

# **EXHIBIT C**

<b>ATTACHMENT</b>	<b>ITEM</b>
<b>A</b>	<b>County Vendor Affidavits</b>
<b>B</b>	<b>State Public Entity Crimes Statement</b>
<b>C.1</b>	<b>Miami-Dade County Ryan White Program Subcontractor/Supplier Listing – FY 2022</b>
<b>C.2</b>	<b>Miami-Dade County Ryan White Program Subcontractor Payment Report – FY 2022</b>
<b>D</b>	<b>Collusion Affidavit</b>
<b>E</b>	<b>Due Diligence Affidavit</b>
<b>F</b>	<b>Authorized Signature Form</b>
<b>G</b>	<b>Federal Subaward Notification</b>



**2. MIAMI-DADE COUNTY EMPLOYMENT DISCLOSURE AFFIDAVIT**

(County Ordinance No. 90-133, amending Section 2.8-1(d)(2) of the Miami-Dade County Code)

The following information is for compliance with all items in the aforementioned Section:

1. Does your firm have a collective bargaining agreement with its employees?      Yes \_\_\_\_\_ No \_\_\_\_\_
2. Does your firm provide paid health care benefits for its employees?      Yes \_\_\_\_\_ No \_\_\_\_\_
3. Provide a current breakdown (number of persons) in your firm's work force indicating race, national origin and gender.

		NUMBER OF EMPLOYEES	
		<i>Males</i>	<i>Females</i>
	<b>White</b>		
	<b>Black</b>		
	<b>Hispanic</b>		
	<b>Asian/Pacific Islander</b>		
	<b>Native American/Alaskan Native</b>		
	<b>Other</b>		
<b>Total Number of Employees</b>			
		<b>Total Employees</b>	

**3. MIAMI-DADE COUNTY EMPLOYMENT DRUG-FREE WORKPLACE CERTIFICATION**

(Section 2-8.1.2(b) of the Miami- Dade County Code)

All persons and entities that contract with Miami-Dade County are required to certify that they will maintain a drug-free workplace and such persons and entities are required to provide notice to employees and to impose sanctions for drug violations occurring in the workplace.

In compliance with Ordinance No. 92-15 of the Code of Miami-Dade County, the above named firm is providing a drug-free workplace. A written statement to each employee shall inform the employee about:

1. Danger of drug abuse in the workplace
2. The firms' policy of maintaining a drug-free environment at all workplaces
3. Availability of drug counseling, rehabilitation and employee assistance programs
4. Penalties that may be imposed upon employees for drug abuse violations

The firm shall also require an employee to sign a statement, as a condition of employment that the employee will abide by the terms of the drug-free workplace policy and notify the employer of any criminal drug conviction occurring no later than five (5) days after receiving notice of such conviction and impose appropriate personnel action against the employee up to and including termination. Firms may also comply with the County's Drug Free Workplace Certification where a person or entity is required to have a drug-free workplace policy by another local, state or federal agency, or maintains such a policy of its own accord and such policy meets the intent of this ordinance.

**4. MIAMI-DADE COUNTY DISABILITY AND NONDISCRIMINATION AFFIDAVIT**

(Article 1, Section 2-8.1.5 Resolution R182-00 Amending R-385-95 of the Miami-Dade County Code)

Firms transacting business with Miami-Dade County shall provide an affidavit indicating compliance with all requirements of the Americans with Disabilities Act (A.D.A.).

I, state that this firm, is in compliance with and agrees to continue to comply with, and assure that any subcontractor, or third party contractor shall comply with all applicable requirements of the laws including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (A.D.A.), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. Sections 225 and 611 including Titles I, II, III, IV and V.

The Rehabilitation Act of 1973, 29 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

I, hereby affirm that I am in compliance with the below sections:

Section 2-10.4(4)(a) of the Code of Miami-Dade County (Ordinance No. 82-37), which requires that all properly licensed architectural, engineering, landscape architectural, and land surveyors have an affirmative action plan on file with Miami-Dade County.

