



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 1 NU58DP007293-01-00

FAIN# NU58DP007293

Federal Award Date: 09/09/2022

Recipient Information

1. Recipient Name

ALBANY COUNTY OFFICE BUILDINGS
175 Green St
Public Health Planning&Educati
Albany, NY 12202-2011

2. Congressional District of Recipient

20

3. Payment System Identifier (ID)

1146002563A1

4. Employer Identification Number (EIN)

146002563

5. Data Universal Numbering System (DUNS)

060536653

6. Recipient's Unique Entity Identifier (UEI)

H16ACDZQPYM4

7. Project Director or Principal Investigator

Mr. Charles H Welge
Charles.Welge@albanycountyny.gov
518-447-4693

8. Authorized Official

Ms. Shelleisha Salmon-Gordon
Shelleisha.Salmon-Gordon@albanycountyny.gov
518-447-4675

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Reginald Simpson
Grants Management Specialist
sqv8@cdc.gov
678-475-4971

10. Program Official Contact Information

Antwuanette Daniel
Program Support Staff
nty3@cdc.gov
4046394740

Federal Award Information

11. Award Number

1 NU58DP007293-01-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP007293

13. Statutory Authority

Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12

14. Federal Award Project Title

Reducing chronic disease health disparities and improving the health of at-risk Albany County residents through the establishment and implementation of a Social Determinants of Health Accelerator Plan

15. Assistance Listing Number

93.945

16. Assistance Listing Program Title

Assistance Programs for Chronic Disease Prevention and Control

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2022 - End Date 09/29/2023

20. Total Amount of Federal Funds Obligated by this Action

\$125,000.00

20a. Direct Cost Amount

\$125,000.00

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

\$0.00

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

\$125,000.00

26. Period of Performance Start Date 09/30/2022 - End Date 09/29/2027

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance

\$125,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Pamela Render
Grants Management Officer

30. Remarks



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Universal Numbering System (DUNS)

060536653

Recipient's Unique Entity Identifier (UEI)

H16ACDZQPYM4

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$26,343.00
b. Fringe Benefits	\$15,674.00
c. Total Personnel Costs	\$42,017.00
d. Equipment	\$0.00
e. Supplies	\$30,983.00
f. Travel	\$1,000.00
g. Construction	\$0.00
h. Other	\$27,000.00
i. Contractual	\$24,000.00
j. TOTAL DIRECT COSTS	\$125,000.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$125,000.00
m. Federal Share	\$125,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390JWG	22NU58DP007293	DP	41.51	93.945	\$125,000.00	75-22-0948



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FAIN# NU58DP007293

Federal Award Date: 09/09/2022

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

ALBANY COUNTY OFFICE BUILDINGS

1 NU58DP007293-01-00

1. Year 01 Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **CDC-RFA-DP22-2210**, entitled **Closing the Gap with Social Determinant of Health Accelerators Plans**, and application dated **July 8, 2022**, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of **\$125,000** is approved for the Year 01 budget period, which is September 30, 2022 through September 29, 2023. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Financial Assistance Mechanism: Grant

Budget Revision Requirement: By **October 31, 2022**, the recipient must submit a revised budget with a narrative justification. Please use the link below for the level of detail that is required for your budget revision: <https://www.cdc.gov/grants/documents/budget-preparation-guidance.pdf>

1. **Travel** - Dollars requested in the Travel category should be for recipient staff travel only. Travel for consultants should be shown in the Consultant category. Travel for other participants (e.g., advisory committees, review panel, etc.) should be itemized as specified below and placed on the Other category. For In-State Travel, provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trips, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem, as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation, when applicable.
2. **Supplies** - Individually list each item requested, and provide the following information: 1) specify the type of item, as appropriate; 2) number needed; 3) unit cost of each item; and 4) total amount requested. If appropriate, General office supplies may be shown by an estimated amount per month times the number of months in the budget category. Also, provide a justification for the use of each item and relate it to specific program objectives.
3. **Equipment** - Equipment is defined as tangible, non-expendable personal property (including exempt property) that has a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. . However, in circumstances where your organization has a lower threshold, you may work with your CDC Grants Management

Officer to establish a threshold that is consistent with your organization's policy.

4. **Consultants** - Approval to initiate or continue program activities through the services of a consultant requires submission of the following information to CDC for each consultant:

1. Name of Consultant: Identify the name of the consultant and describe his or her qualifications.
2. Organizational Affiliation (if applicable): Identify the organization affiliation of the consultant.
3. Nature of Services to Be Rendered: Describe the consultation that will be provided, including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreements should not be sent to CDC.
4. Relevance of Service to the Project: Describe how the consultant services relate to the accomplishment of specific program objectives.
5. Number of Days of Consultation (basis for fee): Specify the total number of days of consultation.
6. Expected Rate of Compensation: Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs (e.g., travel, per diem, supplies, and other related expenses) and list a subtotal.
7. Method of Accountability: Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

If the required information described above is not known at the time the application is submitted, the information may be submitted later as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

5. **Contractual Costs**: Approval by CDC to utilize funds and initiate program activities through the services of a contractor requires the submission of the following information for each contract to CDC:

1. Name of Contractor: Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. Method of Selection: State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. Period of Performance: Specify the beginning and ending dates of the contract.
4. Scope of Work: Describe the specific services/tasks to be performed by the contractor and relate them to the accomplishment of program objectives. Deliverables should be clearly defined.
5. Method of Accountability: Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used. If the information described above is not known at the time the application is submitted, the information may be submitted later as a revision to the budget.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions: Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Indirect Costs: Indirect Costs are not requested as a provision of this award.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services

Pamela Render, Grants Management Officer

Centers for Disease Control and Prevention

Branch 5 Supporting Chronic Diseases and Injury Prevention

Email: plr3@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services

Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhtips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.