

LEGISLATIVE FACT SHEET

DATE: 03/30/21

BT or RC No: BT21-068 / RC21-100
(Administration & City Council Bills)

SPONSOR: Parks, Recreation, & Community Services / Social Services
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Johnnetta Moore, Chief

Provide Name: Johnnetta Moore

Contact Number: 904-255-3322

Email Address: Jmoore@coj.net

PURPOSE White Paper (Explain Why this legislation is necessary? Provide, Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation.

(Minimum of 350 words - Maximum of 1 page.)

To fund the position of Data and Quality Coordinator, as required by Department of Health and Human Services (HRSA), to assess the recipient's coordination with, and monitoring of, oversight processes of its sub-recipients throughout the Transitional Grant Area (TGA) of the Ryan White HIV/AIDS Program Part A.

APPROPRIATION: Total Amount Appropriated: \$69,385.00 as follows:

List the source name and provide Object and Subject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: <u>Community Services Grants - Ryan White HIV/AIDS Program Part A</u>	Amount: <u>\$69,385.00</u>
	To: <u>Community Services Grants - Ryan White HIV/AIDS Program Part A</u>	Amount: <u>\$69,385.00</u>
Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond Account(s):	From: _____	Amount: _____
	To: _____	Amount: _____

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

Grant funding will be transferred from "Subsidies & Contributions to Private Organizations" to various salaries and benefits accounts (SEE BT) to hire a Data Quality Coordinator position. Grant Budget Year is March 1, 2021 through February 28, 2022. No match is required.

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:		Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency. <input type="text"/>
Federal or State Mandate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. <input type="text"/>
Fiscal Year Carryover?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Note: If yes, note must include explanation of all-year subfund carryover language. <input type="text"/>
CIP Amendment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. <input type="text"/>
Contract / Agreement Approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted? <input type="text"/>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s). <input type="text"/>
Waiver of Code?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. <input type="text"/>
Code Exception?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. <input type="text"/>
Related Enacted Ordinances?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper. <input type="text"/>

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:

	Yes	No	
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

	Yes	No	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate form(s).

	Yes	No	
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (Include contact name and telephone number) responsible for generating

Division Chief: John Moore
(signature)

Date: 3-30-21

Prepared By: [Signature]
(signature)

Date: 3/30/21

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325

Thru: Daryl Joseph, Director, Parks, Recreation & Community Services Department
(Name, Job Title, Department)

Phone: 255-7903 E-mail: DJoseph@coj.net

From: Johnnetta Moore, Chief, Social Services Division, PRCS Division
Initiating Department Representative (Name, Job Title, Department)

Phone: 255-3322 E-mail: JMoore@coj.net

Primary Contact: Johnnetta Moore, Chief, Social Services Division, PRCS Division
(Name, Job Title, Department)

Phone: 255-3322 E-mail: JMoore@coj.net

CC: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor

Phone: 255-5015 E-mail: LecannK@coj.net



ONE CITY. ONE
JACKSONVILLE.

City of Jacksonville, Florida

Daryl Joseph, Director

Parks, Recreation and Community Services Department
214 N Hogan Street, 4th Floor
Jacksonville, FL 32202
(904) 255-7903
www.coj.net

March 18, 2021

MEMORANDUM

TO: Brian Hughes, CAO and Chair
Mayor's Budget Review Committee

FROM: Johnnetta Moore, Chief Social Services Division 

THRU: Daryl Joseph, Director Parks, Recreation and Community Services 

RE: Request to Create Data and Quality Coordinator Position for Ryan White Part A Program

The Social Services Division respectfully requests that the Mayor's Budget Review Committee approve the increase in staff to include a Data and Quality Coordinator. This position is being requested by the Ryan White Part A Program which is grant funded by the Federal Health Resources and Services Administration (HRSA). This federal agent through the City of Jacksonville has securely funded this grant for the past 25 years. The Division has recently received the initial partial award for \$1,349,654 for FY 2021 and expect the remaining approximately \$5,000,000 to be funded. The request is based off encouragement by our HRSA Project Officer to bring current contracted deliverables in-house.

This position is fully grant funded and there are no city matching funds required. Grant funds are authorized in Ordinance 2020-504-E, B1A.