Section 2-8.1.5 of the Code of Miami-Dade County, which requires that firms that have annual gross revenues in excess of five (5) million dollars have an affirmative action plan and procurement policy on file with Miami-Dade County. Firms that have a Board of Directors that are representative of the population make-up of the nation may be exempt.

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**5. MIAMI-DADE COUNTY DEBARMENT DISCLOSURE AFFIDAVIT**

(Section 10.38 of the Miami-Dade County Code)

Firms wishing to do business with Miami-Dade County must certify that its contractors, subcontractors, officers, principals, stockholders, or affiliates are not debarred by the County before submitting a bid.

I, confirm that none of this firms agents, officers, principals, stockholders, subcontractors or their affiliates are debarred by Miami-Dade County.

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**6. MIAMI-DADE COUNTY VENDOR OBLIGATION TO COUNTY AFFIDAVIT**

(Section 2-8.1 of the Miami-Dade County Code)

Firms wishing to transact business with Miami-Dade County must certify that all delinquent and currently due fees, taxes and parking tickets have been paid and no individual or entity in arrears in any payment under a contract, promissory note or other document with the County shall be allowed to receive any new business.

I, confirm that all delinquent and currently due fees or taxes including, but not limited to, real and personal property taxes, convention and tourist development taxes, utility taxes, and Local Business Tax Receipt collected in the normal course by the Miami-Dade County Tax Collector and County issued parking tickets for vehicles registered in the name of the above firm, have been paid.

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**7. MIAMI-DADE COUNTY CODE OF BUSINESS ETHICS AFFIDAVIT**

(Article 1, Section 2-8.1(i) and 2-11(b)(1) of the Miami-Dade County Code through (6) and (9) of the County Code and County Ordinance No 00-1 amending Section 2-11.1(c) of the County Code)

Firms wishing to transact business with Miami-Dade County must certify that it has adopted a Code that complies with the requirements of Section 2-8.1 of the County Code. The Code of Business Ethics shall apply to all business that the contractor does with the County and shall, at a minimum; require the contractor to comply with all applicable governmental rules and regulations.

I confirm that this firm has adopted a Code of business ethics which complies with the requirements of Sections 2-8.1 of the County Code, and that such code of business ethics shall apply to all business that this firm does with the County and shall, at a minimum, require the contractor to comply with all applicable governmental rules and regulations.

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**8. MIAMI-DADE COUNTY FAMILY LEAVE AFFIDAVIT**

(Article V of Chapter 11, of the Miami-Dade County Code)

Firms contracting business with Miami-Dade County, which have more than fifty (50) employees for each working day during each of twenty (20) or more work weeks in the current or preceding calendar year, are required to certify that they provide family leave to their employees.

Firms with less than the number of employees indicated above are exempt from this requirement, but must indicate by letter (signed by an authorized agent) that it does not have the minimum number of employees required by the County Code.

I confirm that if applicable, this firm complies with Article V of Chapter 11 of the County Code, which requires that firms contracting business with Miami-Dade County which have more than fifty (50) employees for each working day during each of twenty (20) or more work weeks in the current or preceding calendar year are required to certify that they provide family leave to their employees.

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**9. MIAMI-DADE COUNTY LIVING WAGE AFFIDAVIT**

(Section 2-8.9 of the Miami-Dade County Code)

All applicable contractors entering into a contract with the County shall agree to pay the prevailing living wage required by this section of the County Code.

I confirm that if applicable, this firm complies with Section 2-8.9 of the County Code, which requires that all applicable employers entering a contract with Miami-Dade County shall pay the prevailing living wage required by the section of the County Code.

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**10. MIAMI-DADE COUNTY DOMESTIC LEAVE AND REPORTING AFFIDAVIT**

(Article 8, Section 11A-60 - 11A-67 of the Miami-Dade County Code)

Firms wishing to transact business with Miami-Dade County must certify that it is in compliance with the Domestic Leave Ordinance.

