County of Los Angeles
CHIEF EXECUTIVE OFFICE
713 KENNETH HAHN HALL OF ADMINISTRATION
LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
http://ceo.lacounty.gov

WILLIAM T FUJIOKA
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

February 12, 2008

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

DEPARTMENT OF PUBLIC HEALTH: REQUEST TO RATIFY PRIOR ACCEPTANCE OF NOTICE OF GRANT AWARD FOR FEDERAL COMPREHENSIVE AIDS RESOURCES EMERGENCY ACT TITLE I YEAR 16 AND ACCEPT NOTICE OF GRANT AWARD FOR FEDERAL COMPREHENSIVE AIDS RESOURCES EMERGENCY ACT PART A YEAR 17 (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD

1. Ratify the Department of Public Health's (DPH) prior acceptance of Notice of Grant Award (NGA) Number 2 H89HA00016-16-00 (Exhibit I) from the Department of Health Resources and Services Administration (HRSA) for Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I, Year 16 funding, in the amount of $34,895,377 for the period of March 1, 2006 through February 28, 2007 at no net County cost.

2. Approve and instruct the Director of DPH or his designee, to accept the attached NGA Number 6 H89HA00016-17-01 (Exhibit II) from HRSA for Ryan White CARE Act Part A Year 17 funding, (previously known as Title I funding), in the amount of $32,734,999 for the period of March 1, 2007 through February 29, 2008, at no net County cost.

3. Delegate authority to the Director of DPH, or his designee, to accept future NGAs substantially similar to NGA Number 6 H89HA00016-17-01 from HRSA to provide Ryan White CARE Act Part A, for Years 18 and 19, subject to the review and approval of County Counsel and Chief Executive Office and notification of the Board offices.

4. Delegate authority to the Director of DPH, or his designee, to accept amendments substantially similar to NGA Number 2 H89HA00016-17-01 for Year(s) 17, 18, and 19, that provide for rollover funds, and/or increase or decrease funding by an amount which does not exceed 25 percent of the total annual amount, following review and approval of County Counsel and Chief Executive Office and notification to the Board offices.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTION

Approval of this action will ratify DPH's acceptance of federal HRSA Ryan White CARE Act Year 16 funds under Title I, which due to an oversight by DPH staff, was accepted without the prior approval of your Board. On January 14, 2008 DPH released a memo reminding all program directors and staff as a corrective action, that all grant awards must be accepted and approved by your Board.

This action will also authorize the Director of DPH or his designee to accept federal HRSA Ryan White CARE Act Part A funding for Year 17. Funds are awarded directly to Los Angeles County as one of the Eligible Metropolitan Areas hardest hit by the AIDS epidemic, and provide support for the delivery of quality care and treatment to County residents with Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS) disease.

FISCAL IMPACT/FINANCING

The total program cost for Fiscal Year (FY) 2006-07 was $34,175,251 and was 100 percent offset with HRSA CARE Act Title I Year 16 funds. Funding for these programs was included in the FY 2006-07 Final Adopted Budget.

The total program cost for FY 2007-08 under the HRSA Care Act Part A Year 17 award is $21,823,333 and is 100 percent offset with HRSA CARE Act Part A Year 17 funds. Funding for the HRSA CARE Act Part A program is included in the FY 2007-08 Final Adopted Budget and will be requested in future fiscal years, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The CARE Act of 1990 authorized grants for the planning, administration, and delivery of quality care and treatment services to people with HIV disease. Since April 1991, your Board has accepted in excess of $364 million in CARE Act grant awards. In addition, your Board has taken a number of actions to expend grant funds, primarily through contracts with County medical and community-based providers.

The decrease in funding seen from FY 2006-07 to FY 2007-08 is reflective of changes in the federal Minority AIDS Initiative (MAI) which was a program previously funded under the Care Act Titlel I/Part A grant, but is now its own separate grant program. Your Board accepted the FY 2007-08 MAI award in the amount of $2,528,561 on January 8, 2008. Furthermore, upon DPH's acceptance of the HRSA Care Act Part A Year 18 award funding for the remaining four months in FY 2007-08 will be provided.

Attachment A provides additional information. Attachments B and C are the Grant Management Statement for grants exceeding $100,000.

County Counsel has reviewed and approved Exhibits I and II as to form.

