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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	HRSA-24-068
Opportunity Title:	Service Area Competition
Opportunity Package ID:	PKG00282269
CFDA Number:	93.224
CFDA Description:	Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)
Competition ID:	HRSA-24-068
Competition Title:	Service Area Competition
Opening Date:	06/22/2023
Closing Date:	08/21/2023
Agency:	Health Resources and Services Administration
Contact Information:	Contact Julia Tillman and Chrissy James at (301)594-4300 or email BPHCSAC@hrsa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01142671
Application Filing Name:	Winfred Kimani
UEI:	PD18A8XKE7B6
Organization:	SAN BERNARDINO, COUNTY OF
Form Name:	Grants.gov Lobbying Form
Form Version:	1.1
Requirement:	Mandatory
Download Date/Time:	Jul 07, 2023 05:18:53 PM EDT
Form State:	No Errors

FORM ACTIONS:

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION

San Bernardino County Public Health Department

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: Mrs. * First Name: Dawn Middle Name:

* Last Name: Rowe Suffix:

* Title: Chair, County Board of Supervisors

* SIGNATURE: * DATE:

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Workspace ID:	WS01142671
Application Filing Name:	Winfred Kimani
UEI:	PD18A8XKE7B6
Organization:	SAN BERNARDINO, COUNTY OF
Form Name:	Key Contacts
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	Jul 07, 2023 05:20:26 PM EDT
Form State:	No Errors

FORM ACTIONS:

Key Contacts Form

* Applicant Organization Name:

San Bernardino County Public Health Department

Enter the individual's role on the project (e.g., project manager, fiscal contact).

* Contact 1 Project Role: Project Director

Prefix: Miss

* First Name: Winfred

Middle Name:

* Last Name: Kimani

Suffix:

Title: Public Health Program Manager

Organizational Affiliation:

San Bernardino County Public Health Department

* Street1: 150 E. Holt Blvd. 2nd Floor

Street2:

* City: Ontario

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 91761-1613

* Telephone Number: 9094589461

Fax:

* Email: wkimani@dph.sbcounty.gov

Delete Entry

Next Person

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Workspace ID:	WS01142671
Application Filing Name:	Winfred Kimani
UEI:	PD18A8XKE7B6
Organization:	SAN BERNARDINO, COUNTY OF
Form Name:	Project/Performance Site Location(s)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Jul 05, 2023 08:15:35 PM EDT
Form State:	No Errors

FORM ACTIONS:

Project/Performance Site Location(s)**Project/Performance Site Primary Location**☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: San Bernardino County Public Health Department

UEI:

* Street1: 351 N. Mountain View, 3rd floor

Street2:

* City: San Bernardino

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 92415-0010

* Project/ Performance Site Congressional District: CA-033

Project/Performance Site Location 1☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: San Bernardino County Public Health Department

UEI:

* Street1: 11336 Bartlett Avenue Suite 11

Street2:

* City: Adelanto

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 92301-2025

* Project/ Performance Site Congressional District: CA-023

Project/Performance Site Location 2☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: San Bernardino County Public Health Department

UEI:

* Street1: 16453 Bear Valley Road

Street2:

* City: Hesperia

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 92345-1752

* Project/ Performance Site Congressional District: CA-023

Project/Performance Site Location(s)

Project/Performance Site Location 3

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: San Bernardino County Public Health Department

UEI:

* Street1: 150 E. Holt Boulevrd

Street2:

* City: Ontario

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 91761-2107

* Project/ Performance Site Congressional District: CA-035

Project/Performance Site Location 4

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: San Bernardino County Public Health Department

UEI:

* Street1: 606 E. Mill Street

Street2:

* City: San Bernardino

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 92415-0011

* Project/ Performance Site Congressional District: CA-033

Project/Performance Site Location 5

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: San Bernardino County Public Health Department

UEI:

* Street1: 13589 Navajo Road

Street2:

* City: Apple Valley

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 92308-5727

* Project/ Performance Site Congressional District: CA-023

Project/Performance Site Location(s)

Project/Performance Site Location 6

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: San Bernardino County Public Health Department

UEI:

* Street1: 555 West Maple Street

Street2:

* City: Ontario

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 91762-5734

* Project/ Performance Site Congressional District: CA-035

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

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Agency:	Health Resources and Services Administration
Contact Information:	Contact Julia Tillman and Chrissy James at (301)594-4300 or email BPHCSAC@hrsa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01142671
Application Filing Name:	Winfred Kimani
UEI:	PD18A8XKE7B6
Organization:	SAN BERNARDINO, COUNTY OF
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Jun 23, 2023 01:45:05 PM EDT
Form State:	No Errors

FORM ACTIONS:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☐ New
☒ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

H80CS00657

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

H8000657

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** San Bernardino County Public Health Department

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

956002748

*** c. UEI:**

PD18A8XKE7B6

d. Address:

*** Street1:** 351 N. Mountain View, 3rd Floor

Street2:

*** City:** San Bernardino

County/Parish:

*** State:** CA: California

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 92415-0010

e. Organizational Unit:

Department Name:

Public Health

Division Name:

Clinical Health and Prevention

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

*** First Name:**

Winfred

Middle Name:

*** Last Name:**

Kimani

Suffix:

Title: Program Manager

Organizational Affiliation:

*** Telephone Number:** 909-458-9461

Fax Number:

*** Email:** wkimani@dph.sbcounty.gov

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Health Resources and Services Administration

11. Catalog of Federal Domestic Assistance Number:

93.224

CFDA Title:

Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housin

* 12. Funding Opportunity Number:

HRSA-24-068

* Title:

Service Area Competition

13. Competition Identification Number:

HRSA-24-068

Title:

Service Area Competition

14. Areas Affected by Project (Cities, Counties, States, etc.):

Areas_Affected.docx

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Service Area Competition

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

CA-033

* b. Program/Project

CA-033

Attach an additional list of Program/Project Congressional Districts if needed.

