1,613,457.00 | \$0.00 | SUPPL | HIV1-16 |
| 14 - 3773026 | 93.914 | 16H89HA11478 | \$1,281,339.00 | \$0.00 | SUPPL | HIV1-16 |
| 16 - 3771126 | 93.914 | 16H89HA11478 | \$120,635.00 | \$0.00 | MAI | HIV1-16 |

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 Term(s)

1. This Notice of Award provides the balance of fiscal year 2016 (FY16) funding based on HRSA's FY16 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. Fiscal year (FY) 2014 unobligated balances have been deobligated from FY 2014 and reobligated for use in FY 2016. These funds must be tracked separately by the grantee as FY 2014 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: 03/27/2017

Submit the Ryan White Services Report (RSR) which consists of recipient, service provider, and patient level reports for the calendar year via the EHBs by 6:00 PM ET on the last Monday in March. See <http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html> for additional information.

2. Due Date: 05/30/2017

Submit a Ryan White HIV/AIDS Program Expenditure Report by May 30, 2017.

3. Due Date: Within 90 Days of Project End Date

A final report is due within 90 days after the project period ends. The final report collects information relevant to program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences during the entire project period.

4. Due Date: Within 90 Days of Project End Date

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.

5. Due Date: 08/19/2016

The Recipient must submit a FY 2016 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 2016 Part A and MAI Planned Allocation Table, indicating the priority areas established by the Planning Council (PC) and the dollar amount of FY 2016 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 2016 application.

c. A revised SF-424A and budget narrative justification for: Administration, Clinical Quality Management, and HIV Services for all FY 2016 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 2016 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 2016 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).

6. **Due Date: 12/31/2016**

Recipient must submit an estimate of their FY 2016 Unobligated Balances (UOB) and an estimated carryover request consistent with reporting guidelines and instructions provided via the HRSA's EHBs.

7. **Due Date: 05/30/2017**

Recipient must submit a Final FY 2016 Part A Annual Progress Report via the HRSA EHBs, consistent with reporting guidelines and instructions provided. The components are listed below.

a. Final FY 2016 Program Implementation Plan

b. Planning Council/Body Activities

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

d. MAI Annual Report Narrative

e. Administration Final Expenditures

f. Certification of Aggregate Administrative Costs

g. Technical Assistance

h. FY 2016 Women, Infants, Children, and Youth (WICY) Expenditures Report –

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

1. The amounts and percentages of Part A service-related expenditures to provide services to each WICY population separately; and,

2. That the reported amounts are, at a minimum, not less than the percentage constituted by the ratio of each population with AIDS to the general population with AIDS living within the EMA/TGA. Updated WICY Guidelines and Reporting Instructions will be provided separately.

i. Local Pharmacy Assistance Program (LPAP) Summary

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:

HRSA/OFAM/DGMO/HRHB

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