



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

## Notice of Award

Award# 6 CPIMP211281-01-01

FAIN# CPIMP211281

Federal Award Date: 08/11/2021

**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**

<b>19. Budget Period Start Date</b>	07/01/2021	<b>- End Date</b>	06/30/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$3,952,437.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$3,952,437.00
<b>26. Project Period Start Date</b>	07/01/2021	<b>- End Date</b>	06/30/2023
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			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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Recipient Information		33. Approved Budget (Excludes Direct Assistance)			
<b>Recipient Name</b> Monterey County Health Department 168 W Alisal St Fl 2 Salinas, CA 93901-2487 --		I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation			
<b>Congressional District of Recipient</b> 20		<b>a. Salaries and Wages</b>	\$158,515.96		
<b>Payment Account Number and Type</b> 1946000524A5		<b>b. Fringe Benefits</b>	\$73,648.10		
<b>Employer Identification Number (EIN) Data</b> 946000524		<b>c. Total Personnel Costs</b>	\$232,164.06		
<b>Universal Numbering System (DUNS)</b> 076298439		<b>d. Equipment</b>	\$24,476.06		
<b>Recipient's Unique Entity Identifier</b> Not Available		<b>e. Supplies</b>	\$4,400.00		
<b>31. Assistance Type</b> Project Grant		<b>f. Travel</b>	\$3,000.00		
<b>32. Type of Award</b> Other		<b>g. Construction</b>	\$0.00		
		<b>h. Other</b>	\$3,661,992.86		
		<b>i. Contractual</b>	\$0.00		
		<b>j. TOTAL DIRECT COSTS</b>	\$3,926,032.98		
		<b>k. INDIRECT COSTS</b>	\$26,404.02		
		<b>l. TOTAL APPROVED BUDGET</b>	\$3,952,437.00		
		<b>m. Federal Share</b>	\$3,952,437.00		
		<b>n. Non-Federal Share</b>	\$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