I confirm that if applicable, this firm complies with the Domestic Leave Ordinance. This ordinance applies to employers that have, in the regular course of business, fifty (50) or more employees working in Miami-Dade County for each working day during the current or preceding calendar year.

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**AFFIRMATION**

I, being duly sworn, do attest under penalty of perjury that the entity is in compliance with all requirements outlined in these Miami-Dade County Vendor Affidavits.

I also attest that I will comply with and keep current all statements sworn to in the above affidavits and registration application. I will notify the Miami-Dade County, Vendor Services Section immediately if any of the statements attested hereto are no longer valid.

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(Signature of Affiant)

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(Date)

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Printed Name of Affiant and Title

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**NOTARY PUBLIC INFORMATION**

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me by means of  physical presence or  online

notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ as  
(numeric date) (month) (year) (name of person acknowledging)

\_\_\_\_\_ for \_\_\_\_\_  
(type of authority - e.g., officer, trustee, etc.; or title) (name of party/entity on behalf of whom instrument was executed)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
(notary seal or stamp)

\_\_\_\_\_  
Name (typed, printed, or stamped)  
Notary Public, State of Florida

Personally Known or  Produced Identification

Type of Identification Produced: \_\_\_\_\_



\_\_\_\_\_ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity, has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order.)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND AND THAT I AM REQUIRED TO INFORM THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN [SECTION 287.017, FLORIDA STATUTES](#), FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

\_\_\_\_\_  
(Signature)

**NOTARY PUBLIC INFORMATION**

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me by means of  physical presence or

online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ as  
*(numeric date) (month) (year) (name of person acknowledging)*

\_\_\_\_\_ for \_\_\_\_\_  
*(type of authority - e.g., officer, trustee, etc.; or title) (name of party/entity on behalf of whom instrument was executed)*

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
(notary seal or stamp)

\_\_\_\_\_  
Name *(typed, printed, or stamped)*  
Notary Public, State of Florida

Personally Known or  Produced Identification

Type of Identification Produced: \_\_\_\_\_

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM  
SUBCONTRACTOR/SUPPLIER LISTING - FY 2022**

Full Name of Subrecipient Organization \_\_\_\_\_ FEIN # \_\_\_\_\_

Project/Contract Number \_\_\_\_\_

In accordance with 45 CFR 75.330 of the Uniform Guidance, this form is being used to identify and report the gender, race and ethnicity of this Subrecipient's subcontractors and suppliers, where applicable. This form must be submitted by Miami-Dade County Ryan White Program subrecipients that have a Professional Services Agreement which involves expenditures of \$100,000 or more; all services combined. This Subrecipient shall not change or substitute first tier subcontractors or direct suppliers or the portions of the contract work to be performed or materials to be supplied from those identified, except upon written approval of the County. Enter the word "NONE" under the appropriate heading of this form if no subcontractors or suppliers will be used on the contract. Then, sign the form below.

**(Please duplicate this form if additional space is needed. Submit the completed form(s) only with the final reimbursement request (invoice) for grant fiscal year 2022.)**

Business Name and Address of First Tier Subcontractor/ Sub-consultant	Principal Owner	Scope of Work Performed by Subcontractor/ Sub-consultant	Principal Owner (Enter the number of male and female owners by race/ethnicity)							Employee(s) (Enter the number of male and female employees and the number of employees by race/ethnicity)							
			Gender*		Race/Ethnicity					Gender		Race/Ethnicity					
			M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Native Alaskan	Other	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Native Alaskan
Business Name and Address of First Tier Direct Supplier	Principal Owner	Supplies/Materials/ Services Provided by Supplier	Principal Owner (Enter the number of male and female owners by race/ethnicity)							Employee(s) (Enter the number of male and female employees and the number of employees by race/ethnicity)							
			Gender*		Race/Ethnicity					Gender		Race/Ethnicity					
			M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Native Alaskan	Other	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Native Alaskan

I certify that the representations contained in this Subcontractor/ Supplier listing are to the best of my knowledge true and accurate.

