



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

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BOARD OF SUPERVISORS

**Hilda L. Solis**  
First District

**Holly J. Mitchell**  
Second District

**Lindsey P. Horvath**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

# ADOPTED

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

June 17, 2025

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

25 June 17, 2025

EDWARD YEN  
EXECUTIVE OFFICER

Dear Supervisors:

**AUTHORIZATION TO ACCEPT AND IMPLEMENT AN AWARD AND FUTURE AWARDS AND/OR AMENDMENTS FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION TO SUPPORT ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA – RYAN WHITE HIV/AIDS PROGRAM PARTS A AND B; AND DELEGATED AUTHORITY TO AMEND UP TO 74 HIV CARE SERVICES CONTRACTS AND EIGHT PROMOTING HEALTH CARE ENGAGEMENT AMONG VULNERABLE TARGET POPULATIONS CONTRACTS  
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

**SUBJECT**

Provide authorization to accept and implement an award from the Health Resources and Services Administration for Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B, and future awards and/or amendments; and delegated authority to amend up to 74 HIV Care Services contracts, as needed, and to extend the term of eight Promoting Health Care Engagement Among Vulnerable Target Populations contracts.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Authorize and instruct the Director of the Department of Public Health (Public Health), or designee, to accept and implement Award Number 2 UT8HA33928-06-00 from the Health Resources and Services Administration (HRSA), Assistance Listing Number 93.686, for Ending the HIV Epidemic (EHE): A Plan for America – Ryan White HIV/AIDS Program (RWHAP) Parts A and B, (Exhibit I) dated January 10, 2025, in the amount of \$3,321,008, for the period of March 1, 2025, through February 28, 2026.

2. Delegate authority to the Director of Public Health, or designee, to accept future awards and/or amendments that are consistent with the requirements of the HRSA award referenced in Recommendation 1 to extend the funding term at amounts to be determined by HRSA; and or

provide an increase or decrease in funding, subject to review and approval by County Counsel and notification to your Board and the Chief Executive Office.

3. Delegate authority to the Director of Public Health, or designee, to accept future amendments that are consistent with the requirements of the HRSA award referenced above that reflect non-material and/or ministerial revisions to the award's terms and conditions and allow for the rollover of unspent funds and/or redirection of funds, subject to review and approval by County Counsel.

4. Delegate authority to the Director of Public Health, or designee, to execute, as needed, amendments to 74 HIV Care Services contracts, at the current funding levels as listed in Attachment A, that provide an increase or decrease in funding above or below the annual base maximum obligation, based on the availability of federal, State, and/or County resources, effective upon amendment execution or at the beginning of the applicable contract budget period; update the statement of work and/or scope of work as necessary; and/or correct errors in the contracts' terms and conditions for benefit specialty services (BSS), mental health services (MH), nutrition support services (NSS), residential services, substance use disorder transitional housing services (SUDTH), oral healthcare services (OHS), legal services, and data management services through February 28, 2026 for data to care services and ending the HIV epidemic services through February 28, 2027, for transportation services through February 29, 2028, for e2LA data systems services and core HIV services, which include ambulatory outpatient medical services (AOM), medical care coordination services (MCC), and patient support services (PSS) through February 28, 2029, subject to review and approval by County Counsel, and notification to your Board and the CEO.

5. Delegate authority to the Director of Public Health, or designee, to execute amendments to the eight Promoting Health Care Engagement Among Vulnerable Target Populations (Vulnerable Populations) contracts listed in Attachment B that: extend the term through December 31, 2025, at an aggregate amount not to exceed of \$2,741,031, 100% funded by Centers for Disease Control and Prevention funds and local departmental resources; provide an increase or decrease up to 10% increase or decrease in funding above or below the annual base maximum obligation, based on the availability of federal, State, and/or County resources, effective upon amendment execution or at the beginning of the applicable contract budget period; update the statement of work and/or scope of work as necessary; and/or correct errors in the contracts' terms and conditions.

6. Delegate authority to the Director of Public Health, or designee, to execute change notices to the eight Vulnerable Populations contracts that authorize modifications to the budget with corresponding modifications to the statement of work that are within the same scope of services, as necessary; and/or changes to hours of operation and/or service locations.

7. Delegate authority to the Director of Public Health, or designee, to immediately suspend or terminate any of the eight Vulnerable Population contracts upon issuing a written notice to contractors who fail to fully comply with contract requirements, and terminate contracts for convenience by providing a 30-calendar day advance written notice to contractors.

#### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

EHE RWHAP activities support emerging practices, evidence-informed and evidence-based interventions, and client services to support reengagement in care and achieving viral suppression; community engagement, information dissemination and outreach to address the needs of people living with HIV (PLWH) at each stage along the HIV care continuum, specifically calling attention to the activities for PLWH who are not virally suppressed, and emergency rental assistance to provide

rental assistance to clients living with HIV who are homeless or at risk of being homeless.

Approval of Recommendation 1 will allow Public Health to accept an award from HRSA to continue to support EHE RWHAP activities through February 28, 2026, with funding in the amount of \$3,321,008 for the period beginning March 1, 2025. HRSA is operating under a Continuing Resolution; therefore, this award provides partial funding based on the continuation of fiscal year (FY) 2024 program requirements, funding levels, and specialized reporting requirements. Additions and revisions may be necessary once HRSA receives a final FY 2025 appropriation.

