



**Recipient Information**

- 1. **Recipient Name**  
DENVER CITY & COUNTY MAYOR'S OFFICE  
200 W 14th Ave  
Denver, CO 80204-2732
- 2. **Congressional District of Recipient**  
01
- 3. **Payment System Identifier (ID)**  
1846000582A1
- 4. **Employer Identification Number (EIN)**  
846000582
- 5. **Data Universal Numbering System (DUNS)**  
145454687
- 6. **Recipient's Unique Entity Identifier**  
NHCESD6KEFH1
- 7. **Project Director or Principal Investigator**  
Robert George  
Robert.George2@DenverGov.org  
(720)560-1294
- 8. **Authorized Official**

**Federal Agency Information**

- 9. **Awarding Agency Contact Information**  
Marie E Mehaffey  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
MMehaffey@hrsa.gov  
(301) 945-3934
- 10. **Program Official Contact Information**  
Lennwood Green  
HIV/AIDS Bureau (HAB)  
lgreen@hrsa.gov  
(301) 443-5431

**Federal Award Information**

- 11. **Award Number**  
6 H89HA00027-29-01
- 12. **Unique Federal Award Identification Number (FAIN)**  
H8900027
- 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 03/01/2022 - End Date 02/28/2023	
20. Total Amount of Federal Funds Obligated by this Action	\$5,305,166.00
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	\$7,789,733.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$7,789,733.00
26. Project Period Start Date 03/01/2022 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$7,789,733.00

- 28. **Authorized Treatment of Program Income**  
Addition
- 29. **Grants Management Officer – Signature**  
Brad Barney on 05/20/2022

**30. Remarks**

This award consists of the following amounts:  
 FY22 MAI – \$408,845  
 FY22 FRML - \$4,863,347  
 FY22 SUPPL - \$2,517,541  
 Total Funding – \$7,789,733



Notice of Award  
Award Number: 6 H89HA00027-29-01  
Federal Award Date: 05/20/2022

**HIV/AIDS Bureau (HAB)**

**31. APPROVED BUDGET: (Excludes Direct Assistance)**

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:	\$7,789,733.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$7,789,733.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$7,789,733.00

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

YEAR	TOTAL COSTS
30	\$7,789,733.00
31	\$7,789,733.00

**34. 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 Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>

**35. FORMER GRANT NUMBER**  
BRH890027

**36. OBJECT CLASS**  
41.15

**37. BHCNIS#**

**32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	<b>\$7,789,733.00</b>
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$2,484,567.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$5,305,166.00</b>

**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 statute 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
22 - 3771356	93.914	22H89HA00027	\$2,505,214.00	\$0.00	FRML	22H89HA00027
22 - 3771357	93.914	22H89HA00027	\$2,517,541.00	\$0.00	SUPPL	22H89HA00027
22 - 3771355	93.914	22H89HA00027	\$282,411.00	\$0.00	MAI	22H89HA00027

## 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. 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 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 subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds. To meet the monitoring requirements, RWHAP Parts A and B recipients must conduct annual subrecipient site visits. Note: this term supersedes Program Specific term #24 included in your initial fiscal year 2022 (FY22) Notice of Award.
2. RWHAP Part A recipients are required to meet specific legislative, programmatic, and grant regulations requirements regarding the monitoring of both their grant and their subrecipients. Guidance for compliance is detailed in the National Monitoring Standards for RWHAP recipients. (<https://ryanwhite.hrsa.gov/grants/manage/recipient-resources>). Note: this term supersedes Program Specific term #21 included in your initial fiscal year 2022 (FY22) Notice of Award.

### Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2022 (FY22) funding based on HRSA's FY2022 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. Recipients must submit an annual Non-Competing Continuation (NCC) progress report via the HRSA EHBs within 150 days prior to the budget period end date. Please refer to HRSA EHBs for the specific due date. Submission and HRSA approval of this NCC progress report triggers the budget period renewal and release of subsequent year funds. Note: this term supersedes Grant Specific term #1 included in your initial fiscal year 2022 (FY22) Notice of Award.

### Reporting Requirement(s)

#### 1. Due Date: Within 60 Days of Award Release Date

The recipient must submit a FY 2022 Program Submission no later than 60 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

#### 2. Due Date: 12/09/2022

The recipient must submit the Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, CY 2022-2026, consistent with the Centers for Disease Control and Prevention and Health Resources and Services Administration's Integrated HIV Prevention and Care Plan Guidance, including the Statement Coordinated Statement of Need, CY 2022-2026. The guidance is available online: <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/integrated-hiv-guidance-6-2021.pdf>.

**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
Robert George	Program Director	robert.george2@denvergov.org

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/>).