



Recipient Information

1. Recipient Name

Monterey County Health Department
168 W Alisal St Fl 2
Salinas, CA 93901-2487
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2. Congressional District of Recipient

20

3. Payment System Identifier (ID)

1946000524A5

4. Employer Identification Number (EIN)

946000524

5. Data Universal Numbering System (DUNS)

076298439

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Dr. Krista Deanne Hanni
hannikd@co.monterey.ca.us
831-755-4586

8. Authorized Official

Elsa Jimenez
Jimenezem@co.monterey.ca.us
8317554526

Federal Agency Information

OASH Grants and Acquisitions Management Division

9. Awarding Agency Contact Information

Miss Robin Fuller
Senior Grants Management Specialist
robin.fuller@hhs.gov
240-453-8830

10. Program Official Contact Information

Bridget Kerner
Project Officer
bridget.kerner@hhs.gov
301-348-3557

Federal Award Information

11. Award Number

6 CPIMP211281-01-01

12. Unique Federal Award Identification Number (FAIN)

CPIMP211281

13. Statutory Authority

42 U.S.C. § 300u-6, (Section 1707 of the Public Health Service Act)

14. Federal Award Project Title

VIDA (Virus Integration Distribution of Aid): A Community Health Worker COVID-19 Outreach and Education Project to improve Health Literacy in Monterey County, California

15. Assistance Listing Number

93.137

16. Assistance Listing Program Title

Community Program to Improve Minority Health

17. Award Action Type

NOA Revision with 424

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	07/01/2021	- End Date	06/30/2023
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
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			\$3,952,437.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$3,952,437.00
26. Project Period Start Date	07/01/2021	- End Date	06/30/2023
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period			Not Available

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Dr. Scott Moore
OASH Grants Management Officer

30. Remarks

This action provides approval to the change in organization title on the original NOA to the official CCR title in SAM Monterey, County of. All prior Terms and Conditions remain in effect, unless specifically removed.



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20	
Payment Account Number and Type	
1946000524A5	
Employer Identification Number (EIN) Data	
946000524	
Universal Numbering System (DUNS)	
076298439	
Recipient's Unique Entity Identifier	
Not Available	
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	\$158,515.96
b. Fringe Benefits	\$73,648.10
c. Total Personnel Costs	\$232,164.06
d. Equipment	\$24,476.06
e. Supplies	\$4,400.00
f. Travel	\$3,000.00
g. Construction	\$0.00
h. Other	\$3,661,992.86
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$3,926,032.98
k. INDIRECT COSTS	\$26,404.02
l. TOTAL APPROVED BUDGET	\$3,952,437.00
m. Federal Share	\$3,952,437.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-199CVBE	CPIMP1281C5	MPD-52	41.51	\$0.00	75-2122-0140