



**Recipient Information**

- 1. Recipient Name**  
SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT  
351 N Mount View Avenue  
San Bernardino, CA 92415-0003
- 2. Congressional District of Recipient**  
43
- 3. Payment System Identifier (ID)**  
1956002748B1
- 4. Employer Identification Number (EIN)**  
956002748
- 5. Data Universal Numbering System (DUNS)**  
106376861
- 6. Recipient's Unique Entity Identifier**  
PD18A8XKE7B6
- 7. Project Director or Principal Investigator**  
Winfred Kimani  
Program Manager  
wkimani@dph.sbcounty.gov  
(909)458-9461
- 8. Authorized Official**  
Alvin Goh  
agoh@dph.sbcounty.gov  
(909)387-6293

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Clare S Oscar  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
coscar@hrsa.gov  
(301) 443-8862
- 10. Program Official Contact Information**  
Cindy M Eugene  
Project Officer  
Bureau of Primary Health Care (BPHC)  
ceugene@hrsa.gov  
(301) 443-3870

**Federal Award Information**

- 11. Award Number**  
5 H80CS00657-25-00
- 12. Unique Federal Award Identification Number (FAIN)**  
H8000657
- 13. Statutory Authority**  
42 U.S.C. § 254b
- 14. Federal Award Project Title**  
Health Center Program
- 15. Assistance Listing Number**  
93.224
- 16. Assistance Listing Program Title**  
Community Health Centers
- 17. Award Action Type**  
Noncompeting Continuation
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 03/01/2026 - End Date 02/28/2027</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$1,245,920.00</b>
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$288,534.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$1,245,920.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$12,840,983.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$15,332,823.00</b>
<b>26. Project Period Start Date 03/01/2024 - End Date 02/28/2027</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$38,886,988.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Leonora Fleming on 01/28/2026

**30. Remarks**

This grant is included under expanded authority.



Notice of Award  
Award Number: 5 H80CS00657-25-00  
Federal Award Date: 01/28/2026

**Bureau of Primary Health Care (BPHC)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b>	
<input type="checkbox"/> Grant Funds Only	
<input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation	
a. Salaries and Wages:	\$5,712,371.00
b. Fringe Benefits:	\$2,337,502.00
c. Total Personnel Costs:	\$8,049,873.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$623,000.00
g. Travel:	\$50,500.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$643,830.00
j. Consortium/Contractual Costs:	\$5,677,086.00
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:	\$15,044,289.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$288,534.00
i. Indirect Cost Federal Share:	\$288,534.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$15,332,823.00
i. Less Non-Federal Share:	\$12,840,983.00
ii. Federal Share:	\$2,491,840.00

<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>	
a. Authorized Financial Assistance This Period	<b>\$2,491,840.00</b>
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	\$1,245,920.00
d. Less Cumulative Prior Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$1,245,920.00</b>

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

YEAR	TOTAL COSTS
	Not applicable

<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b>	
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	<b>\$0.00</b>

**35. FORMER GRANT NUMBER**  
H2DCS00077

**36. OBJECT CLASS**  
41.51

**37. BHCNIS#**  
091250

**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 statute 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 - 3981160	93.224	24H80CS00657	\$409,517.00	\$0.00	CHC	24H80CS00657
26 - 398160P	93.224	24H80CS00657	\$836,403.00	\$0.00	CHC	24H80CS00657

## 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/WebEPSEExternal/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. By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.
2. Applicable Regulations – Prior to October 1, 2025, this award is subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024, in Federal Register Notice 89 FR 80055. After October 1, 2025, this award will be subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.
3. The Recipient hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964, as amended (codified at 42 U.S.C. 2000d *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80); Section 504 of the Rehabilitation Act of 1973, as amended (codified at 29 U.S.C. 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84); Title IX of the Education Amendments of 1972, as amended (codified at 20 U.S.C. § 1681 *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part **86**); The Age Discrimination Act of 1975, as amended (codified at 42 U.S.C. § 6101 *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91); and Section 1557 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18116), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92).
4. Any term or condition in this NOA, including those incorporated by reference, that HHS is enjoined by court order from imposing or enforcing shall not apply or be enforced as to any recipient or subrecipient to which that court order applies and while that court order is in effect.
5. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program, recipient satisfactory performance, program authority, compliance with the Terms and Conditions of the award, and a decision that continued funding is in the best interest of the Federal government.  
This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.  
Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).
6. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-october-2024.pdf>
7. Prior to October 1, 2025, this award is subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the Terms and Conditions of the award, and to the extent authorized by law, a decision by the agency that the award continues to effectuate program goals or agency priorities.
8. By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipients, whose programs are covered by Title IX, certify as follows:

- Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement.
  - The above requirements are conditions of payment that go to the essence of the Agreement and are therefore material terms of the Agreement.
  - Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.
  - Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
  - Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.
9. This action awards prorated funding through August 31, 2026 based on your FY 2026 target funding under the Health Center Program. The balance of grant support for your FY 2026 budget period will be provided in a subsequent action based on the final FY 2026 Health Center Program appropriation.
10. Parental Consent Term: Before any minor receives medical, dental, behavioral health, or other service at a HRSA-supported health center, the health center must obtain consent from the parent or legal guardian in accordance with any applicable state or federal laws. This applies to all types of care, including treatment, preventive services, and counseling. It also includes services related to sensitive topics such as sexual identity or reproductive health. State, federal, and local laws that govern parental consent and notification already apply, and health centers must follow them at all times as a condition of receiving Health Center Program funds.

## Program Specific Term(s)

1. Your total budget includes Health Center Program Federal award funds and all other sources of revenue in support of your health center's scope of project. The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services. The non-federal share also includes other revenue sources such as state, local, or other federal awards or contracts and income from fundraising, donations, and contributions (non-grant funds). The description of "Authorized Treatment of Program Income" under the "Addition" alternative, as cited elsewhere in this Notice of Award (NoA), is superseded by the requirements in Section 330(e)(5)(D) of the Public Health Service (PHS) Act relating to the use of non-grant funds. Under this statutory provision, health centers shall use non-grant funds, including funds in excess of those originally expected, "as permitted under section 330," and may use such funds "for such purposes as are not specifically prohibited under section 330 if such use furthers the objectives of the project."  
Under 2 CFR part 200.331(a), subrecipients (entities that receive a subaward from a pass-through entity for the purpose of carrying out a portion of a Federal award received by the pass-through entity) are responsible for adherence to applicable Federal program requirements specified in the Federal award, including those that apply to non-grant funds.
2. If you purchase, receive reimbursement for, or provide reimbursement to other entities for outpatient prescription drugs, you are expected to secure the best prices available for such products to maximize results for the health center and its patients. If you enroll in the 340B Drug Pricing Program, you must comply with all 340B Drug Pricing Program requirements. Your 340B Drug Pricing Program compliance will be subject to audit. 340B Drug Pricing Program eligibility and requirements details can be found at [www.hrsa.gov/opa](http://www.hrsa.gov/opa).
3. You are required to submit your annual Uniform Data System (UDS) report in accordance with instructions provided by the Program Office. Failure to submit a complete UDS report by the deadline may result in conditions or restrictions being placed on your award. For example, the Division of Grants Management Operations may require prior approval for all drawdowns of Health Center Program award funds from the Payment Management System. It may also affect your eligibility to receive future supplemental funding.
4. You are authorized to carry over up to 25% of your awarded funds if they are unobligated at the end of a budget period and if there is no restriction on this Notice of Award. If you carry over an unobligated balance, you must notify HRSA and report the amount to be carried over. You must provide this notification under item 12, "Remarks," on the initial submission of the Federal Financial Report (FFR). You must also provide details regarding the source of the unobligated balance to be carried over (e.g., the specific supplemental awards or base operational funding). If you wish to carry over an unobligated balance that is more than 25% of the total award, you must submit a prior approval request for carryover in the HRSA Electronic Handbooks (EHBs). Contact your Grants Management Specialist with any questions.
5. PIN 2024-05: Health Center Program Policy Guidance Regarding Services to Support Transitions in Care for Justice-Involved Individuals Reentering the Community was issued on November 29, 2024. PIN 2024-05 establishes scope of project policy for health centers that want to provide primary health care services to support transitions in care for justice-involved individuals reentering the community (JI-R). If your health center currently delivers in-scope services or conducts activities in carceral settings or plans to provide such care, you must

comply with all criteria in PIN 2024-05. HRSA will work with health centers affected by PIN 2024-05 on their plans to comply.

Health centers may not provide in-scope health center services to JI-R individuals in the care and custody of the federal government, even if they are in the same carceral setting as those in the care and custody of a state and/or local government.

With notice, HRSA reserves the right to disapprove or remove sites or activities from your scope of project if your health center cannot demonstrate compliance with PIN 2024-05.