Approval of Recommendation 2 will allow Public Health to accept future awards and/or amendments that are consistent with the requirements of the HRSA award to accept future awards and/or amendments that extend the term at amounts determined by HRSA; and provide an increase or decrease in funding. This authority is being requested to enhance Public Health's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.070: Full Utilization of Grant Funds.

Approval of Recommendation 3 will allow Public Health to accept future amendments that are consistent with the requirements of the HRSA award referenced above that reflect non-material or ministerial revisions to the award's terms and conditions and roll over unspent funds, and/or redirection of funds.

Approval of Recommendation 4 will allow Public Health to execute, as needed, amendments to various HIV care services contracts listed in Attachment A, to increase or decrease funding above or below the annual base maximum obligation, update the statement of work and/or scope of work, and/or correct errors in the contract's terms and conditions, as necessary, based on the availability of federal, State, and/or County resources through the entire contract term for each of the service categories. Due to ongoing uncertainty of federal commitments from HRSA for RWHAP Part A funds and HRSA EHE funds historically made available to health departments across the country, Public Health's ability to maintain critical HIV care services at the same funding levels has been impacted.

Approval of Recommendation 5 will allow Public Health to execute amendments to eight Vulnerable Populations contracts listed in Attachment B, to extend the term at amounts not to exceed amounts as detailed in Attachment B, increase or decrease funding 10% above or below the annual base maximum obligation, update the statement of work and/or scope of work, and/or correct errors in the contracts' terms and conditions, as necessary, based on the availability of federal, State, and/or County resources through the entire contract term for each of the service categories.

Approval of Recommendation 6 will allow Public Health to execute change notices to the contracts that authorize modifications to the budget with corresponding modifications to the statement of work that are within the same scope of services, as necessary, and changes to hours of operation and/or service locations.

Approval of Recommendation 7 will allow Public Health to immediately suspend or terminate the eight Vulnerable Populations contracts with contractors who fail to perform and/or fully comply with contract requirements, and to terminate contracts for convenience by providing 30-calendar days' advance written notice to contractors.

### **Implementation of Strategic Plan Goals**

The recommended actions support North Star 2, Strategy Public Health and Economic Health of the County's Strategic Plan.

## **FISCAL IMPACT/FINANCING**

The total funding accepted under Recommendation 1 is \$3,321,008 for the budget period of March 1, 2025, through February 28, 2026. While additional funding is possible for the current budget period, Public Health is uncertain at this time if any additional funding will be received.

Funding is included in Public Health's FY 2024-2025 Final Adopted Budget and will be included in future FYs, as necessary.

Funding for the eight Vulnerable Populations contract amendments will not exceed a total maximum obligation of \$2,741,031 for the period of July 1, 2025 through December 31, 2025, utilizing CDC and departmental resources.

## **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Since 2020, your Board has approved acceptance of HRSA RWHAP EHE funds as a result of funding opportunity announcement HRSA 2-20-078, EHE-A Plan for America — RWHAP Parts A and B, for a five-year grant period, effective March 1, 2020, through February 28, 2025. On October 18, 2024, Public Health submitted a response to Funding Opportunity Number: HRSA-25-064, which was due by October 22, 2024. On January 8, 2025, Public Health received notice from HRSA that it was in the process of issuing the Notice of Award for FY 2025 for the EHE cooperative agreements, and that HRSA was operating under a Continuing Resolution; therefore, the upcoming award would provide partial funding (approximately 42%) based on the continuation of FY 2024 program requirements and funding levels. As a result, public Health received Notice of Award 2 UT8HA33928 -06-00, dated January 10, 2025.

EHE was initiated to provide resources in states and counties with substantial HIV burden and support the implementation of strategies, interventions, novel approaches, and core medical and support services to reduce new HIV infections in the United States. The overarching goal for this initiative promotes robust advances and innovations in HIV health care using the National HIV/AIDS Strategy to end the domestic HIV epidemic as its framework. The national EHE activities focus on addressing four goals:

- 1) reduce new HIV infections;
- 2) increase access to care and improve health outcomes for people with HIV;
- 3) reduce HIV-related health disparities and health inequities; and
- 4) achieve a more coordinated national response to end HIV.

As required under Board Policy 5.120, your Board was notified on May 12, 2025, of Public Health's request to allow an increase or decrease in funding above 10%, based on the availability of federal, State, and/or County resources, as needed, for future actions for 84 HIV care services contracts through various terms through February 28, 2029. Of the 84 HIV care services contracts, 74 are included under this Board action.

Since 2019, Public Health, Division of HIV and STD Program (DHSP) has increased its investment to support a broader portfolio of services, including the Emergency Financial Assistance and Emergency Rental Assistance services supported through both the RWP and EHE Initiative. Based on recent expenditures, DHSP has noticed higher than anticipated spending levels across several service categories, including but not limited to, AOM, OHS, and Housing-related service categories.

The delegated authority to make contract adjustments above the standard 10% eliminates the need for multiple Board actions and can allow Public Health to modify contracts to not only decrease funding but also restore funding levels if federal funding commitments or other allowable resources become available.