Congressional_Districts.docx

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

03/01/2024

* b. End Date:

02/28/2027

18. Estimated Funding (\$):

* a. Federal	2,291,840.00
* b. Applicant	3,698,910.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	14,261,289.00
* g. TOTAL	20,252,039.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/07/2023 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Mrs.

* First Name:

Dawn

Middle Name:

* Last Name:

Rowe

Suffix:

* Title:

Chair, County Board of Supervisors

* Telephone Number:

909-387-4855

Fax Number:

* Email:

Supervisor.Rowe@bos.sbcounty.gov

* Signature of Authorized Representative:

* Date Signed:

ABSTRACT

Project Title: Service Area Competition (SAC)

Applicant Name: San Bernardino County Public Health Department

Address: 351 North Mountain View Avenue, San Bernardino, CA 92415-0010

Project Director Name: Winfred Kimani, Program Manager

Phone Number: (909) 458-9461 **Fax Number:** (909) 986-7814

E-mail: wkimani@dph.sbcounty.gov **Web Site:** <http://www.sbcounty.gov/dph/>

Types of Section 330 Funding Requested: Community Health Center (CHC)

Project Abstract: San Bernardino County (SBC) is the largest county in the State of CA and the contiguous United States, covering over 20,000 square miles. There are 24 cities/towns in SBC and multiple unincorporated communities. Eighty-one percent of the land is outside SBC's jurisdiction; the majority of the non-jurisdiction land is owned/managed by federal agencies. SBC is commonly divided into three distinct areas, including the Valley Region (sometimes divided into East and West Valley), Mountain Region, and Desert Region. The Valley Region contains the majority of SBC's incorporated areas and is the most populous. The Mountain region is primarily comprised of public lands owned and managed by federal and state agencies. The Desert Region is the largest (over 93% of SBC's land area) and includes parts of the Mojave Desert. SBC's population as of the 2020 Census Population Estimates is 2,162,532.

The SBC Public Health Department (PHD) operates four Federally Qualified Health Centers (FQHCs) and two School Based Health Centers (SBHCs), with two FQHCs and one SBHC in the Desert and Valley Regions respectively. The first FQHC is located in the city of Adelanto and has been funded since 1994; the second FQHC is located in the city of Hesperia and was added to the Scope of the Project in September 2011. Ontario and San Bernardino FQHCs were added to the Scope of the Project in August 2015 with the New Access Point funding. Apple Valley and Ontario Maple SBHCs were added to the Scope of Project with the 2021 Health Center Program Service Expansion-School-Based Service Sites funding.

This application proposes continued access to comprehensive, culturally competent, high quality primary health care services with the Service Area Competition funding. The target population for this application is 743,956 residents living at or below 200% of the Federal Poverty Level (FPL); emphasis is placed on serving the underserved/vulnerable populations of the service area. Major health issue and barriers in the proposed service area include a higher poverty rate than state and national averages; limited access to health care and health insurance coverage; a high prevalence rate of chronic diseases, mental health, substance use disorders; and environmental health issues. This project requests \$2,291,840 in funding to maintain continuity of care to patients already served by the Health Center Program. This includes a collaborative and coordinated delivery system to increase access to preventative and primary care services for underserved/vulnerable populations in the service area. SBCPHD has provided quality medical care since 1987 and has the ability to implement the project within 120 days of award to 13,075 unduplicated patients. Funding will also support outreach and enabling services to the target population.

Congressional Districts for Service Area Competition (SAC)

Congressional District	Cities
CA-023	Adelanto, Apple Valley, Barstow, Loma Linda, Twentynine Palms, Victorville, Yucaipa, Yucca Valley
CA-025	Needles
CA-028	Rancho Cucamonga, Upland
CA-033	Bloomington, Colton, Grand Terrace, Highland, Muscoy, Rancho Cucamonga, northern Redlands, Rialto, San Bernardino
CA-035	Chino, Fontana, Montclair, Ontario, Rancho Cucamonga, and Upland
CA-40	Chino Hills

San Bernardino County, CA (Areas Affected by Project)

San Bernardino Health Center

92313, 92314, 92315, 92316, 92324, 92325, 92335, 92336, 92337, 92342, 92346, 92354, 92359, 92373, 92374, 92376, 92377, 92399, 92401, 92404, 92405, 92407, 92408, 92410, 92411, 92415,

Ontario Health Center

91701, 91708, 91709, 91710, 91730, 91737, 91739, 91761, 91762, 91763, 91764, 91766, 91784, 91786,

Hesperia Health Center

92311, 92329, 92344, 92345, 92356, 92368, 92371, 92372, 92393, 92394

Adelanto Health Center

92301, 92392, 92395

Apple Valley School Based Health Center

92307 and 92308

Ontario Maple School Based Health Center

91762