\* Note: If "Gender" above is other than M or F, please enter the number with "O" or "E" here: Subcontractor/Sub-consultant - Other: \_\_\_\_\_. Supplier - Other: \_\_\_\_\_.  
(O = owner; E = employer)

\_\_\_\_\_  
Signature of Subrecipient's Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Date

Sub/Supply List



COLLUSION AFFIDAVIT

(Code of Miami-Dade County Section 2-8.1.1 and 10-33.1) (Ordinance No. 08-113)

BEFORE ME, A NOTARY PUBLIC, personally appeared \_\_\_\_\_ who being duly sworn states: (insert name of affiant)

I am over 18 years of age, have personal knowledge of the facts stated in this affidavit and I am an owner, officer, director, principal shareholder and/or I am otherwise authorized to bind the bidder of this contract.

I state that the bidder or vendor(s) of this contract:

[ ] is not related to any of the other parties bidding in the competitive solicitation, and that the contractor's proposal is genuine and not sham or collusive or made in the interest or on behalf of any person not therein named, and that the contractor has not, directly or indirectly, induced or solicited any other proposer to put in a sham proposal, or any other person, firm, or corporation to refrain from proposing, and that the proposer has not in any manner sought by collusion to secure to the proposer an advantage over any other proposer.

OR

[ ] is related to the following parties who bid in the solicitation which are identified and listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Any person or entity that fails to submit this executed affidavit shall be ineligible for contract award. In the event a recommended contractor identifies related parties in the competitive solicitation its bid shall be presumed to be collusive and the recommended contractor shall be ineligible for award unless that presumption is rebutted by presentation of evidence as to the extent of ownership, control and management of such related parties in the preparation and submittal of such bids or proposals. Related parties shall mean bidders, vendors or proposers or the principals, corporate officers, and managers thereof which have a direct or indirect ownership interest in another bidder, vendor or proposer for the same agreement or in which a parent company or the principals thereof of one (1) bidder, vendor or proposer have a direct or indirect ownership interest in another bidder, vendor or proposer for the same agreement. Bids or proposals found to be collusive shall be rejected.

By: \_\_\_\_\_, 20\_\_\_\_  
Signature of Affiant Date

\_\_\_\_\_  
Printed Name of Affiant and Title Federal Employer Identification Number

\_\_\_\_\_  
Printed Name of Firm Address of Firm

NOTARY PUBLIC INFORMATION

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ as  
*(numeric date) (month) (year) (name of person acknowledging)*  
\_\_\_\_\_  
*(type of authority - e.g., officer, trustee, etc.; or title) (name of party/entity on behalf of whom instrument was executed)*

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
(notary seal or stamp)

\_\_\_\_\_  
Name *(typed, printed, or stamped)*  
Notary Public, State of Florida

Personally Known or  Produced Identification  
Type of Identification Produced: \_\_\_\_\_



DUE DILIGENCE AFFIDAVIT

Subrecipient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Pursuant to Miami-Dade County Resolution No. R-630-13, the undersigned certifies, to the best of his or her knowledge and belief, that:

- 1. Within the past five (5) years, neither the Agency nor its directors, partners, principals, members or board members:
(i) have been sued by a funding source for breach of contract or failure to perform obligations under a contract;
(ii) have been cited by a funding source for non-compliance or default under a contract;
(iii) have been a defendant in a lawsuit based upon a contract with a funding source.