Review PIN 2024-05 and additional scope policy guidance at: <https://bphc.hrsa.gov/compliance/scope-project/scope-project-resources>

6. If you receive funding through the Homeless Population Program (Section 330(h)) or the Residents of Public Housing Program (Section 330(i)), you must maintain or increase the level of services provided to these special medically underserved populations. You must use Health Center Program funding to supplement, not supplant, any current expenditures that support services for these populations. This includes both direct financial expenditures and the value of in-kind contributions used to serve these populations.  
For more information, refer to Section 330(h)(3) and Section 330(i)(2) of the Public Health Service (PHS) Act (42 U.S.C. 254b).
7. Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed.
8. You must submit a separate Medicare Federally Qualified Health Center (FQHC) enrollment application to the Centers for Medicare and Medicaid Services (CMS) for each site in your approved scope of project where services are provided. For more information on scope of project, refer to: <https://bphc.hrsa.gov/programrequirements/scope.html>. Each permanent site must be enrolled as an FQHC in Medicare and you must submit claims using each site's unique FQHC Medicare billing number to your Medicare Administrative Contractor (MAC). Enrollment is required to receive FQHC reimbursement.  
To enroll in Medicare, first obtain a National Provider Identifier (NPI) at <https://nppes.cms.hhs.gov/>. Then enroll electronically via the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) available at <https://pecos.cms.hhs.gov>. PECOS automatically routes applications to the appropriate MAC for review and approval.  
When HRSA approves a new service site through a funded application or the change in scope process, you must provide the Notice of Award confirming HRSA's approval of the new site as part of your Medicare enrollment. For more information FQHC enrollment requirements, visit: <https://www.cms.gov/medicare/provider-enrollment-and-certification/become-a-medicare-provider-or-supplier>  
CMS requires revalidation of each Medicare-enrolled health center site every five years, although more frequent revalidations may be requested. To check revalidation due dates, use the Medicare Revalidation List: <https://data.cms.gov/tools/medicare-revalidation-list>. Contact your State Medicaid office to determine the process and timeline to enroll and become eligible for Medicaid reimbursement.
9. You must comply with all Health Center Program requirements. The Health Center Program Compliance Manual (<https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>) describes these requirements and how you can demonstrate compliance. You should reference the Health Center Program Compliance Manual when you respond to any Progressive Action condition(s) placed on your Notice of Award.  
For information on the Progressive Action process, see [Chapter 2: Health Center Program Oversight of the Compliance Manual](#). If you choose to demonstrate compliance through an alternative approach to what is described in the Health Center Program Compliance Manual, your response must: 1) clearly state that the health center is proposing an alternative method of demonstrating compliance and 2) document how this alternative explicitly demonstrates compliance. HRSA will review all responses to conditions.
10. You are responsible for making sure your Health Center Program scope of project remains accurate. Your scope of project includes the approved: service sites, services, providers, service area, and target populations. These components are supported – either fully or in part – by your approved health center total budget. Your scope of project serves as the basis for eligibility for associated programs, such as: Medicare and Medicaid Federally Qualified Health Center (FQHC) enrollment and reimbursement, Federal Tort Claims Act (FTCA) coverage, and 340B Drug Pricing Program participation.  
Maintaining an accurate scope of project is critical for effective oversight and management of programs funded under Section 330 of the Public Health Service (PHS) Act. To request updates to your approved scope of project, you must submit a request via the HRSA Electronic Handbooks (EHBs) Change in Scope Module. For detailed guidance on scope-related changes – such as to sites, service area zip codes, or target populations – visit the Scope of Project webpage: <http://www.bphc.hrsa.gov/programrequirements/scope.html>.
11. If your organization carries out all or a portion of their Health Center Program project by disbursing federal award funds to another entity through a subaward as defined in 2 CFR part 200, you must:
  - Request and receive approval from HRSA prior to making any subaward.
  - Ensure that, at the time of making a subaward, each subrecipient is in compliance with all Health Center Program requirements.
  - Monitor the ongoing activities of each subrecipient to ensure that they maintain compliance with all requirements of the Health Center Program federal award.

Refer to [Chapter 12: Contracts and Subawards of the Health Center Program Compliance Manual](#) for additional guidance.

Certain entities may be eligible to receive federal benefits associated with the receipt of Health Center Program funding, including

Federally Qualified Health Center (FQHC) payment rates under Medicaid and Medicare, 340B Drug Pricing, and Federal Tort Claims Act (FTCA) coverage. However, you and/or subrecipients will have to meet additional requirements and take additional actions to receive them.

- For questions related to FQHC payment rates, visit [the CMS FQHC Center](#).
- For questions related to 340B Drug Pricing, visit [HRSA's Office of Pharmacy Affairs Registration site](#).
- For questions related to FTCA coverage, review the [Federal Tort Claims Act Health Center Policy Manual](#).

12. Your Primary Care Association (PCA) plays an important role in emergency preparedness, response, and recovery planning. You are required to coordinate with your PCA when developing your emergency communication plan. To help streamline communications and ensure effective support during and after emergencies, you should respond promptly to information requests from your PCA. Your PCA will share this critical information with HRSA and other offices within the U.S. Department of Health and Human Services (HHS) and may also connect you with regional and state emergency response plans and activities.

13. Health Center Program funds may be used to purchase supplies that support patient access in-scope services through virtual visits or remote monitoring technology. These items may include health and wellness-related technology hardware and software, computer and mobile phone applications, and devices that support patient participation in virtual appointments, remote home monitoring, and telemedicine-based engagement in care.