If additional information is required, please do not hesitate to contact me at jmoore@coj.net or 255-3322.

Thank you for your assistance.

Attachments: Position Description
Ordinance 202-504—E, BA1
Notice of Award

2020-504-E Schedule of Continuation Grants								
City Department/ Division	Grantor	Grant Name	Grant Description	Estimated Grant Award	Total Match Requested	In Kind Contribution	FTE Positions	Part Time Hours
Neighborhoods - Environmental Quality	U.S. Environmental Protection Agency	Particulate Matter 103 Grant	Funding to operate an ambient air quality monitoring network for particulate matter 2.5 microns or less. Staff in this activity operates standard and continuous monitoring for this pollutant. All data collected at these sites must comply with EPA's Quality Assurance Plan.	\$85,661	\$0	\$0	1	0
Neighborhoods - Mosquito Control	Florida Department of Transportation	Clean It Up - Green It Up	Promotion of Great American Cleanup/Drive It Home-Keep Our Paradise Litter Free Trash Off. Provides funding for cleanup supplies and materials for community and countywide cleanups.	\$15,000	\$0	\$15,000	0	0
Neighborhoods - Mosquito Control	Florida Inland Navigation District	Water Way Cleanup Program	Neighborhood Cleanup Support - Organized volunteer groups cleaning public rights-of-ways or other public areas are eligible for planning assistance and free support materials, such as bags and gloves. Annual Community Cleanups; Adopt-A-Road: Groups make a long-term commitment to perform monthly cleanups on city roadways and Litter Free Events.	\$5,000	\$0	\$300	0	0
Parks, Rec and Community Services	State Department of Elder Affairs/Elder Source	EHEAP	Funding to provide crisis assistance to eligible low-income households with at least one individual aged 60 or older experiencing a heating or cooling emergency. The program allows for payments to utility companies, the purchase of blankets, portable heaters and fans, repairs of existing heating or cooling equipment, and the payment of reconnection fees.	\$195,000	\$0	\$0	1	0
Parks, Rec and Community Svcs - Senior Services	State Department of Elder Affairs	Senior Companion Program	Funding for center-based group respite, educational activities and events for elders with first-stage memory loss along with their caregivers as well as stipends to low-income volunteers. Stipends are paid by the State.	\$3,000	\$0	\$0	0	0
Parks, Rec and Community Svcs: Social Services	Department of HHS	Ryan White Part A	Health Resources and Services Administration - HIV/AIDS Programs	\$6,000,000	\$0	\$0	4	832
Parks, Rec and Community Svcs: Social Services	Department of Justice	Training and Services to end Violence Against women with Disabilities	Training and Services to End Violence Against Women with Disabilities	\$425,000	\$0	\$0	0	0
Parks, Rec and Community Svcs: Social Services	Department of Justice	Jacksonville Safety First	Funding to provide supervised visitation services to protect children affected by domestic violence.	\$550,000	\$0	\$0	0	0
Parks, Rec and Community Svcs: Social Services	DOJ / Office of the Florida Attorney General	Victims of Crime Act (VOCA)	Information and Referrals for Crime Victims.	\$301,852	\$0	\$75,463	4	0

Recipient Name:	City of Jacksonville
Recipient Address:	1809 Art Museum Dr., Ste. 100, Jacksonville, FL
Recipient Contact Name:	Sandy Arts
Grant Number:	H89HA00039
Budget Period:	March 1, 2019 - February 29, 2020
Program Type/Name:	Ryan White HIV/AIDS Program Part A/HIV Emergency Relief Grant Program
Type of Visit:	Comprehensive/Operational
Dates of Visit:	02/25/2020 - 02/28/2020
Project Officer:	Eric Shell
Purpose of Visit:	<p>The purpose of the comprehensive site visit (CSV) was to assess the Jacksonville, Florida, Transitional Grant Area (TGA) Ryan White HIV/AIDS Program (RWHAP) Part A and the recipient's compliance with the legislative and programmatic requirements of the RWHAP Part A. Throughout the CSV, the Health Resources and Services Administration (HRSA) Site Visit Team provided on-site technical assistance (TA). The site visit was also an opportunity for the HRSA Site Visit Team to measure and prepare recommendations for future TA needs. Specifically, the site visit focused on:</p> <ul style="list-style-type: none"> • Compliance with RWHAP legislative mandates, HRSA policies, and RWHAP requirements; • Verifying that federal funds are being used in the most efficient and cost-effective manner; • Identifying that support, TA, and other resources are available to the recipient, as well as sub recipients, to ensure continued provision of quality care to people with HIV in Jacksonville, FL; • Assessing if clinical quality management (CQM) infrastructure, processes, and practices are consistent with RWHAP legislative requirements; • Identifying specific instances of challenges encountered, successes, and lesson learned; and • Assessing the recipient's coordination with, and monitoring of, oversight processes of its sub recipients throughout the TGA.