Public Health will work with the Los Angeles County (LAC) Commission on HIV to review allocation levels across service categories and ensure that any funding shifts are closely aligned with service category priorities.

County Counsel has approved the acceptance of Exhibit I as to form. Attachment A provides a list of HIV Care Services contracts that are eligible for funding shifts beyond the standard 10% delegated authority, as needed, for various terms through February 28, 2029. Attachment B provides information about the eight Vulnerable Population services contracted providers who are being recommended for extension under Recommendation 5, effective July 1, 2025.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Approval of the recommended actions will allow Public Health to continue the implementation of key strategies tied to EHE that will benefit persons at risk for and living with HIV in LAC and adjust HIV Care services.

Respectfully submitted,



Barbara Ferrer, PhD, MPH, MEd

Director

BF:ml  
BL#08191

Enclosures

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors



**Department of Health and Human Services**  
Health Resources and Services Administration

Notice of Award  
FAIN# UT833928  
Federal Award Date: 01/10/2025

### Recipient Information

1. Recipient Name  
COUNTY OF LOS ANGELES  
600 S Commonwealth Ave Fl 10  
Los Angeles, CA 90005-4049
2. Congressional District of Recipient  
34
3. Payment System Identifier (ID)  
1956000927A1
4. Employer Identification Number (EIN)  
956000927
5. Data Universal Numbering System (DUNS)  
624882309
6. Recipient's Unique Entity Identifier  
DN3NGS58SMT9
7. Project Director or Principal Investigator  
Victor Scott  
Grants Manager  
vscott@ph.lacounty.gov  
(213)351-8283
8. Authorized Official

### Federal Agency Information

9. Awarding Agency Contact Information  
Beverly H Smith  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
Bsmith@HRSA.GOV  
(301) 443-7065
10. Program Official Contact Information  
Tonia M Schaffer  
Public Health Analyst  
HIV/AIDS Bureau (HAB)  
TSchaffer@hrsa.gov  
(301) 945-3950

### Federal Award Information

11. Award Number  
2 UT8HA33928-06-00
12. Unique Federal Award Identification Number (FAIN)  
UT833928
13. Statutory Authority  
42 U.S.C. § 243(c); 300ff-11 et seq.
14. Federal Award Project Title  
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
15. Assistance Listing Number  
93.686
16. Assistance Listing Program Title  
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
17. Award Action Type  
Competing Continuation
18. Is the Award R&D?  
No

### Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2025 - End Date 02/28/2026	
20. Total Amount of Federal Funds Obligated by this Action	\$3,321,008.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$3,321,008.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$3,321,008.00
26. Project Period Start Date 03/01/2025 - End Date 02/28/2030	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$3,321,008.00

28. Authorized Treatment of Program Income  
Addition
29. Grants Management Officer – Signature  
Karen Mayo on 01/10/2025

### 30. Remarks



Notice of Award  
Award Number: 2 UT8HA33928-06-00  
Federal Award Date: 01/10/2025

HIV/AIDS Bureau (HAB)

<div><div>31. APPROVED BUDGET: (Excludes Direct Assistance)</div><div><div><input checked="" type="checkbox"/> Grant Funds Only</div><div><input type="checkbox"/> Total project costs including grant funds and all other financial participation</div></div><table><tr><td>a. Salaries and Wages:</td><td>\$0.00</td></tr><tr><td>b. Fringe Benefits:</td><td>\$0.00</td></tr><tr><td>c. Total Personnel Costs:</td><td>\$0.00</td></tr><tr><td>d. Consultant Costs:</td><td>\$0.00</td></tr><tr><td>e. Equipment:</td><td>\$0.00</td></tr><tr><td>f. Supplies:</td><td>\$0.00</td></tr><tr><td>g. Travel:</td><td>\$0.00</td></tr><tr><td>h. Construction/Alteration and Renovation:</td><td>\$0.00</td></tr><tr><td>i. Other:</td><td>\$3,321,008.00</td></tr><tr><td>j. Consortium/Contractual Costs:</td><td>\$0.00</td></tr><tr><td>k. Trainee Related Expenses:</td><td>\$0.00</td></tr><tr><td>l. Trainee Stipends:</td><td>\$0.00</td></tr><tr><td>m. Trainee Tuition and Fees:</td><td>\$0.00</td></tr><tr><td>n. Trainee Travel:</td><td>\$0.00</td></tr><tr><td>o. TOTAL DIRECT COSTS:</td><td>\$3,321,008.00</td></tr><tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td><td>\$0.00</td></tr><tr><td>    i. Indirect Cost Federal Share:</td><td>\$0.00</td></tr><tr><td>    ii. Indirect Cost Non-Federal Share:</td><td>\$0.00</td></tr><tr><td>q. TOTAL APPROVED BUDGET:</td><td>\$3,321,008.00</td></tr><tr><td>    i. Less Non-Federal Share:</td><td>\$0.00</td></tr><tr><td>    ii. Federal Share:</td><td>\$3,321,008.00</td></tr></table></div>	a. Salaries and Wages:	\$0.00	b. Fringe Benefits:	\$0.00	c. Total Personnel Costs:	\$0.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$0.00	g. Travel:	\$0.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$3,321,008.00	j. Consortium/Contractual Costs:	\$0.00	k. Trainee Related Expenses:	\$0.00	l. Trainee Stipends:	\$0.00	m. Trainee Tuition and Fees:	\$0.00	n. Trainee Travel:	\$0.00	o. TOTAL DIRECT COSTS:	\$3,321,008.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	i. Indirect Cost Federal Share:	\$0.00	ii. Indirect Cost Non-Federal Share:	\$0.00	q. TOTAL APPROVED BUDGET:	\$3,321,008.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$3,321,008.00	<div><div>33. RECOMMENDED FUTURE SUPPORT:</div><div>(Subject to the availability of funds and satisfactory progress of project)</div><table><tr><th>YEAR</th><th>TOTAL COSTS</th></tr><tr><td>07</td><td>\$3,321,008.00</td></tr><tr><td>08</td><td>\$3,321,008.00</td></tr><tr><td>09</td><td>\$3,321,008.00</td></tr><tr><td>10</td><td>\$3,321,008.00</td></tr></table><div>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</div><table><tr><td>a. Amount of Direct Assistance</td><td>\$0.00</td></tr><tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr><tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td>\$0.00</td></tr><tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td>\$0.00</td></tr></table><div>35. FORMER GRANT NUMBER</div><div>36. OBJECT CLASS</div><div>41.15</div><div>37. BHCNIS#</div></div>	YEAR	TOTAL COSTS	07	\$3,321,008.00	08	\$3,321,008.00	09	\$3,321,008.00	10	\$3,321,008.00	a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00
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d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00																																																												