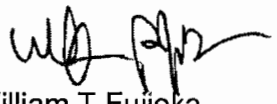
IMPACT ON CURRENT SERVICES (OR PROJECT)

The grant funds awarded to the County will ensure the continuation of care and treatment services vital to Los Angeles County residents living with HIV/AIDS.

CONCLUSION

The Department of Public Health requires four signed copies of the Board's action. It is requested that the Executive Officer, Board of Supervisors, notify DPH, Contracts and Grants Division, at (213) 240-8179 when these documents are available.

Respectfully submitted,



William T Fujioka
Chief Executive Officer

WTF:SRH
SAS:RM:bjs

Attachments (5)

c: County Counsel
Director and Health Officer, Department of Public Health

021208_DPH_Comprehensive AIDS

ATTACHMENT A

SUMMARY OF AGREEMENT

NOTICE OF GRANT AWARD H78HA00016

1. TITLE OF PROJECT:

HIV Emergency Relief Project Program: Ryan White CARE Act Grant Award

2. AGENCY ADDRESS AND CONTACT PERSON:

Department of Health and Human Services
Division of Grants Management Operations
HRSA/HAB/DSS
5600 Fisher Lane, RM 11A-16
Rockville, MD 20857-0001
Attention: Lorenzo Taylor, Grants Management Officer
Telephone: (301) 443-3568 Fax: (301) 443-6686
E-mail: LTaylor@hrsa.gov

3. TERM:

NGA Number 2 H89HA00016-16-00: March 1, 2006 through February 28, 2007
NGA Number 6 H89HA00016-17-01: March 1, 2007 through February 29, 2008

4. FINANCIAL INFORMATION:

The total program cost for Fiscal Year (FY) 2006-07 was $34,175,251 and 100 percent offset with HRSA CARE Act Title I Year 16 funds. Funding for these programs was included in the FY 2006-07 Final Adopted Budget.

The total program cost for FY 2007-08 under the HRSA Care Act Part A Year 17 award 21,823,333 and is 100 percent offset with HRSA CARE Act Part A Year 17 funds. Funding for the HRSA CARE Act Part A program is included in the FY 2007-08 Final Adopted Budget and will be requested in future fiscal years, as necessary.

5. GEOGRAPHIC AREA TO BE SERVED:

Countywide.

6. ACCOUNTABLE FOR MONITORING AND EVALUATION:

Mario J. Pérez, Director, Office of AIDS Programs and Policy

7. APPROVALS:

Public Health Programs and Services:	Jonathan E. Freedman, Acting Chief Deputy
Contracts and Grants Division:	Gary T. Izumi, Chief, Contracts and Grants
County Counsel (approval as to form):	Andrea Ross, Senior Associate County Counsel

ATTACHMENT B

Los Angeles County Chief Executive Office
Grant Management Statement for Grants Exceeding $100,000

Department: Public Health

Grant Project Title and Description:

HIV Emergency Relief Project Program: Ryan White CARE Act Title I Grant Award

Funding Agency:	Program (Fed. Grant #/State Bill or Code #):	Grant Acceptance Deadline:
Department of Health and Human Services-Health Resources and Services Administration (HRSA)	Grant No. H89HA00016-16-00	None

Total Amount of Grant Funding: $34,895,377 County Match Requirements: None

Grant Period: 03/01/06 Begin Date: 03/01/06 End Date: 02/28/07

Number of Personnel Hired Under this Grant: Full Time Part Time

Obligations Imposed on the County When the Grant Expires

Will all personnel hired for this program be informed this is a grant funded program? Yes ☒ No ☐

Will all personnel hired for this program be placed on temporary (N) items? Yes ☒ No ☐

Is the County obligated to continue this program after the grant expires? Yes ☐ No ☒

If the County is not obligated to continue this program after the grant expires, the Department will:

a). Absorb the program cost without reducing other services. Yes ☐ No ☒

b). Identify other revenue sources. Yes ☐ No ☒

(Describe) Identify and apply for other funding.

c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant. Yes ☒ No ☐

Impact of additional personnel on existing space:

Other requirements not mentioned above:

Department Head Signature [signature] Date 1-25-08

ATTACHMENT C

Los Angeles County Chief Executive Office
Grant Management Statement for Grants Exceeding $100,000

Department: Public Health

Grant Project Title and Description:

