Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H4900148
Federal Award Date: 06/02/2026

Recipient Information

1. Recipient Name
GENESEE COUNTY HEALTH DEPARTMENT
630 S Saginaw St
Flint, MI 48502-1525

2. Congressional District of Recipient
08

3. Payment System Identifier (ID)
1386004849A5

4. Employer Identification Number (EIN)
386004849

5. Data Universal Numbering System (DUNS)
619259146

6. Recipient's Unique Entity Identifier
E2J4KM8YBZJ9

7. Project Director or Principal Investigator
Porsha Black
Project Director
pblack@gchd.us
(810)341-5425

8. Authorized Official
Porsha Black
Project Director
pblack@gchd.us
(810)341-5425

Federal Agency Information

9. Awarding Agency Contact Information
Carla Lloyd
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
CLLOYD@HRSA.GOV
(301) 443-0164

10. Program Official Contact Information
Mary L Emanuele
Senior Public Health Analyst
Maternal and Child Health Bureau (MCHB)
memanuele@hrsa.gov
(301) 443-1292

Federal Award Information

11. Award Number
6 H49MC00148-26-01

12. Unique Federal Award Identification Number (FAIN)
H4900148

13. Statutory Authority
42 U.S.C. § 254c-8

14. Federal Award Project Title
Healthy Start Initiative

15. Assistance Listing Number
93.926

16. Assistance Listing Program Title
Healthy Start Initiative

17. Award Action Type
Administrative

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 04/01/2026 - End Date 03/31/2027	
20. Total Amount of Federal Funds Obligated by this Action	$724,450.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	$98,917.00
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$1,088,090.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$1,088,090.00
26. Project Period Start Date 05/01/2024 - End Date 03/31/2029	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$3,702,952.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
James A. Smith on 06/02/2026

30. Remarks

This grant program is under expanded authority.

HRSA
Health Resources & Services Administration

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Maternal and Child Health Bureau (MCHB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

[X] Grant Funds Only

[ ] Total project costs including grant funds and all other financial participation

a.	Salaries and Wages:	$446,093.00
b.	Fringe Benefits:	$178,435.00
c.	Total Personnel Costs:	$624,528.00
d.	Consultant Costs:	$0.00
e.	Equipment:	$0.00
f.	Supplies:	$5,000.00
g.	Travel:	$20,925.00
h.	Construction/Alteration and Renovation:	$0.00
i.	Other:	$21,120.00
j.	Consortium/Contractual Costs:	$317,600.00
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:	$989,173.00
p.	INDIRECT COSTS (Rate: % of S&W/TADC):	$98,917.00
	i. Indirect Cost Federal Share:	$98,917.00
	ii. Indirect Cost Non-Federal Share:	$0.00
q.	TOTAL APPROVED BUDGET:	$1,088,090.00
	i. Less Non-Federal Share:	$0.00
	ii. Federal Share:	$1,088,090.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a.	Authorized Financial Assistance This Period	**$1,088,090.00**
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	$363,640.00
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$724,450.00**

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

YEAR	TOTAL COSTS
27	$1,088,090.00
28	$1,088,090.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

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	**$0.00**

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.51

37. BHCMIS#

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 statue 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
26 - 3898020	93.926	24H49MC00148	$724,450.00	$0.00	N/A	24H49MC00148

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/WebEPSExternal/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)

1. This Notice of Award provides the balance of FY26 funding for the HRSA-24-033 grantees.
2. This Federal award is subject to the post-award requirements set forth in **2 CFR Part 200, Subpart D – Post Federal Award Requirements**, including standards for programmatic and financial management, unless otherwise specified in the **Notice of Award (NoA)**.

   If the NoA indicates in the “Remarks” section that the award is issued with **Expanded Authorities**, the recipient is authorized to undertake the following actions without prior approval from the Grants Management Office:

   - **Pre-Award Costs (2 CFR §200.308(g)(1))**
     Incur allowable pre-award costs up to 90 calendar days prior to the start date of the period of performance, consistent with **2 CFR §200.458**.
   - **One-Time No-Cost Extension (2 CFR §200.308(g)(2))**
     Initiate a one-time extension of the period of performance for up to 12 months, provided none of the conditions under **2 CFR §200.308(d)(2)(i)–(iii)** apply.
     The recipient must submit written notification, including justification and the revised period of performance, to the HHS awarding agency at least 10 calendar days prior to the current period of performance end date. Notifications must be submitted through the **Electronic Handbooks (EHB)**.
     This authority may not be used solely to expend unobligated balances.
   - **Carryover of Unobligated Balances (2 CFR §200.308(g)(3))**
     Unless otherwise restricted in the NoA, recipients may carry forward unobligated funds into the subsequent budget period, up to the lesser of **25 percent of the total approved budget** for the budget period or **$350,000**.
     Carryover amounts exceeding this threshold require prior approval from the Grants Management Office.

   Recipients must notify the Grants Management Office of any carryover of unobligated balances exercised under Expanded Authorities, including the amount carried forward. This notification must be included in **Item 12 (“Remarks”)** of the initial submission of the **Federal Financial Report (FFR)**.

   For all other post-award prior approval requests, refer to **HRSA’s General Terms and Conditions**.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Porsha Black	Communication Contact, Program Director, Authorizing Official	pblack@gchd.us

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/).