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES						
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
25 - 377ABGR	93.914	25UT8HA33928	\$3,321,008.00	\$0.00	N/A	25UT8HA33928

## 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 action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests.
2. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-october-2024.pdf>.
3. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**  
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://pms.psc.gov/find-pms-liaison-accountant.html>
4. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
5. HRSA is operating under a Continuing Resolution; therefore, this award provides partial funding based on the continuation of FY 2024 program requirements, funding levels, and specialized reporting requirements. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final FY 2025 appropriations. A revised Notice of Award (NoA) will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.
6. As a condition of accepting this award the recipient must comply with data requirements of the RSR and will mandate compliance by each of your subrecipients. The RSR captures information necessary to demonstrate program performance and accountability. All EHE core service and support service providers are required to submit client-level data as instructed in the RSR manual. Please refer to the [RSR Webpage](#) for additional information.
7. Recipients may request carryover of any unobligated balance (UOB) from the Ending the HIV Epidemic in the U.S. initiative funding throughout the life of the period of performance ending on February 28, 2030. A Prior Approval request for carryover of UOB must be submitted via HRSA's Electronic Handbooks (EHBs). Funds may not be used without written approval from the Division of Grants Management Operations (DGMO). When submitting your Prior Approval request, you must include the year you are requesting the funds to be carried from and the amount. It is your responsibility to track the UOB based on the project budget period during the five year period of performance.

### Program Specific Term(s)

1. In accordance with 45 CFR § 75.322(b), the recipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. HRSA HAB reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.



2. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program in subsequent fiscal years, recipient satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.
3. Unless otherwise specified, all Conditions and Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks (EHBs).
4. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation as outlined in Appendix A to 2 CFR Part 170 (<http://www.hrsa.gov/grants/ffata.html>). The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <http://www.hrsa.gov/grants/ffata.html>.
5. RWHAP funds may not be used to make cash payments to intended clients of RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that they cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.
6. The recipient shall make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files – e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully accessible to members of the public with disabilities. Technical and functional standards for accessibility are codified at 36 CFR Part 1194 and may be accessed through the Access Board’s Web site at <http://www.access-board.gov>.
7. Funding will be provided in the form of cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project. The recipient is expected to collaborate with HAB and its RWHAP recipients to achieve the expectations described in the program expectations section. Certain activities must be planned jointly and include HAB's input. HRSA HAB must be aware of all project activities in sufficient time to provide input and/or assistance. This substantial involvement is in addition to the usual monitoring and technical assistance provided under the cooperative agreement.

As a cooperative agreement, HRSA programmatic involvement will include:

- Providing the expertise of HRSA HAB personnel and other relevant resources to support the efforts of the initiative activities;
- Facilitating partnership and communication with other federal agencies, particularly CDC, to improve coordination efforts;
- Facilitating collaboration with the TAP and SCP to assist in the development, implementation, coordination, and integration of initiative activities;
- Participating in the design and direction of the strategies, interventions, tools, and processes to be established and implemented for accomplishing the goals of the cooperative agreement;
- Approving uses of funds outside of existing allowable RWHAP costs and service categories;
- Providing ongoing review of the establishment and implementation of activities and measures for accomplishing the goals of the cooperative agreement;
- Participating, as appropriate, in conference calls and meetings that are conducted during the project period of the cooperative agreement;
- Reviewing and concurring with all information products prior to dissemination; and
- Facilitating the dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader network of RWHAP recipients.