HIV Emergency Relief Project Program: Ryan White CARE Act Part A Grant Award

Funding Agency:	Program (Fed. Grant #/State Bill or Code #):	Grant Acceptance Deadline:
Department of Health and Human Services-Health Resources and Services Administration (HRSA)	Grant No. H89HA00016-17-01	None

Total Amount of Grant Funding: $32,734,999 County Match Requirements: None

Grant Period: 03/01/07 Begin Date: 03/01/07 End Date: 02/29/08

Number of Personnel Hired Under this Grant: Full Time Part Time

Obligations Imposed on the County When the Grant Expires

Will all personnel hired for this program be informed this is a grant funded program? Yes ☒ No ☐

Will all personnel hired for this program be placed on temporary (N) items? Yes ☒ No ☐

Is the County obligated to continue this program after the grant expires? Yes ☐ No ☒

If the County is not obligated to continue this program after the grant expires, the Department will:

a). Absorb the program cost without reducing other services. Yes ☐ No ☒

b). Identify other revenue sources. Yes ☐ No ☒

(Describe) Identify and apply for other funding.

c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant. Yes ☒ No ☐

Impact of additional personnel on existing space:

Other requirements not mentioned above:

Department Head Signature _____ Date 1-28-08

EXHIBIT I

1. DATE ISSUED: 02/23/2006	2. PROGRAM CFDA: 93.914	
3. SUPERCEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: 2 H89HA00016-16-00	4b. GRANT NO.: H89HA00016	5. FORMER GRANT NO.: BRH890016
6. PROJECT PERIOD: FROM: 04/04/1991 THROUGH: 02/28/2007		
7. BUDGET PERIOD: FROM: 03/01/2006 THROUGH: 02/28/2007		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION

HRSA

NOTICE OF GRANT 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)

8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS

9. GRANTEE NAME AND ADDRESS:
DEPT OF HEALTH SERVICES, COUNTY OF LOS ANGELES
600 SO COMMONWEALTH AVENUE FL 6TH
Los Angeles, CA 90005-4001

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Mario J Perez
DEPT OF HEALTH SERVICES, COUNTY OF LOS ANGELES
600 S. Commonwealth Ave FL 6th
Los Angeles, CA 90005-4016

11. 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:	$ 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:	**$ 34,895,377.00**
p. INDIRECT COSTS: (Rate: % of S&W/TADC)	**$ 0.00**
q. TOTAL APPROVED BUDGET:	**$ 34,895,377.00**
i. Less Non-Federal Resources:	$ 0.00
ii. Federal Share:	$ 34,895,377.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

a. Authorized Financial Assistance This Period	**$ 34,895,377.00**
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	$ 0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$ 34,895,377.00**

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

YEAR	TOTAL COSTS
Not Applicable	

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

15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 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 74 or 45 CFR Part 92 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 tarms 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 **[X] Yes [ ] No**)
Included in this award is $2,507,856 specifically for the Minority Aids Initiative (MAI).

Electronically signed by Dorothy Kelley, Grants Management Officer on: 02/23/2006

17. OBJ. CLASS: 41.15, 41.51 **18. CRS-EIN:** 1956000927A1 **19. FUTURE RECOMMENDED FUNDING:**

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUBPROGRAM CODE
06-3770790	93.914	H89HA0016Q	$ 18,302,095.00	$ 0.00	N/A
06-3770791	93.914	H89HA0016Q	$ 16,593,282.00	$ 0.00	N/A

Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Program Conditions:

1. Due Date: Within 90 days of Budget Start Date
   a. A revised budget, SF 424A and narrative justification for Administration, Quality Management, Planning Council Support, Program Support, and Services reflecting FY 2006 funding must be received for by the Division of Grants Management Operations (DGMO) for approval. Budget narratives must be prepared according to instructions in the 2006 Application Guidance. All contracts must be listed on the Contractual line on the SF424A, including all contracts for Administration, Quality Management, Planning Council Support, and Program Support. Budget and Narrative must be sent electronically. Grantee will incur costs at its own risk until this condition is satisfied and removed. (See Remark No.7).

   b. The FY 2006 Planned Allocation Table indicating the priority areas established by the Planning Council and the dollar amount of FY 2006 Title I funds allocated to each prioritized service category. Format for the table will be sent to all grantees. Use only the categories identified on the Table. The Table must be sent electronically. Also include a letter from the HIV Health Services Planning Council (PC) Chairperson/ co-Chairs indicating endorsement of the allocations and program priorities.