Please list any matters which prohibit the Agency from making the certifications required and explain how the matters are being resolved (use separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_

This is certified by my signature:

\_\_\_\_\_  
Subrecipient Authorized  
Representative's Signature

\_\_\_\_\_  
Print Subrecipient Authorized  
Representative's Name

\_\_\_\_\_  
Date

NOTARY PUBLIC INFORMATION

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ as  
(numeric date) (month) (year) (name of person acknowledging)

\_\_\_\_\_ for \_\_\_\_\_  
(type of authority - e.g., officer, trustee, etc.; or title) (name of party/entity on behalf of whom instrument was executed)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
(notary seal or stamp)

\_\_\_\_\_  
Name (typed, printed, or stamped)  
Notary Public, State of Florida

[ ] Personally Known or [ ] Produced Identification  
Type of Identification Produced: \_\_\_\_\_

(MUST BE PLACED ON SUBRECIPIENT'S LETTERHEAD)

AUTHORIZED SIGNATURE FORM

DATE: \_\_\_\_\_

This form certifies the names, titles and signatures of individuals authorized by the Subrecipient to sign contracts, checks, budget revisions, payment requests, and other requests that may be requested by the Office of Management and Budget-Grants Coordination (OMB) for disbursement of funds. **Attached hereto and incorporated herein is a certified copy of a duly authorized and executed resolution passed by the Subrecipient's Board of Directors that provides for this authorization.** These signature authorizations are retained by the OMB for auditing purposes. Should the Subrecipient desire to change the information on this document, a certified and authorized and executed Resolution describing the desired changes must be submitted to the OMB.

NAME (please type)

TITLE (please type)

SIGNATURE

I. Prime Contracts and Subcontracts

_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Checks (List amount limits)

_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Budget Revision Requests

_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. Payment Requests

_____	_____	_____
_____	_____	_____

**MIAMI-DADE COUNTY  
ENDING THE HIV EPIDEMIC (EHE) INITIATIVE  
FEDERAL SUBAWARD NOTIFICATION  
Fiscal Year 2023-2024 (Year 4)**

In accordance with the 45 CFR § 75.352, as may be amended, the following is official notification from the pass-through entity (COUNTY) to the subrecipient named below regarding the federal subaward for Ending the HIV Epidemic (EHE) Initiative services covering the period of March 1, 2023 through February 29, 2024. These funds are made available in accordance with the United States Health and Human Services Department, Health Resources and Services Administration’s (HRSA) Ending the HIV Epidemic (EHE) multi-year cooperative agreement, and its related legislation and regulations.

1) FEDERAL AWARD IDENTIFICATION:

<b>i</b>	<b>Subrecipient Name:</b> <i>(must match registered name in <a href="http://www.SAM.gov">www.SAM.gov</a> for UEI, see ii below)</i>	
<b>ii</b>	<b>Subrecipient’s Unique Entity Identifier (UEI):</b>	
<b>iii</b>	<b>Unique Federal Award Identification Number (FAIN):</b>	UT833946
<b>iii (b.)</b>	<b>Grant Number:</b>	UT8HA33946
<b>iv (a.)</b>	<b>Federal Award Amount to Pass-Through Entity:</b>	\$4,426,793.00
<b>iv (b.)</b>	<b>Federal Award Date:</b>	3/24/2023
<b>v</b>	<b>Subaward Period of Performance Start and End Date:</b>	March 1, 2023 through February 29, 2024
<b>vi</b>	<b>Amount of Federal Funds Obligated by this action</b> (by the pass-through entity to the subrecipient by this action):	\$
<b>vii</b>	<b>Total Amount of Federal Funds Obligated to the subrecipient</b> [by the pass-through entity including the current obligation]:	\$
<b>viii</b>	<b>Total Amount of the Federal Award</b> [committed to the subrecipient by the pass-through entity]:	\$