In collaboration with HRSA, the cooperative agreement recipient’s responsibilities will include:

- Completing proposed initiative work plan activities within the five-year project period;
- Collaborating with HRSA on review of activities, procedures, and budget items, including timely communication with project officer;
- Developing and implementing a methodology, including proposed metrics, to measure the impact of proposed activities, as well as reporting on outcomes;
- Ensuring proposed activities are based on documented need, targeted for maximum impact on HIV care continuum outcomes, and designed to reach the identified target population(s);

- Coordinating the initiative activities with their existing RWHAP programs;
  - Collaborating with CDC funded organizations, health centers, and other local and state government agencies on implementing initiative activities;
  - Collaborating with the TAP and SCP on the development, implementation, coordination, and integration of initiative activities;
  - Developing a sustainability plan to support successful activities following conclusion of the cooperative agreement;
  - Modifying activities as necessary to ensure relevant outcomes for the project; and
  - Participating in the dissemination of project findings, best practices, and lessons learned, including adherence to HRSA guidelines pertaining to acknowledgment and disclaimer on all products produced by HRSA award funds
8. As a condition of accepting this award the recipient must adhere to all program policies and guidance governing the EHE program
9. If applicable, recipients must submit the Tangible Personal Property Report (TPPR) (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Recipients are required to report all equipment with an acquisition cost of \$10,000 or more per unit acquired by the recipient with award funds. TPPRs must be submitted electronically through HRSA EHBs.
10. Recipients are required to track and report all program income on the annual Federal Financial Report. All program income earned must be used to further the objectives of the Ryan White HIV/AIDS Program. For additional information, see PCN #15-03 available online at <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>.
11. Recipients must submit an annual Non-Competing Continuation (NCC) Progress Report via the HRSA EHBs 90 days prior to the budget period end date. Submission and HRSA approval of this NCC Progress Report triggers the budget period renewal and release of subsequent year funds. The report demonstrates recipient progress on program-specific goals and collects core performance measurement data to measure the progress and impact of the project.
12. For all action steps that require input from the HAB Project Officer and other HAB staff, you must allow for at least a three (3) week response time for information, approval, planning, or technical assistance. Work plan tables must be adjusted to include the minimum response time for all relevant activities.
13. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR § 75.352, requires recipients to monitor the activities of subrecipients to ensure funding is used only for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward, as well as to ensure that performance goals are achieved. Recipients must ensure that drug rebates and program income earned as a result of the RWHAP award are used only for allowable activities and only for purposes of the RWHAP award. See section 2616(g) of the Public Health Service Act and 45 CFR 75.307(e)(2). Therefore, recipients must monitor awards funded through drug rebates and/or program income.
14. Resumes/CV for key personnel supported by this cooperative agreement and not named in the FY 2025 application must be submitted to the HRSA Grants Management Office through the EHB Prior Approval Portal for review prior to appointment to the project. This requirement also includes all key personnel hired due to vacancy, resignation, termination or attrition subsequent to the issue date on the Notice of Award.
15. This award is subject to 45 CFR part 75--Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards.
16. During each budget period, recipients must include in their program budget travel support for key recipient staff members (one staff member must be the program director or a designated representative) to attend meetings/conferences identified by HRSA HAB as essential to EHE administration and implementation. HRSA HAB meetings may include, but are not limited to, the biennial National Ryan White Conference on HIV Care and Treatment, grant-specific Administrative Reverse Site Visits (ARSV), or targeted technical assistance events. Meetings may be up to 4 days and are generally held in the Washington, D.C. metropolitan area. If no essential meetings are held during the budget period, recipients can reallocate funds for other allowable grant expenses. Recipients must comply with *45 CFR Part 75.474* and all other applicable HHS and Federal policies governing travel supported under Federal assistance awards.
17. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the Federal Financial Report (FFR) SF-425 Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.
18. Funds may not be used for payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any state compensation program, insurance policy, federal or state health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).
- In addition, funds may not be used for the following purposes:
- - Cash payment to intended recipients of services.
    - Clinical research.
    - International travel.

- Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).
  - Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy.
  - Pre Exposure Prophylaxis (PrEP) medications and related medical services or Post-Exposure Prophylaxis (PEP), as the person using PrEP or PEP does not have HIV and therefore not eligible for HRSA HAB initiative funded medication.
19. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
  20. As outlined in Notice of Funding Opportunity HRSA-25-063, the only requirement for determining eligibility for EHE service provision is that the individual has a documented HIV diagnosis. HRSA expects that all new clients who are provided any services (whether EHE or RWHAP) in an EHE-funded jurisdiction will be counted as an EHE client.
  21. Funds may not be used by grantees or subcontractors for the purchase of vehicles without written approval from the Division of Grants Management Operations (DGMO).
  22. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the recipient organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at [www.hrsa.gov/opa](http://www.hrsa.gov/opa).
  23. If the recipient expends any of the Initiative award on the AIDS Drug Assistance Program (ADAP), it must comply with data reporting requirements of the ADAP Data Report (ADR) for those funds. Acceptance of this award indicates that you will comply with data requirements of the ADR and will mandate compliance by each of your contractors and subcontractors. The ADR captures information necessary to demonstrate program performance and accountability. Please refer to the [ADR Webpage](#) for more information.
  24. Submit, every two (2) years, to the lead State or MTA agency for the EHE initiative, audits consistent with 45 CFR 75 Subpart F, regarding funds expended in accordance with this title.
  25. The EHE initiative specifies criteria for the expenditure of program funds as follows:
    - Recipient costs for grant administration may not exceed ten (10) percent of the grant award. Planning and evaluation costs may not exceed ten (10) percent of the grant award. Collectively, recipient administration and planning and evaluation costs may not exceed fifteen (15) percent of the grant award. The aggregate total of administrative expenditures for subrecipients, including all indirect costs, may not exceed 10 percent of the aggregate amount of all subawards.
    - If the recipient elects to expend funds for clinical quality management activities that amount shall not exceed the lesser of 5 percent of the total grant funds or \$3 million.
  26. Any recipients that collect rebates on ADAP medication purchases funded through EHE must adhere to outlined provisions in HRSA HAB PCN # 15-04: Utilization and Reporting of Pharmaceutical Rebates. See [https://hab.hrsa.gov/sites/default/files/hab/Global/pcn\\_15-04\\_pharmaceutical\\_rebates.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-04_pharmaceutical_rebates.pdf)
  27. Funds awarded for pharmaceuticals must only be spent to assist clients who have been determined not eligible for other pharmaceutical programs, especially the AIDS Drug Assistance Program and/or for drugs that are not on the State ADAP or Medicaid formulary.
  28. All recipients who are providing services under EHE that are available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.