   c. A complete FY2006 Implementation Plan which reflects all the service categories and priorities established by the Planning Council and reflected in your FY 2006 Planned Allocations Table. Minority AIDS Initiative (MAI) funds must be clearly identified. The Plan must be sent electronically.

   d. A FY 2006 MAI Plan, the grantee must submit a plan for use of funds consistent with Title I MAI program guidelines. The plan must contain the following information specific to each service to be provided to each minority community: 1) the amount of funds budgeted for that service;2) the type and total number of service units to be provided;3) the number of infants, children, women and youth expected to be served as well as the total number of clients planned to be served; and 4) client-level outcomes expected to be achieved. The Plan must be sent electronically.
2. Due Date: Within 120 days of Budget Start Date
   The grantee must submit to the following information: a. The final FY 2005 Final Allocation Table. Format for the table will be sent to all grantees. The FY 2005 Final Allocation Tables must be sent electronically using the prescribed format.
3. Due Date: Within 150 days of Budget Start Date
   A Contract Review Certification (CRC), for all contracted funds in Administration, Quality Management, Planning Council support, Program support, and HIV Services, and a consolidated list of contracts. A CRC for each provider/contractor is no longer required. A single CRC that covers all providers/contracts is required. Required format for the CRC and consolidated list of contracts will be sent to all grantees. This condition will not be satisfied until all grant funds are obligated.

   a. The Consolidated List of Contracts, must include the name of the contractor/agency (use the name of the agency as it appears on the CRC); full address (NO PO box numbers); Tax ID; whether or not the contractor is a minority provider; whether or not clients are served directly; service type; amount of contract; and the overall total of the budgets submitted with the list. The CRC must be submitted electronically.

   b. Contract Review Certification: Section B.1. of the Certification form refers to the administrative requirements for the entity (grantee or administrative agent) who conducted the RFP process, negotiated the budgets, and awarded the contracts (requires signature of the Grantee Program Director). Section B.2 refers to the cost principles applicable for the type of organization receiving Title I funds to provide services (requires signature of the Grantee fiscal representative). The Certification is to be signed by the grantee (not a contracted Administrative Agent). There must be scanned signatures of two different people in sections A and B. Do not use acronyms on the CRC.

   The grantee will have, at a minimum, available for inspection by project officers or other HRSA officials, a copy of all contracts or formal agreements with sub grantees, the most recent program report for the respective sub grantee, the most recent fiscal or audit report for sub grantees and site visit reports.

Program Terms:

