



**Recipient Information**

- 1. Recipient Name**  
Wake County Department of Health  
10 Sunnybrook Rd, Clinic A  
Raleigh, NC 27610-1808
- 2. Congressional District of Recipient**  
13
- 3. Payment System Identifier (ID)**  
1566000347A1
- 4. Employer Identification Number (EIN)**  
566000347
- 5. Data Universal Numbering System (DUNS)**  
170300755
- 6. Recipient's Unique Entity Identifier**  
GG5QAJEUHLT4
- 7. Project Director or Principal Investigator**  
Christopher Sellers  
csellers@med.unc.edu  
(919)475-3987
- 8. Authorized Official**

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Dhendup Sherpa  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
dsherpa@hrsa.gov  
(301) 443-3462
- 10. Program Official Contact Information**  
Jacquelyn Geier Sesonga  
HIV/AIDS Bureau (HAB)  
JGeier@hrsa.gov  
(301) 443-8234

**Federal Award Information**

- 11. Award Number**  
6 H76HA01720-21-03
- 12. Unique Federal Award Identification Number (FAIN)**  
H7601720
- 13. Statutory Authority**  
42 U.S.C. § 300ff-51-67; 300ff-121
- 14. Federal Award Project Title**  
Ryan White Part C Outpatient EIS Program
- 15. Assistance Listing Number**  
93.918
- 16. Assistance Listing Program Title**  
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease
- 17. Award Action Type**  
Administrative
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 05/01/2024 - End Date 04/30/2025</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$14,679.00</b>
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	\$633,978.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$633,978.00</b>
<b>26. Project Period Start Date 05/01/2022 - End Date 04/30/2025</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	<b>\$1,872,576.00</b>

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Adejumoke Oladele on 08/01/2024

**30. Remarks**



Notice of Award  
Award Number: 6 H76HA01720-21-03  
Federal Award Date: 08/01/2024

**HIV/AIDS Bureau (HAB)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b>	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> 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:	\$633,978.00
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:	\$633,978.00
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:	\$633,978.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$633,978.00

<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>	
a. Authorized Financial Assistance This Period	<b>\$633,978.00</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	\$619,299.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$14,679.00</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
24 - 3770891	93.918	22H76HA01720	\$14,679.00	\$0.00	N/A	22H76HA01720

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

YEAR	TOTAL COSTS
	Not applicable

<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b>	
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**

**36. OBJECT CLASS**  
41.51

**37. BHCNIS#**

## 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)

- Supplemental funding of \$14,679 has been placed in the OTHER budget category.

### Program Specific Term(s)

- In Fiscal Year (FY) 2023, due to relinquishments, award reductions, and closeouts occurred among RWHAP Part C EIS program recipients and unawarded FY 2023 new EIS service area; availability of funds occurred. As a result in FY 2024 HRSA HAB will distribute these supplemental funds across the current cohort for 351 out of the 357 RWHAP Part C EIS recipients. HRSA used the established funding methodology for determining the supplemental awards, but excluded recipients that had at least 25 percent cumulative unobligated balances at the end of FY2018-2021 period of performance and an annual unobligated balance greater than 25 percent for at least three of these four budget periods. These exclusions are intended to ensure that the supplemental funding is put to use as expeditiously as possible in order to serve RWHAP clients.

### Reporting Requirement(s)

- Due Date: Within 60 Days of Award Release Date**

Submit a Ryan White HIV/AIDS Program Allocation Report by September 30, 2024.

**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
Michael A Mcneill	Employee	michael.mcneill@wake.gov
Christopher Sellers	Program Director	csellers@med.unc.edu

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/>).