## Standard Term(s)

1. Your organization must have policies, procedures, and financial controls to follow all the [General Terms and Conditions](#). HRSA awards are based on the application submitted and approved by HRSA. All awards are subject to the General Terms and Conditions, in addition to those included in the Notice of Award or referenced in documents and attachments.

## Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management**

**System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal (**PMS Self-Service Web Portal**), or calling 877-614-5533.

**2. Due Date: 09/30/2025**

Biannual Progress Report: Recipients must submit two progress reports during the budget period via the HRSA Electronic Handbooks (EHB) system. The information will include recipient progress on program specific goals and strategies; key accomplishments including a list of all developed materials, tools and websites; barriers encountered and how resolved; and responses to summary questions regarding overall impact. Recipients must submit the report on-line in the EHBs. The format for these reports will be provided by the program staff within the EHB.

**3. Due Date: 03/31/2026**

Biannual Progress Report: Recipients must submit two progress reports during the budget period via the HRSA Electronic Handbooks (EHB) system. The information will include recipient progress on program specific goals and strategies; key accomplishments including a list of all developed materials, tools and websites; barriers encountered and how resolved; and responses to summary questions regarding overall impact. Recipients must submit the report on-line in the EHBs. The format for these reports will be provided by the program staff within the EHB.

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

The recipient must submit an annual Initiative Expenditure Report.

**5. Due Date: 03/30/2026**

Submit the Ryan White Services Report (RSR) which consists of recipient, service provider, and client 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

**6. Due Date: 06/15/2025**

As a condition of accepting this award the recipient must comply with data requirements of the Ending the HIV Epidemic Aggregate Module and will mandate compliance by each of your subrecipients. EHE funded subrecipients must submit a report of aggregate data on a triannual basis. Subrecipients will report using a standard template that captures aggregate counts of services received by clients during the triannual period. Further information on additional data needed for this report will be available in the NOA.

**7. Due Date: 10/15/2025**

As a condition of accepting this award the recipient must comply with data requirements of the Ending the HIV Epidemic Aggregate Module and will mandate compliance by each of your subrecipients. EHE funded subrecipients must submit a report of aggregate data on a triannual basis. Subrecipients will report using a standard template that captures aggregate counts of services received by clients during the triannual period. Further information on additional data needed for this report will be available in the NOA.

**8. Due Date: 02/15/2026**

As a condition of accepting this award the recipient must comply with data requirements of the Ending the HIV Epidemic Aggregate Module and will mandate compliance by each of your subrecipients. EHE funded subrecipients must submit a report of aggregate data on a triannual basis. Subrecipients will report using a standard template that captures aggregate counts of services received by clients during the triannual period. Further information on additional data needed for this report will be available in the NOA.

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
Victor Scott	Program Director	vscott@ph.lacounty.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HIV AND STD PROGRAMS - HIV CARE SERVICES  
74 CONTRACTS**