1. Please note that there is a new document number each budget period that must be used to draw down and report the grant funds.
2. Foreign travel is not permitted.
3. The grantee may not use more than five (5) percent of the FY 2006 grant funds for administration, accounting, reporting, and program oversight. Indirect costs are considered administration
4. The amount available, in the aggregate, for first-line entities to spend on administrative costs is calculated by subtracting the grantee's administrative costs (up to 5%) and the grantee's quality management costs (up to 5% or $3,000,000, whichever is less) from the total grant amount and multiplying the difference by 10%.
5. Requests to carry over unobligated funds from the prior budget period into this current award must be received no later than 10/01/ of this current calendar year.
6. The Grantee is required to notify the DGMO, within 30 days, of any changes in Planning Council Composition that impact legislative compliance with Reflectiveness or the 15 mandated membership categories . A letter signed by the Planning Council Chair(s) must be submitted assuring that 33% of the Council members are non-conflicted persons living with HIV Disease (PLWH) and are receiving Title I funded HIV-related services. In addition, the 33% PLWH Council members and the Council as a whole must accurately reflect the demographics of the epidemic in the EMA. Reflectiveness must be based on the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in your EMA as reported in your FY2006 application. The notification and letter must be accompanied by revised tables or narrative describing compliance with Planning Council Composition and Reflectiveness.
7. Refer to Condition 1b. Subsequent revisions to the allocations must be submitted to the DGMO along with a letter from the Planning Council Chair(s).
8. MAI Funds may be used only for MAI activities. MAI Funds must be expended for the purposes identified by Congress.
9. WICY Waiver: If the grantee can document that one or more WICY priority populations are receiving HIV-related health services through the state Medicaid program under Title XIX of the Social Security Act, the State Children's Health Program (SCHIP) under Title XXI of the same Act, or other qualified federal or state programs in accordance with HRSA guidelines, then the grantee may request a waiver of the minimum WICY expenditure requirement from HRSA. Grantees approved for a WICY waiver do not have to report the amount of FY 2005 Title I funds used to provide services to WICY. (See DSS May 27, 2002 letter for specific waiver instructions.)
10. In accordance with Program Policy No. 97-03, grant funds may not be used for: 1.) outreach programs which have as their purpose exclusively, HIV prevention education, or 2.) broad-scope awareness activities about HIV services that target the general public (See HAB website www.hab.hrsa.gov for information on DSS Program policies).
11. If your organization purchases or reimburses for outpatient drugs, an assessment must be made to determine whether the organization's drug acquisition practices meet Federal requirements regarding cost-effectiveness and reasonableness (See 42 CFR Part 50, Subpart E, and OMB Circulars A-122 and A-87 regarding cost principles). If your organization is eligible to be a covered entity under Section 340B of the Public Health Service Act and the assessment shows that participating in the 340B Drug Pricing Program and its Prime Vendor Program is the most economical and reasonable manner of purchasing or reimbursing for covered outpatient drugs (as defined in Section 340B), failure to participate may result in a negative audit finding, cost disallowance or grant funding offset. (See Condition 5 above)
12. An annual final Financial Status Report (Standard Form 269), covering expenditures for the current budget period), must be received by the DGMO no later than May 31, of each year. Written approval must be obtained for late reports, however, extensions beyond 9/30 of each year will not be approved. The request for extension must be received no later than May 31, of each year. A final FSR may not include unliquidated obligations and must agree with the PMS SF 272 report of disbursements for the document number for the budget period being reported. Points for expenditures will not be given for FSRs received after 9/30/ of each year.
13. One copy of each Condition and Reporting Requirement must be electronically submitted to the Division of Grants Management Operations (DGMO) using the e-mail address of the Grants Management Specialist listed below, concurrently with an electronic copy submitted to the Division of Service System (DSS) using the e-mail message address of the Program Project Officer listed below. Each e-mail submission must contain only one condition or reporting requirement. Both the original and copy must be submitted on the same date.
14. On a regularly scheduled basis, HRSA grantees are required during their project period to participate in a performance

review of their HRSA funded program(s) by a review team from HRSA's Office of Performance Review. If your organization has been selected for a performance review, you will be contacted at least twelve weeks before your performance review begins in order to provide you with additional information about the scope and process for your review, and to schedule the dates for the on-site phase. Upon completion of the performance review, grantees are expected to prepare an Action Plan that identifies key actions to improve program performance as well as addresses any identified program requirement issues.

Standard Terms:

1. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

2. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully:

   (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR

   (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item

   ....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than $25,000 or imprisoned for not more than five years, or both.

3. The HHS Appropriations Act requires that to the greatest extent practicable, all equipment and products purchased with funds made available under this award should be American-made.

4. Items that require prior approval from the awarding office as indicated in 45 CFR Part 74.25 [Note: 74.25 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Grant Award] or 45 CFR Part 92.30 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.

   In addition to the prior approval requirements identified in Part 74.25, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds $100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or $250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is $200,000, if the total approved budget is $300,000, cumulative changes within that budget period exceeding $75,000 would require prior approval). For recipients subject to 45 CFR Part 92, this requirement is in lieu of that in 45 CFR 92.30(c)(1)(ii) which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding $25,000 (if not included in the approved application) or other prior approval action identified in Parts 74.25 and 92.30 unless HRSA has specifically exempted the grantee from the requirement(s).]

5. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center,

which will forward instructions for obtaining payments. Inquiries regarding payment should be directed to: Payment Management, DHHS, P.O. Box 6021, Rockville, MD 20852, http://www.dpm.psc.gov/ or Telephone Number: 1-877-614-5533.

6. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).