Recommendation:

The recipient should immediately analyze all administrative (IT) and clinical quality management contracted services to determine where savings may be realized. All contracts for professional services should be evaluated for their cost reasonableness, in order to ensure the recipient is in compliance with cost principles and realizes an appropriate return on its investment in the service(s) that are contracted out. The recipient should then re-negotiate contracts, as necessary and appropriate, eliminating contracted services that are not essential, and re-allocate the savings realized from this process to support the hiring and training of additional recipient staff to support the administrative and CQM expenses with respect to the RWHAP Part A grant. If the recipient is unable to hire within its personnel process, the recipient should consider leasing these additional employees through a contractual arrangement with a professional employer organization to ensure the ability to secure the most qualified individuals, and provide the recipient with the greatest flexibility to successfully administer the RWHAP Part A Grant.

DATA AND QUALITY COORDINATOR/SPE

General Administration
Planning & Research
Worker
FLSA - Non-Exempt
Sort Code - C01176

OC - 05084
BU - 013
EEO - 02
PG - 26.16

KIND OF WORK: This is professional level work in providing expertise to acquire, manage, manipulate, and analyze data and report results. Work requires knowledge of general principles and practices of data and reports mandated by State and Federal funding sources through the use of information systems, which is usually gained through a combination of education, training, and related experience. Contacts with others require skills in understanding and influencing people, which are important in implementing and evaluating human services programs, resolving work-related issues and problems, and presenting and defending recommendations. The work is standardized in that tasks are covered by substantially diversified procedures and specialized standards, requiring the use of judgment in search for solutions or new applications. Work is performed mainly in an office environment but field work may be required in areas where there are some risks and hazards which are known, predictable and controllable. Operates a motor vehicle and personal computers, calculators, scanners, and other standard office equipment. Physical demands are minimal but may occasionally require lifting and moving objects of up to 20 pounds. Work is performed under limited supervision wherein the work assignments are varied, and the worker plans and organizes the work, and determines priorities based on established procedures, practices, and precedents.

EXAMPLES OF WORK: (not intended to be all inclusive)

- Acquires, manages, manipulates and analyzes data from SQL or other databases to create data files for research projects and report results.
- Evaluates methodologies.
- Directs activities involved in clinical quality management.
- Provides direction and leadership to subrecipients and facilitates performance improvement planning, implementation, monitoring and evaluation.
- Develops and updates the program's Quality Management Plan and develops the policies, procedures and objectives related to this plan's development and implementation.
- Directs the development of evaluation tools that will produce quantitative and qualitative data and findings to validate compliance with local standards of care for services approved in the TGA.
- Solves problem issues with current and planned systems as they relate to the integration and management of patient data.
- Analyzes reports of data duplicates or other errors to provide ongoing appropriate interdepartmental communication, and monthly or daily data reports.
- Monitors for time and accurate completion of select data elements.
- Participates as an active member of the Ryan White team and attends related meetings.
- Leads Ryan White supported quality efforts.

- Develops and implements mechanisms to track annual caps on charges for Ryan White qualifying patients.
- Reviews data entry to ensure accuracy, correct billing to Ryan White grants.
- Conducts period chart audits.
- Participates in the Jacksonville Transitional Grant Area Network Quality Committee and develops Standards of Care.