	Contractor	Contract No.	Current Term Annual Maximum Obligation (Year 35) 3/1/25- 2/28/26	Service Planning Area(s) of Service Delivery Sites	Supervisory District(s) of Service Delivery Sites
<b>1. BENEFIT SPECIALTY SERVICES</b>					
1	AltaMed Health Services Corporation	PH-002899	\$ 140,340	7	1
2	APLA Health & Wellness	PH-002673	\$ 186,352	4, 6	2, 3
3	City of Long Beach	PH-002900	\$ 127,532	8	4
4	Dignity Health d.b.a St. Mary Medical Center	PH-002898	\$ 111,176	8	4
5	East Valley Community Health Center, Inc.	PH-002901	\$ 63,732	3	1, 5
6	JWCH Institute, Inc.	PH-003056	\$ 101,226	3	5
7	Minority AIDS Project	PH-002661	\$ 84,705	6	2
8	Northeast Valley Health Corporation	PH-002902	\$ 65,867	2	3
9	Venice Family Clinic	PH-002680	\$ 50,823	5	3
<b>TOTAL BENEFIT SPECIALTY SERVICES</b>			<b>\$ 931,753</b>		
<b>2. NUTRITIONAL SUPPORT SERVICES</b>					
10	APLA Health & Wellness	H-700241	\$ 2,880,714	1 - 8	1 - 5
11	Bienestar Human Services	H-700279	\$ 181,581	1 - 8	1 - 5
12	Project Angel Food	H-700267	\$ 1,377,445	1 - 8	1 - 5
<b>TOTAL NUTRITION SUPPORT SERVICES</b>			<b>\$ 4,439,740</b>		
<b>3. RESIDENTIAL SERVICES</b>					
13	APLA Health & Wellness (RCFCI)	PH-001646	\$ 5,336,303	1 - 8	1 - 5
14	Project New Hope (RCFCI)	PH-001638	\$ 1,884,362	1 - 8	1 - 5
15	Project New Hope (TRCF)	PH-001645	\$ 923,347	1 - 8	1 - 5
16	The Salvation Army (RCFCI)	PH-001654	\$ 1,389,769	1 - 8	1 - 5
<b>TOTAL RESIDENTIAL SERVICES</b>			<b>\$ 9,533,781</b>		
<b>5. MENTAL HEALTH SERVICES</b>					
17	AltaMed Health Services Corporation	PH-003360	\$ 230,109	3 & 7	1
18	JWCH Institute, Inc.	PH-003361	\$ 343,864	3 & 4	1, 2, 3, & 5
19	Northeast Valley Health Corporation	PH-003362	\$ 118,554	2	3
20	Special Service for Groups, Inc.	PH-003363	\$ 147,366	4	1 & 2
21	St. John's Well Child and Family Center	PH-003364	\$ 499,819	6	2
<b>TOTAL MENTAL HEALTH SERVICES</b>			<b>\$ 1,339,712</b>		
<b>5. LEGAL SERVICES</b>					
22	Inner City Law Center	PH-003553	\$ 1,437,628	1 - 8	1 - 5
<b>TOTAL LEGAL SERVICES</b>			<b>\$ 1,437,628</b>		
<b>6. ORAL HEALTHCARE SERVICES</b>					
23	AltaMed Health Services Corporation	PH-003800	\$ 400,000	7	1
24	APLA Health & Wellness	PH-003801	\$ 1,550,000	4, 6, & 8	1, 2, & 4
25	Dignity Health d.b.a St. Mary Medical Center	PH-003802	\$ 800,000	8	4
26	East Valley Community Health Center, Inc.	PH-003803	\$ 197,000	3	1
27	El Proyecto del Barrio, Inc.	PH-003804	\$ 200,000	2	3
28	JWCH Institute, Inc.	PH-003805	\$ 980,000	1, 3, 4 & 6	2 & 5
29	Northeast Valley Health Corporation	PH-003806	\$ 348,000	3	2 & 3
30	St. John's Well Child and Family Center	PH-003807	\$ 200,000	6	2
31	The Regents of the University of California	PH-003808	\$ 1,650,000	5	3
32	University of Southern California	PH-003809	\$ 2,000,000	6	2
33	Watts Healthcare Corporation	PH-003810	\$ 300,000	6	2
<b>TOTAL ORAL HEALTHCARE SERVICES</b>			<b>\$ 8,625,000</b>		
<b>7. DATA MANAGEMENT SERVICES</b>					
34	Automated Case Management Services, Inc.	H-204251	\$ 660,000	1 - 8	1 - 5
<b>TOTAL DATA MANAGEMENT SERVICES</b>			<b>\$ 660,000</b>		