7. Submit audits, if required, in accordance with OMB Circular A-133, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800)253-0696 toll free http://harvester.census.gov/sac/facconta.htm

Reporting Requirements:

1. Due Date: Within 90 days of Budget End Date
   Financial Status Report SF-269a/short form at (http://www.psc.gov/forms/sf) is due within 90 days after expiration of the budget period. This report should NOT reflect cumulative reporting from budget period to budget period and should be submitted to the HRSA Division of Grants Management Operations, 5600 Fishers Lane, Room 11A-16, Rockville, MD 20857.
2. Due Date: Within 120 days of Budget End Date
   A final annual progress report (in the format prescribed by the HIV/AIDS Bureau, Division of Service Systems) must be received by the DGMO no later than 120 days after the end of the each budget period end date.
3. Due Date: 03/15/2007
   Acceptance of this grant award indicates the grantee's assurance that it will comply with data Requirements of the CARE Act Data Report (CADR), and that it will mandate such compliance by each of its contractors and subcontractors. CADRs are due annually on March 15.
4. Due Date: Within 90 days of Budget End Date
   A final report on the use of the MAI funds during the prior budget period must be submitted to HRSA consistent with HRSA's Title I MAI reporting guidelines.
5. Due Date: Within 120 days of Budget End Date
   Report on Expenditures for Women, Infants, Children and Youth (WICY). As of FY 2004, all Title I grantees must be able to document Title I expenditures separately for Women, Infants, Children and Youth as mandated by the CARE Act amendments of FY 2000. a. The amounts and percentages of prior budget period grant funds (for example FY 2004, FY 2003, etc.) used to provide services to women, infants, children and youth (WICY) separately; and b. Whether the reported amounts are, at a minimum, not less than the percentage constituted by the ratio of each population with Acquired Immune Deficiency Syndrome (AIDS) to the general population with AIDS living within the EMA. (See Remark No. 9 for Waiver Information)

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts:

Program Contact: For assistance on programmatic issues, please contact Lorenzo Taylor at:
HRSA/HAB/DSS
5600 Fishers Lane RM 7A-55
Rockville, MD 20857-0001
Phone: (301)443-3568
Email: LTaylor@hrsa.gov

Division of Grants Management Operations: For assistance on grants administration issues, please contact Susan Flickinger at:

Division of Grants Management Operations
5600 Fishers Ln RM 11A-16
Rockville, MD 20857-0001
Phone: (301)443-3445
Email: sflickinger@hrsa.gov
Fax: (301)443-6686

Responses to reporting requirements, conditions, and requests for post award amendments must be mailed to the attention of the Office of Grants Management contact indicated above. All correspondence should include the Federal grant number (item 4 on the award document) and program title (item 8 on the award document). Failure to follow this guidance will result in a delay in responding to your request.

EXHIBIT II

1. DATE ISSUED: 05/16/2007	2. PROGRAM CFDA: 93.914	
3. SUPERCEDES AWARD NOTICE dated: 03/01/2007 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: 6 H89HA00016-17-01	4b. GRANT NO.: H89HA00016	5. FORMER GRANT NO.: BRH890016
6. PROJECT PERIOD: FROM: 04/04/1991 THROUGH: 02/29/2008		
7. BUDGET PERIOD: FROM: 03/01/2007 THROUGH: 02/29/2008		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION

HRSA

NOTICE OF GRANT 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

8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS

9. GRANTEE NAME AND ADDRESS:
DEPT OF HEALTH SERVICES, COUNTY OF LOS ANGELES
600 S COMMONWEALTH AVENUE FL 6TH
Los Angeles, CA 90005-4001

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Mario Perez
DEPT OF HEALTH SERVICES, COUNTY OF LOS ANGELES
600 S. Commonwealth Ave FL 6TH
Los Angeles, CA 90005-4001

11. 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:	$ 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:	**$ 32,734,999.00**
p. INDIRECT COSTS: (Rate: % of S&W/TADC)	**$ 0.00**
q. TOTAL APPROVED BUDGET:	**$ 32,734,999.00**
i. Less Non-Federal Resources:	$ 0.00
ii. Federal Share:	$ 32,734,999.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

a. Authorized Financial Assistance This Period	**$ 32,734,999.00**
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	$ 23,182,654.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$ 9,552,345.00**

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

YEAR	TOTAL COSTS
Not Applicable	

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

15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 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 74 or 45 CFR Part 92 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 **[X] Yes [ ] No**)
This Notice of Grant Award is issued to correct the document number to the number required for the FY 2007 subaccount. Any funds drawn and reported through the Division of Payment Management (DPM) under the old document number will be moved to the new document number by the DPM staff.

