



**Contract Number**  
**24-211 A-1**

**SAP Number**

## Department of Public Health

**Department Contract Representative** Samantha Padilla  
**Telephone Number** (909) 677-3929

<b>Contractor</b>	<u>United States Department of Health and Human Services, Health Resources and Services Administration</u>
<b>Contractor Representative</b>	<u>Mona D. Thompson</u>
<b>Telephone Number</b>	<u>(301) 443-3429</u>
<b>Contract Term</b>	<u>March 1, 2024 through February 28, 2025</u>
<b>Original Contract Amount</b>	<u>\$1,145,920</u>
<b>Amendment Amount</b>	<u>\$100,000</u>
<b>Total Contract Amount</b>	<u>\$1,245,920</u>
<b>Cost Center</b>	<u>9300051000</u>

**Briefly describe the general nature of the contract:**

Accept amended grant award, Amendment No. 1 to Contract No. 24-211 (Award No. 6 H80CS00657-23-02), from the United States Department of Health and Human Services, Health Resources and Services Administration for the Service Area Competition under the Health Center Program for continued operational support of the Federally Qualified Health Centers, increasing the amount by \$100,000, from \$1,145,920 to \$1,245,920, for the period of March 1, 2024 through February 28, 2025.

**FOR COUNTY USE ONLY**

Approved as to Legal Form

Adam Ebright, Deputy County Counsel

Date 04/25/24

Reviewed for Contract Compliance



Date \_\_\_\_\_

Reviewed/Approved by Department

Joshua Dugas, Public Health Director

Date 04/25/24



**Department of Health and Human Services**  
Health Resources and Services Administration

**Notice of Award**

FAIN# H8000657

Federal Award Date: 03/01/2024

**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**  
Mona D. Thompson  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
mthompson@hrsa.gov  
(301) 443-3429
10. **Program Official Contact Information**  
Melanie Brinkley  
Bureau of Primary Health Care (BPHC)  
MBrinkley@hrsa.gov  
(301) 443-0295

**Federal Award Information**

11. **Award Number**  
6 H80CS00657-23-02
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**  
Administrative
18. **Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

19. **Budget Period Start Date 03/01/2024 - End Date 02/28/2025**
20. **Total Amount of Federal Funds Obligated by this Action** \$100,000.00
  - 20a. Direct Cost Amount
  - 20b. Indirect Cost Amount \$257,014.00
21. **Authorized Carryover** \$0.00
22. **Offset** \$0.00
23. **Total Amount of Federal Funds Obligated this budget period** \$1,245,920.00
24. **Total Approved Cost Sharing or Matching, where applicable** \$9,667,030.00
25. **Total Federal and Non-Federal Approved this Budget Period** \$12,158,870.00
26. **Project Period Start Date 03/01/2024 - End Date 02/28/2027**
27. **Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period** \$10,912,950.00

28. **Authorized Treatment of Program Income**  
Addition

29. **Grants Management Officer – Signature**  
Sarah Hammond on 03/01/2024

**30. Remarks**



Notice of Award  
Award Number: 6 H80CS00657-23-02  
Federal Award Date: 03/01/2024

**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	<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																																
<table style="width: 100%;"> <tr> <td style="width: 80%;">a. Salaries and Wages:</td> <td style="text-align: right;">\$4,462,398.00</td> </tr> <tr> <td>b. Fringe Benefits:</td> <td style="text-align: right;">\$2,510,707.00</td> </tr> <tr> <td>c. Total Personnel Costs:</td> <td style="text-align: right;">\$6,973,105.00</td> </tr> <tr> <td>d. Consultant Costs:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>e. Equipment:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>f. Supplies:</td> <td style="text-align: right;">\$134,211.00</td> </tr> <tr> <td>g. Travel:</td> <td style="text-align: right;">\$48,100.00</td> </tr> <tr> <td>h. Construction/Alteration and Renovation:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>i. Other:</td> <td style="text-align: right;">\$368,440.00</td> </tr> <tr> <td>j. Consortium/Contractual Costs:</td> <td style="text-align: right;">\$4,378,000.00</td> </tr> <tr> <td>k. Trainee Related Expenses:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>l. Trainee Stipends:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>m. Trainee Tuition and Fees:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>n. Trainee Travel:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>o. TOTAL DIRECT COSTS:</td> <td style="text-align: right;">\$11,901,856.00</td> </tr> <tr> <td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td> <td style="text-align: right;">\$257,014.00</td> </tr> <tr> <td style="padding-left: 20px;">i. Indirect Cost Federal Share:</td> <td style="text-align: right;">\$257,014.00</td> </tr> <tr> <td style="padding-left: 20px;">ii. Indirect Cost Non-Federal Share:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>q. TOTAL APPROVED BUDGET:</td> <td style="text-align: right;">\$12,158,870.00</td> </tr> <tr> <td style="padding-left: 20px;">i. Less Non-Federal Share:</td> <td style="text-align: right;">\$9,667,030.00</td> </tr> <tr> <td style="padding-left: 20px;">ii. Federal Share:</td> <td style="text-align: right;">\$2,491,840.00</td> </tr> </table>	a. Salaries and Wages:	\$4,462,398.00	b. Fringe Benefits:	\$2,510,707.00	c. Total Personnel Costs:	\$6,973,105.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$134,211.00	g. Travel:	\$48,100.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$368,440.00	j. Consortium/Contractual Costs:	\$4,378,000.00	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:	\$11,901,856.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$257,014.00	i. Indirect Cost Federal Share:	\$257,014.00	ii. Indirect Cost Non-Federal Share:	\$0.00	q. TOTAL APPROVED BUDGET:	\$12,158,870.00	i. Less Non-Federal Share:	\$9,667,030.00	ii. Federal Share:	\$2,491,840.00	<table style="width: 100%;"> <tr> <th style="width: 30%;">YEAR</th> <th style="text-align: right;">TOTAL COSTS</th> </tr> <tr> <td style="text-align: center;">24</td> <td style="text-align: right;">\$2,491,840.00</td> </tr> <tr> <td style="text-align: center;">25</td> <td style="text-align: right;">\$2,491,840.00</td> </tr> </table>	YEAR	TOTAL COSTS	24	\$2,491,840.00	25	\$2,491,840.00
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<b>35. FORMER GRANT NUMBER</b> H2DCS00077																																																	
<b>36. OBJECT CLASS</b> 41.51																																																	
<b>37. BHCMI#</b> 091250																																																	
<b>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:</b> 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.																																																	
<b>39. ACCOUNTING CLASSIFICATION CODES</b>																																																	
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## 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. This award includes prorated funding based on your health center achieving the objectives of the Fiscal Year 2022 Health Center Program Service Expansion – School Based Service Sites (SBSS) award. The balance of your annualized SBSS award will be provided in a subsequent action based on the final FY 2024 Health Center Program appropriation. HRSA expects that you will continue to provide school-based services as needed to meet the current and evolving needs of your patient population and community. By integrating these funds into your H80 Health Center Program award, you are expected to continue to comply with the post-award requirements cited in Subpart D-Post Federal Award Requirements, standards for program and fiscal management of 45 CFR Part 75. HRSA may use future Uniform Data System reports or other methods to assess ongoing school-based services.

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

### Contacts

#### NoA Email Address(es):

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