KNOWLEDGE, SKILLS, AND ABILITIES:

- Knowledge of general principles and practices of analyzing data and report results.
- Knowledge of current trends, research, and issues in treatment and prevention as they relate to Quality Assurance/Quality Management/Quality Improvement in public health care systems
- Knowledge of information sources of and data collection methods related to the integration and management of patient data.
- Knowledge of federal, state and local human service programs and grant sources.
- Knowledge of applicable human service laws, rules and regulations.
- Knowledge of contract administration practices and principles.
- Knowledge of principles of customer service.
- Skill in interviewing and data-gathering techniques.
- Skill in data analysis to include quantitative and qualitative statistical techniques.
- Skill in researching, analyzing, interpreting and applying related federal, state and local laws, rules and regulations.
- Ability to operate standard office equipment such as personal computers and use software applications.
- Ability to perform mathematical calculations and accounting concepts.
- Ability to accurately aggregate and report data in computerized format.
- Ability to collaborate effectively with others.
- Ability to perform independently a wide variety of assigned tasks.
- Ability to operate a motor vehicle.

OPEN REQUIREMENTS: Bachelor's Degree in Social Psychology, Social Welfare, Public Health Administration, Health Care Administration, or related field is required with an additional one (1) year of responsible administrative technical experience in statistical research or all aspects of grant data analysis of local, state and federal reports. Experience with the Ryan White grant is preferred.

PROMOTIONAL REQUIREMENTS: None.

LICENSING/CERTIFICATION/REGISTRATION: A valid driver's license is required prior to appointment & must be maintained. City of Jacksonville Public Driver Certification must qualify for prior to appointment, obtain and maintain during employment.

OTHER REQUIREMENTS: None.

CLASS SERIES: This is a specialized class; not part of a class series.

APPROVED: 3/11/21

REVISED:



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
 FAIN# H8900039
 Federal Award Date: 03/25/2021

Recipient Information

1. Recipient Name
 CITY OF JACKSONVILLE
 1809 Art Museum Dr
 Jacksonville, FL 32207-2507
2. Congressional District of Recipient
 05
3. Payment System Identifier (ID)
 159600034484
4. Employer Identification Number (EIN)
 596000344
5. Data Universal Numbering System (DUNS)
 004076998
6. Recipient's Unique Entity Identifier
7. Project Director or Principal Investigator
 Sandy Arts
 Program Manager
 sarts@coj.net
 (904)255-3342
8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information
 Marie E Mehaffey
 Grants Management Specialist
 Health Resources and Services Administration
 MMehaffey@hrsa.gov
 (301) 945-3934
10. Program Official Contact Information
 Kristin Athey
 Health Resources and Services Administration
 kathy@hrsa.gov
 (301) 443-7703

Federal Award Information

11. Award Number
 6 H89HA00039-27-01
12. Unique Federal Award Identification Number (FAIN)
 H8900039
13. Statutory Authority
 42 U.S.C. § 300ff-11-20; 300ff-121
14. Federal Award Project Title
 HIV EMERGENCY RELIEF PROJECT GRANTS
15. Assistance Listing Number
 93.914
16. Assistance Listing Program Title
 HIV Emergency Relief Project Grants
17. Award Action Type
 Administrative
18. Is the Award R&D?
 No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2021 - End Date 02/28/2022	
20. Total Amount of Federal Funds Obligated by this Action	\$4,537,015.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$5,886,669.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$5,886,669.00
26. Project Period Start Date 03/01/2021 - End Date 02/28/2022	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$5,886,669.00

28. Authorized Treatment of Program Income
 Addition
29. Grants Management Officer – Signature
 Brad Barney on 03/25/2021

30. Remarks

This award includes the following sources of funding:

- FY21 MAI - \$501,031
- FY21 FRML - \$3,609,497
- FY21 SUPPL - \$1,776,141
- Total Funding - \$5,886,669