Electronically signed by Pamela Hilton, Grants Management Officer on: 05/16/2007

17. OBJ. CLASS: 41.15 **18. CRS-EIN:** 1956000927A1 **19. FUTURE RECOMMENDED FUNDING:**

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUBPROGRAM CODE
07-3770790	93.914	H89HA0016R	$ -23,182,654.00	$ 0.00	N/A
07-3770790	93.914	H89HA0016S	$ 23,182,654.00	$ 0.00	N/A
07-3770791	93.914	H89HA0016S	$ 9,552,345.00	$ 0.00	N/A

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) 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 NGA. 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://grants.hrsa.gov/webexternal/login.asp to use the system. Additional help is available online and/or from the HRSA Call Center at 1-877-464-4772.

Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Program Conditions:

1. Due Date: Within 120 days of Budget Start Date
   The grantee must submit the FY 2007 Planned Allocation Table, indicating the priority areas established by the Planning Council (PC) and the dollar amount of FY 2007 Part A funds allocated to each prioritized service category related to Part A eligible Core Medical Services. A format for the table will be sent to all grantees. Use only the categories identified on the Table. The Table must be sent electronically. Also include a letter from the HIV Health Services PC Chairperson/co-Chairs, indicating endorsement of the allocations and program priorities
2. Due Date: Within 150 days of Budget Start Date
   The grantee must submit the FY 2006 Final Expenditure Table. Format for the table will be sent to all grantees. The FY 2006 Final Expenditure Table must be sent electronically using the prescribed format.

Grant Specific Terms:

1. One copy of each Condition and Reporting Requirement must be electronically submitted to the Division of Grants Management Operations (DGMO), using the e-mail address of the Grants Management Specialist listed below, concurrently with an electronic copy submitted to the Division of Service Systems (DSS), using the e-mail message address of the Program Project Officer listed below. Each e-mail submission must contain only one condition or reporting requirement. Label each submission, using the Grantee name and the requirement exactly as it is labeled on the Notice of Grant Award, e.g., Atlanta 2007 Part A Planned Allocations Report. Grantee name and Grant number must be included with each submission. Both the original and copy must be submitted on the same date.
2. Please be advised that your Project Officer listed below will contact you directly through an email, stating the required program submissions. Failure to respond to the Project Officer's requests for additional information may result in additional conditions and potential restriction of funds being added to a subsequent award. The communication from the Project Officer will cover the following:
   • A revised SF-424A and narrative justification for Administration, Clinical Quality Management, HIV Services and Planning Council Support reflecting FY 2007 funding.
   • A complete FY 2007 Implementation Plan which reflects all the service categories and priorities established by the PC and reflected in your FY 2007 Planned Allocations Table.
   • A Contract Review Certification (CRC) for all contracted funds in Administration, Quality Clinical Management, and HIV Services, and a consolidated list of contracts.
3. Women, Infants, Children, and Youth (WICY) Waiver: If the grantee can document that one or more WICY priority populations are receiving HIV-related health services through the state Medicaid program under Title XIX of the Social Security Act, the State Children's Health Program (SCHIP) under Title XXI of the same Act, or other qualified federal or state programs in accordance with HRSA guidelines, then the grantee may request a waiver of the minimum WICY expenditure requirement from HRSA. Grantees approved for a WICY waiver do not have to report the amount of grant expenditures used to provide services to the waived priority population(s), but must document and report expenditures for non-waived populations. (Updated WICY Guidelines and Reporting Instructions will be provided separately.)