Contractor		Contract No.	Contract Term 10/8/24 - 2/28/29	Service Planning Area(s) of Service Delivery Sites	Supervisorial District(s) of Service Delivery Sites
8. E2 LOS ANGELES DATA SYSTEM AND RELATED SERVICES					
35	RDE System Support Group, LLC.	PH-005479	\$ 10,076,285	1 - 8	1 - 5
TOTAL E2 LOS ANGELES DATA SYSTEM AND RELATED SERVICES			\$ 10,076,285		
Contractor		Contract No.	Annual Maximum Obligation 3/1/25- 2/28/26	Service Planning Area(s) of Sites	Supervisorial District(s) of Sites
9. CORE HIV SERVICES (AOM, MCC AND PSS)					
36	Altamed Health Services Corporation	PH-005707	\$ 1,311,747	7	1
37	APLA Health & Wellness	PH-005708	\$ 1,720,200	4,6, & 8	2 & 4
38	Charles R. Drew University of Medicine and Science	PH-005709	\$ 240,000	6	2
39	Children's Hospital Los Angeles	PH-005710	\$ 225,762	4	1
40	City of Long Beach, Department of Health and Human Services	PH-005711	\$ 765,000	8	4
41	Dignity Health d.b.a. St. Mary Medical Center	PH-005712	\$ 1,376,750	8	4
42	East Valley Community Health Center, Inc.	PH-005724	\$ 649,380	3	1
43	El Proyecto del Barrio, Inc.	PH-005713	\$ 343,414	2	3
44	JWCH Institute, Inc.	PH-005714	\$ 1,660,938	3 & 4	1 & 3
45	Los Angeles LGBT Center	PH-005715	\$ 3,828,919	4	3
46	Men's Health Foundation	PH-005716	\$ 1,039,493	4 & 6	2 & 3
47	Northeast Valley Health Corporation	PH-005717	\$ 467,345	2	3
48	St. John's Community Health	PH-005718	\$ 746,040	6	2
49	T.H.E. Clinic, Inc.	PH-005719	\$ 537,125	6	2
50	The Regents of the University of California	PH-005720	\$ 876,016	5	3
51	Venice Family Clinic	PH-005721	\$ 380,000	5	3
52	Via Care Community Health Center	PH-005722	\$ 225,095	7	1 & 4
53	Watts Healthcare Corporation	PH-005723	\$ 381,200	6	2
TOTAL CORE HIV SERVICES			\$ 16,774,424		
10. TRANSPORTATION SERVICES					
54	Altamed Health Services Corporation	PH-005689	\$ 50,000	1 - 8	1 - 5
55	APLA Health & Wellness	PH-005690	\$ 169,920	1 - 8	1 - 5
56	Bienestar Human Services, Inc.	PH-005691	\$ 103,116	1 - 8	1 - 5
57	Children's Hospital Los Angeles	PH-005692	\$ 23,400	1 - 8	1 - 5
58	City of Long Beach Department of Health & Human Services	PH-005693	\$ 20,000	1 - 8	1 - 5
59	Dignity Health d.b.a. St. Mary Medical Center	PH-005694	\$ 40,000	1 - 5	1 - 5
60	JWCH Institute, Inc.	PH-005695	\$ 45,000	1 - 5	1 - 5
61	Los Angeles LGBT Center	PH-005696	\$ 79,397	1 - 5	1 - 5
62	Men's Health Foundation	PH-005697	\$ 61,015	1 - 5	1 - 5
63	Northeast Valley Health Corporation	PH-005698	\$ 24,892	1 - 5	1 - 5
64	Project New Hope	PH-005699	\$ 1,000	1 - 5	1 - 5
65	St. John's Community Health	PH-005763	\$ 18,870	1 - 5	1 - 5
66	Special Service for Groups, Inc.	PH-005700	\$ 31,050	1 - 8	1 - 5
67	T.H.E. Clinic, Inc.	PH-005701	\$ 20,880	1 - 8	1 - 5
68	The Regents of the University of California	PH-005703	\$ 61,272	1 - 8	1 - 5
69	The Salvation Army	PH-005702	\$ 6,024	1 - 8	1 - 5
70	Watts Healthcare Corporation	PH-005704	\$ 16,620	1 - 8	1 - 5
TOTAL TRANSPORTATION SERVICES			\$ 772,456		
Contractor		Contract No.	Annual Maximum Obligation 3/1/25- 2/28/26	Service Planning Area(s) of Sites	Supervisorial District(s) of Sites
11. DATA TO CARE SERVICES					
71	APLA Health & Wellness	PH-005306	\$ 500,000	4,5,6 & 8	2 & 4
72	JWCH Institute, Inc.	PH-005307	\$ 500,000	1, 3, & 4	1, 3, & 5
73	Men's Health Foundation	PH-005305	\$ 500,000	4 & 6	2 & 3
TOTAL DATA TO CARE SERVICES			\$ 1,500,000		
12. ENDING THE HIV EPIDMEMIC SERVICES					
74	Heluna Health	PH-004881	\$ 6,585,471	1 - 8	1 - 5
TOTAL ENDING THE HIV EPIDEMIC SERVICES			\$ 6,585,471		
GRAND TOTAL OF CARE SERVICES			\$ 62,676,250		



**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HIV AND STD PROGRAMS  
PROMOTING HEALTH CARE ENGAGEMENT AMONG TARGETED VULNERABLE POPULATIONS**

No.	Contractor Name	Contract Number	Extension Term	*Extension Term Maximum Obligation Not to Exceed	Service Planning Area Proposed To Serve	Supervisory District Proposed to Serve
1	AltaMed Health Services	PH-003434	July 1, 2025 through December 31, 2025	\$250,000	4 & 7	1
2	Bienestar Human Services, Inc.	PH-003440	July 1, 2025 through December 31, 2025	\$400,000	6 & 8	2 & 4
3	Center for Health Justice	PH-003435	July 1, 2025 through December 31, 2025	\$141,031	4	4
4	Childrens Hospital Los Angeles	PH-003436	July 1, 2025 through December 31, 2025	\$400,000	4	1
5	In the Meantime Men's Group, Inc.	PH-003438	July 1, 2025 through December 31, 2025	\$375,000	6	2
6	Los Angeles LGBT Center	PH-003437	July 1, 2025 through December 31, 2025	\$375,000	6	2
7	Los Angeles LGBT Center	PH-003441	July 1, 2025 through December 31, 2025	\$550,000	4	4
8	Men's Health Foundation	PH-003439	July 1, 2025 through December 31, 2025	\$250,000	6 & 8	2
<b>TOTAL MAXIMUM OBLIGATION NOT TO EXCEED</b>				<b>\$2,741,031</b>		

\*Actual maximum obligation may be at lower funding levels at time of extension but will not exceed amount listed.