**MIAMI-DADE COUNTY  
ENDING THE HIV EPIDEMIC (EHE) INITIATIVE  
FEDERAL SUBAWARD NOTIFICATION  
Fiscal Year 2023-2024 (Year 4)**

ix	<b>Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA):</b>	
x	<b>Name of HHS awarding agency:</b>	U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA)
	<b>Pass-through entity: Contact information for awarding official:</b>	Daniel T. Wall, Assistant Director Miami-Dade County Office of Management and Budget-Grants Coordination 111 N.W. 1 <sup>st</sup> Street, 22 <sup>nd</sup> Floor Miami, FL 33128 Telephone: (305) 375-4742 Email: <a href="mailto:Daniel.Wall@miamidade.gov">Daniel.Wall@miamidade.gov</a>
xi	<b>Catalog of Federal Domestic Assistance (CFDA) Number and Name:</b>	CFDA # 93.686 - Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B; see #4 below.
xii	<b>Is this award a Research and Development (R&amp;D) grant?</b>	No.
xiii	<b>Indirect cost rate for the Federal award (including if the de minimis rate is charged)?</b>	Up to 10% maximum per Ryan White Program legislation; see #5 below.

- 2) All requirements imposed by the pass-through entity (COUNTY) on the SUBRECIPIENT so that the Federal award is used in accordance with Federal statutes, regulations and the terms and conditions of the Federal award are included herewith in the accompanying FY 2023 Professional Services Agreement for Ryan White Program Services, including its Exhibits and Attachments, as may be amended;
- 3) Any additional requirements that the pass-through entity (COUNTY) imposes on the SUBRECIPIENT in order for the pass-through entity to meet its own responsibility to the Federal awarding agency including identification of any required financial and performance reports are also included herewith in the accompanying FY 2023 Professional Services Agreement for Ryan White Program services, including its Exhibits and Attachments, as may be amended;
- 4) In accordance with 45 CFR § 75.352 (a)(1)(xi), as may be amended, the dollar amount made available, Assistance Listing Number (ALN) and Program Name are provided at the

**MIAMI-DADE COUNTY  
ENDING THE HIV EPIDEMIC (EHE) INITIATIVE  
FEDERAL SUBAWARD NOTIFICATION  
Fiscal Year 2023-2024 (Year 4)**

time of each disbursement. Please refer to the REQUEST FOR PAYMENT form for details.

- 5) An approved federally recognized indirect cost rate negotiated between the SUBRECIPIENT and the Federal government will be accepted up to the maximum allowable by Federal Ryan White Program legislation for this Health and Human Service (HHS) Program, as indicated in section 1) xiii above, per 45 CFR § 75.414(c)(1); or, if no such rate exists, either a rate negotiated between the pass-through entity (COUNTY) and the SUBRECIPIENT in compliance with 45 CFR § 75.352; or, a de minimis indirect cost rate as defined in 45 CFR § 75.414(f) Indirect (F&A) costs, paragraph (b) of this Part;
- 6) A requirement that the SUBRECIPIENT permit the pass-through entity (COUNTY) and auditors to have access to the SUBRECIPIENT’s records and financial statements as necessary for the pass-through entity to meet the requirements of this part (45 CFR part 75) are included herewith in the accompanying FY 2023 Professional Services Agreement for Ryan White Program services; and
- 7) Appropriate terms and conditions concerning closeout of this subaward are also included herewith in the accompanying FY 2023 Professional Services Agreement for EHE Initiative services. Additional information will be communicated to SUBRECIPIENT in advance of any related reporting deadlines.

**ADDITIONAL REQUIREMENT REGARDING ACCESS TO RECORDS:**

SUBRECIPIENT permits the COUNTY and auditors to have access to SUBRECIPIENT’s records and financial statements as necessary for the COUNTY to meet the requirements of 45 CFR § 75.352, as may be amended.

The information above regarding this federal subaward is current as of: \_\_\_\_\_.

**For Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program use only:**

**Prepared by:**

**Reviewed by:**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: Courtney Gillens

Name: Daniel T. Wall

Title: Special Projects Administrator II

Title: Assistant Director

Date: Click here to enter text.

Date: Click here to enter text.