4. Please note that there is a new document number for each budget period that must be used to draw down and report the grant funds.
5. Foreign travel is not permitted.
6. The grantee may not use more than ten (10) percent of the FY 2007 grant funds for administration, accounting, reporting, program oversight and planning council activities. Indirect costs are considered administration.
7. The amount available, in the aggregate, for first-line entities to spend on administrative costs is calculated by subtracting the grantee's administrative costs (up to 10%) and the grantee's quality management costs (up to 5%, or $3,000,000, whichever is less) from the total grant amount and multiplying the difference by 10%.
8. The Grantee is required to notify the DGMO, within 30 days, of any changes in Planning Council Composition that impact legislative compliance with Reflectiveness or the mandated membership categories. A letter signed by the Planning Council Chair(s) must be submitted assuring that 33% of the Council members are non-conflicted persons living with HIV Disease (PLWH) and are receiving Part A funded HIV-related services. In addition, the 33% PLWH Council members and the Council as a whole must accurately reflect the demographics of the epidemic in the EMA/TGA. 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 FY2007 application. The notification and letter must be accompanied by revised tables or narrative describing compliance with Planning Council Composition and Reflectiveness.
9. Refer to Condition 1. Subsequent revisions to the allocations must be submitted to the DGMO along with a letter from the PC Chair(s).
10. In accordance with Program Policy No. 97-03, grant funds may not be used for: 1.) outreach programs, which have HIV prevention education as their purpose exclusively, or 2.) broad-scope awareness activities about HIV services that target the general public (see the HAB website - www.hab.hrsa.gov - for information on DSS Program policies).
11. If your organization purchases or reimburses for outpatient drugs, an assessment must be made to determine whether the organization's drug acquisition practices meet Federal requirements regarding cost-effectiveness and reasonableness (see 42 CFR Part 50, Subpart E, and OMB Circ
12. Ulars A-87 and A-122 regarding cost principles). If your organization is eligible to be a covered entity under Section 340B of the Public Health Service Act, and the assessment shows that participating in the 340B Drug Pricing Program and its Prime Vendor Program is the most economical and reasonable manner of purchasing or reimbursing for covered outpatient drugs (as defined in that section), failure to participate may result in a negative audit finding, cost disallowance, or grant funding offset.
13. An annual final Financial Status Report (Standard Form 269), covering expenditures for the current budget period, must be received by the DGMO no later than May 31, of each year. A final FSR may not include unliquidated obligations and must agree with the PMS SF 272 report of disbursements for the document number for the budget period being reported.

Reporting Requirements:

1. Due Date: Within 90 days of Budget End Date
   The grantee must submit a Financial Status Report, SF-269a/short form, (http://www.psc.gov/forms/sf), which is due within 90 days after expiration of the budget period. This report should NOT reflect cumulative reporting from budget period to budget period.
2. Due Date: Within 90 days of Budget End Date
   Women, Infants, Children, and Youth (WICY) Report - Due Date: Within 90 days of Budget End Date
   The grantee must submit a Report on Expenditures for Women, Infants, Children, and Youth (WICY). All grantees must be able to document Part A expenditures separately for WICY, as mandated by the Ryan White Treatment and Modernization Act of 2006 as follows:
   a. The amounts and percentages of Part A service-related expenditures to provide services to WICY separately;
   b. The reported amounts are, at a minimum, not less than the percentage constituted by the ratio of each population with Acquired Immune Deficiency Syndrome (AIDS) to the general population with AIDS living within the EMA/TGA.
   Updated WICY Guidelines and Reporting Instructions will be provided separately. (See Program Term No. 3 for Waiver Information.)
3. Due Date: Within 90 days of Budget End Date
   A final report on the use of Part A supplemental Minority AIDS Initiative (MAI) funds during the prior budget period

(3/1/2006 – 2/28/2007) must be submitted to HRSA consistent with HRSA's Part A MAI reporting guidelines.

4. Due Date: Within 150 days of Budget End Date
   The grantee must submit a Final Annual Progress Report, using the format prescribed by the HIV/AIDS Bureau, Division of Service Systems, no later than 150 days after the end of the each budget period end date.
5. Due Date: 03/17/2007
   Acceptance of this grant award indicates the grantee's assurance that it will comply with data requirements of the CADR, and that it will mandate such compliance by each of its contractors and subcontractors. CADRs are due annually on March 15. Acceptance of the CADR report will reside in the CADR system.

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:

Program Contact: For assistance on programmatic issues, please contact Lorenzo Taylor at:
HRSA/HAB/DSS
5600 Fishers Lane RM 7A-55
Rockville, MD 20857-0001
Phone: (301)443-3568
Email: LTaylor@hrsa.gov

Division of Grants Management Operations: For assistance on grants administration issues, please contact Shonda Gosnell at:
HRSA/DGMO/Government & Special Focus Branch
5600 Fishers Ln RM 11A-16
Rockville, MD 20857-0001
Phone: (301)443-4238
Email: SGosnell@hrsa.gov
Fax: (301)443-6686

Responses to reporting requirements, conditions, and requests for post award amendments must be mailed to the attention of the Office of Grants Management contact indicated above. All correspondence should include the Federal grant number (item 4 on the award document) and program title (item 8 on the award document). Failure to follow this guidance will result in a delay in responding to your request.