

<b>1. DATE ISSUED:</b> 03/13/2018		<b>2. PROGRAM CFDA:</b> 93.914		 <p><b>HRSA</b> Health Resources and Services Administration</p> <p><b>NOTICE OF AWARD</b> AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title XXVI, Section 2603b Public Health Service Act Section 2603(b), 42 U.S.C 300ff-13(b) FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-ff-11 et seq (as amended), Part A Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) Public Health Service Act, Sections 2601-2610 Public Health Service Act, Sections 2601-2610 (42 USC 300ff-11 – 300ff-20), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) Public Health Service Act, Sections 2601-2610, and 2693(b)(2)(A) (42 USC 300ff-11 – 300ff-20, and 300ff-121(b)(2)(A)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)</p>																																																			
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 01/26/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																							
<b>4a. AWARD NO.:</b> 6 H89HA00027-25-01		<b>4b. GRANT NO.:</b> H89HA00027	<b>5. FORMER GRANT NO.:</b> BRH890027																																																				
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 04/04/1994 <b>THROUGH:</b> 02/28/2019																																																							
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2018 <b>THROUGH:</b> 02/28/2019																																																							
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> HIV EMERGENCY RELIEF PROJECT GRANTS																																																							
<b>9. GRANTEE NAME AND ADDRESS:</b> DENVER CITY & COUNTY MAYOR'S OFFICE 200 W 14th Ave Denver, CO 80204-2732 <b>DUNS NUMBER:</b> 145454687		<b>10. DIRECTOR:</b> (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Anthony E Stamper DENVER CITY & COUNTY MAYOR'S OFFICE Division Line: Environmental Health/Denver Office of HIV Resources 200 W 14th Ave Denver, CO 80204-2732																																																					
<b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>																																																					
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		<b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																																					
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<b>15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b> <b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b> <span style="float: right;"><b>[A]</b></span> Estimated Program Income: \$0.00																																																							
<b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b> 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.																																																							
<b>REMARKS:</b> (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)																																																							
This award includes the following sources of funding:																																																							

FY18 Formula - \$3,408,790  
FY18 MAI - \$164,622

Total Funding - **\$3,573,412**

*Electronically signed by Brad Barney , Grants Management Officer on : 03/13/2018*

17. OBJ. CLASS: 41.15    18. CRS-EIN: 1846000582A1    19. FUTURE RECOMMENDED FUNDING: \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
18 - 3773007	93.914	18H89HA00027	\$1,841,244.00	\$0.00	FRML	HIV1-18
18 - 3773006	93.914	18H89HA00027	\$88,586.00	\$0.00	MAI	HIV1-18

## 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/WebEPSExternal/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 revised Notice of Award (NoA) provides additional FY18 funding for the purposes of continuation of services and is based on need to avoid any interruption of providing services to HIV individuals. All prior terms and conditions remain in effect unless specifically removed.

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
Anthony E Stamper	Program Director	anthony.stamper@denvergov.org

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Luigi Procopio at:

MailStop Code: 09W09D  
HAB - DMHAP  
5600 Fishers Ln  
RM 09W09D  
Rockville, MD, 20852-1750  
Email: [Lprocopio@hrsa.gov](mailto:Lprocopio@hrsa.gov)  
Phone: (301) 443-0262  
Fax: (301) 443-5271

### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Patryce Peden at:

HRSA/OFAM/DGMO/HRHB  
5600 Fishers Ln  
Rockville, MD, 20852-1750  
Email: [PPeden@hrsa.gov](mailto:PPeden@hrsa.gov)  
Phone: (301) 443-2277

**Contract Control Number:**

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at Denver, Colorado as of

SEAL

**CITY AND COUNTY OF DENVER**

ATTEST:

By \_\_\_\_\_

\_\_\_\_\_

APPROVED AS TO FORM:

REGISTERED AND COUNTERSIGNED:

By \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_



**Contract Control Number:**

By: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_  
(please print)

**ATTEST: [if required]**

By: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_  
(please print)