Notice of Award
Award Number: 6 H89HA00039-27-01
Federal Award Date: 03/25/2021

Health Resources and Services Administration

<p>31. APPROVED BUDGET: (Excludes Direct Assistance)</p> <p><input checked="" type="checkbox"/> Grant Funds Only</p> <p><input type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$5,886,669.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$5,886,669.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$5,886,669.00</td></tr> </table>	a. Salaries and Wages:	\$0.00	b. Fringe Benefits:	\$0.00	c. Total Personnel Costs:	\$0.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$0.00	g. Travel:	\$0.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$0.00	j. Consortium/Contractual Costs:	\$0.00	k. Trainee Related Expenses:	\$0.00	l. Trainee Stipends:	\$0.00	m. Trainee Tuition and Fees:	\$0.00	n. Trainee Travel:	\$0.00	o. TOTAL DIRECT COSTS:	\$5,886,669.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	q. TOTAL APPROVED BUDGET:	\$5,886,669.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$5,886,669.00	<p>33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">YEAR</th> <th style="text-align: center;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table> <p>35. FORMER GRANT NUMBER BRH890039</p> <p>36. OBJECT CLASS 41.15</p> <p>37. BHCMI#</p>	YEAR	TOTAL COSTS	Not applicable		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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<p>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$5,886,669.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$1,349,654.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$4,537,015.00</td></tr> </table>		a. Authorized Financial Assistance This Period	\$5,886,669.00	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	\$1,349,654.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$4,537,015.00																																				
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<p>38. 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:</p> <p>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</p>																																																			
<p>39. ACCOUNTING CLASSIFICATION CODES</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">FY-CAN</th> <th style="text-align: center;">CFDA</th> <th style="text-align: center;">DOCUMENT NUMBER</th> <th style="text-align: center;">AMT. FIN. ASST.</th> <th style="text-align: center;">AMT. DIR. ASST.</th> <th style="text-align: center;">SUB PROGRAM CODE</th> <th style="text-align: center;">SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">21 - 3772306</td> <td style="text-align: center;">93.914</td> <td style="text-align: center;">21H89HA00039</td> <td style="text-align: right;">\$2,374,827.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: center;">FRML</td> <td style="text-align: center;">21H89HA00039</td> </tr> <tr> <td style="text-align: center;">21 - 3772307</td> <td style="text-align: center;">93.914</td> <td style="text-align: center;">21H89HA00039</td> <td style="text-align: right;">\$1,776,141.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: center;">SUPPL</td> <td style="text-align: center;">21H89HA00039</td> </tr> <tr> <td style="text-align: center;">21 - 3772305</td> <td style="text-align: center;">93.914</td> <td style="text-align: center;">21H89HA00039</td> <td style="text-align: right;">\$386,047.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: center;">MAI</td> <td style="text-align: center;">21H89HA00039</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	21 - 3772306	93.914	21H89HA00039	\$2,374,827.00	\$0.00	FRML	21H89HA00039	21 - 3772307	93.914	21H89HA00039	\$1,776,141.00	\$0.00	SUPPL	21H89HA00039	21 - 3772305	93.914	21H89HA00039	\$386,047.00	\$0.00	MAI	21H89HA00039																						
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HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2021 (FY21) funding based on HRSA's FY21 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

Program Specific Term(s)

1. Requirements regarding the timeframe for obligation and expenditure of formula and supplemental RWHAP funds within the designated timeframe, including the requirement to submit an estimated unobligated balance and carryover request prior to the end of the grant year, and associated penalties are waived for FY 2020 and FY 2021. Recipients are still required to submit a final FFR.
2. Recipients are required to participate in the development of the Statewide Coordinated Statement of Need (SCSN) as facilitated by the RWHAP Part B recipient. As the HRSA guidance for the Integrated HIV Prevention and Care Plan indicates the SCSN is a component of the Integrated HIV Prevention and Care Plan, <http://hab.hrsa.gov/manageyourgrant/hivpreventionplan062015.pdf>, due to HRSA and CDC in September 2016. Therefore, recipients are required to participate in the Integrated HIV Prevention and Care Plan development.

Reporting Requirement(s)

1. **Due Date: Within 90 Days of Award Issue Date**
The recipient must submit a FY 2021 Program Submission no later than 90 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.
2. **Due Date: Within 90 Days of Award Issue Date**
The recipient must submit a FY 2021 Program Terms Report no later than 90 days after the receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.
3. **Due Date: 05/29/2021**
The recipient must submit a Final FY 2021 Part A Annual Progress Report no later than 90 days after the budget period end date, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

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

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Brian Hopkins	Employee	brian@neptech.net
Sandy Arts	Program Director	sarts@coj.net

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/>).