You may not use HRSA funds to provide these items as incentives to induce individuals to select your health center as their provider. All purchases must align with your organization's established policies and procedures and be supported by appropriate records and cost documentation as required by 2 CFR part 200.

We encourage you to review the following federal guidance related to anti-kickback and physician self-referral laws:

- [Office of Inspector General Safe Harbor Regulations](#)
- [Final Rule: Safe Harbor for Federally Qualified Health Centers Arrangements Under the Anti-Kickback Statute](#)
- [Office of Inspector General Fraud and Abuse Laws](#)

For specific compliance inquiries, contact [OIGComplianceSuggestions@oig.hhs.gov](mailto:OIGComplianceSuggestions@oig.hhs.gov).

14. At the time of application, you indicate your health center's business organization type (for example, tribal, urban Indian, private non-profit, public) on Form 1A: General Information Worksheet and the SF-424. If your health center's structure changes during your period of performance, you must notify HRSA because this could affect your business organization type and eligibility for the Health Center Program. Examples of changes include:

- A public agency becoming a non-profit organization
- Revocation of non-profit corporate status
- Merging with another organization
- Establishing another organization as a sole corporate member with any reserved authorities.

Per Form 1C: Documents on File, you must maintain evidence of your non-profit or public agency status. These documents must be up to date, and you must make those documents available for review when requested by HRSA. For information about eligible business organization types and required documentation, see [Chapter 1: Health Center Program Eligibility](#) of the [Health Center Program Compliance Manual](#).

15. Consistent with Executive Order 14273, the recipient of a grant under section 330(e) of the Public Health Service Act (42 U.S.C. 254b(e)) must have established practices to make insulin and injectable epinephrine available at or below the discounted price paid by the health center grantee (award recipient) or sub-grantee (subrecipient) under the 340B Drug Pricing Program (plus a minimal administration fee) to individuals with low incomes, as determined by the Secretary, who: (a) have a high cost-sharing requirement for either insulin or injectable epinephrine; (b) have a high unmet deductible; or (c) have no health care insurance. For this purpose, a "low-income individual" is an individual living in a household with an income level at or below 200 percent of the Federal Poverty Guidelines (see 42 CFR 51c.303(f), [Poverty Guidelines | ASPE](#)). Your practices should be incorporated in written policies and supporting procedures that reflect this determination and that define a "high cost sharing requirement," a "high unmet deductible," and "no health care insurance" for this purpose. You will document on Form 1C: Documents on File in your future Service Area Competition (SAC) applications or Budget Period Progress Reports (BPRs) that you have current practices, supported by written policies/procedures, that demonstrate your compliance with this term of your award, and you will make those documents available for review upon HRSA's request.

16. You may use Health Center Program funding to support activities that advance your cyber resiliency, including:

- Cybersecurity personnel, contractor support, and tools including cybersecurity cloud services.
- Costs associated with developing, implementing, and ensuring personnel are trained in cyber security practices.
- Assessment, evaluation, and installation of infrastructure capabilities and systems for preventing and responding to cyber-attacks, including malware, spyware, phishing, trojans, distributed denial of Service (DDoS) attacks, and ransomware.
- Development and implementation of a cybersecurity continuity of operation plan to increase capabilities and mitigate the impact of cyber-

attacks.

- Cybersecurity insurance.

For additional information, please refer to:

- HHS Cybersecurity Guidelines for HIPAA Covered Entities: <https://www.hhs.gov/hipaa/for-professionals/security/guidance/cybersecurity/index.html>

- Cybersecurity and Infrastructure Security Agency (CISA) Free Cybersecurity Services and Tools: <https://www.cisa.gov/resources-tools/resources/free-cybersecurity-services-and-tools>.

## Standard Term(s)

1. Your organization must have policies, procedures, and financial controls to follow all the [General Terms and Conditions](#). HRSA awards are based on the application submitted and approved by HRSA. All awards are subject to the General Terms and Conditions, in addition to those included in the Notice of Award or referenced in documents and attachments.

## Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS)**. Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

2. **Due Date: Annually (Calendar Year) Beginning: 01/01/2026 Ending: 12/31/2026, due 45 days after end of reporting period.**

You must submit your Uniform Data System (UDS) report annually on or before February 15. Contact the UDS Support Line at 1-866-837-4357 or [udshelp330@bphcdata.net](mailto:udshelp330@bphcdata.net) for additional instructions or questions. Reporting technical assistance is available on the UDS Resources webpage: <https://bphc.hrsa.gov/datareporting/index.html>.

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

## Contacts

### NoA Email Address(es):

Name	Role	Email
Winfred Kimani	Program Director	wkimani@dph.sbcounty.gov
Alvin Goh	Authorizing Official	agoh@dph.sbcounty.gov

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/>).