

PROJECT ABSTRACT

Project Title: Health Center Program Service Expansion-School Based Service Sites (SBSS)

Applicant Name: San Bernardino County Public Health Department (SBCPHD)

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/>

Health Center Program Grant Number: H80CS00657

School Based Service Sites: Adelanto Head Start (New); Victor Valley Head Start (New); Ontario Maple Head Start (New); Boys and Girls Head Start (New)

Project Abstract: San Bernardino County (SBC) is the largest county in the State of CA and in 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 2019 Census Population Estimates is 2,192,203.

The SBC Public Health Department (PHD) operates four Federally Qualified Health Centers (FQHCs), two in the Desert Region and two in the Valley Region of the county. The first FQHC is located in Adelanto and has been funded since 1994. The second FQHC is located in Hesperia and was added to the Scope of the Project in September 2011. The Ontario and San Bernardino FQHCs were added to the Scope of the Project in August 2015 with the New Access Point funding. There are currently 40 School Based Service Sites (SBSS) in the State of CA, and out of those 40, only 1 SBSS is operated in SBC. This application proposes to expand the delivery of primary care services by funding four new SBSS. With SBSS funding, two SBSS would be located in the Valley Region in the cities of San Bernardino and Ontario, and the other two SBSS would be located in the Desert Region in the cities of Adelanto and Hesperia. The target population is pre-kindergarten children (ages 3 to 5 years) enrolled in the following four preschool sites: Adelanto, Maple, Victor Valley, and Boys and Girls Head Start Programs. All four proposed SBSS are located less than 5 miles of the SBCPHD FQHCs. The close proximity of the FQHCs to the SBSS will provide patient access to FQHC services that are not available at the SBSS as well as access for non-student, underserved/vulnerable populations in the service area that are seeking care at the SBSS.

This project requests \$200,000 in funding each year for 2 years to increase access to comprehensive primary medical care services in SBC, CA, for underserved/vulnerable populations. SBCPHD has provided quality medical care to the target population since 1987 and has the ability to implement the project within 120 days, if awarded, to 600 unduplicated patients. Funding will also support outreach and enabling services to the target population.

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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	HRSA-21-093
Opportunity Title:	Health Center Program Service Expansion - School-Based Service Sites
Opportunity Package ID:	PKG00265550
CFDA Number:	93.527
CFDA Description:	Grants for New and Expanded Services under the Health Center Program
Competition ID:	HRSA-21-093
Competition Title:	Health Center Program Service Expansion - School-Based Service Sites
Opening Date:	02/18/2021
Closing Date:	04/02/2021
Agency:	Health Resources and Services Administration
Contact Information:	Contact Stephanie Crist at (301)594-4300 or email scrist@hrsa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00647588
Application Filing Name:	San Bernardino County Public Health Department
DUNS:	1063768610000
Organization:	SAN BERNARDINO, COUNTY OF
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	2.1
Requirement:	Mandatory
Download Date/Time:	Mar 05, 2021 06:16:49 PM EST
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:

H80CS00657

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):

95-60002748

* c. Organizational DUNS:

1063768610000

d. Address:

* Street1: 351 N. Mountain View

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:

93.527

CFDA Title:

Grants for New and Expanded Services under the Health Center Program

*** 12. Funding Opportunity Number:**

HRSA-21-093

* Title:

Health Center Program Service Expansion - School-Based Service Sites

13. Competition Identification Number:

HRSA-21-093

Title:

Health Center Program Service Expansion - School-Based Service Sites

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

Areas Affected by Project.docx

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Project Abstract

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

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="200,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="391,834.00"/>
* g. TOTAL	<input type="text" value="591,834.00"/>

*** 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

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

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 218, 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: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

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Application Filing Name:	San Bernardino County Public Health Department
DUNS:	1063768610000
Organization:	SAN BERNARDINO, COUNTY OF
Form Name:	Project/Performance Site Location(s)
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	Mar 09, 2021 07:39:57 PM EST
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:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

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:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

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:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

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:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Additional Location(s)

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DUNS:	1063768610000
Organization:	SAN BERNARDINO, COUNTY OF
Form Name:	Key Contacts
Form Version:	1.0
Requirement:	Mandatory
Download Date/Time:	Mar 10, 2021 01:38:36 PM EST
Form State:	No Errors

FORM ACTIONS:

Key Contacts Form

* Applicant Organization Name:

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

* Contact 1 Project Role: Health Center Director

Prefix:

Ms.

* First Name: Jennifer

Middle Name:

* Last Name: Baptiste-Smith

Suffix:

Title: Chief Executive Officer (CEO), Health Centers

Organizational Affiliation:

* 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

* Telephone Number: 909-387-6215

Fax:

* Email: JBaptiste-Smith@dph.sbcounty.gov

Delete Entry

Next Person

San Bernardino County, CA (Areas Affected by Project)

San Bernardino Health Center

92223, 92313, 92314, 92315, 92316, 92324, 92325, 92335, 92336, 92337, 92342, 92346, 92354, 92359, 92373, 92374, 92376, 92377, 92382, 92399, 92401, 92404, 92405, 92407, 92408, 92410, 92411, 92415,

Ontario Health Center

91701, 91708, 91709, 91710, 91730, 91737, 91739, 91752, 91761, 91762, 91763, 91764, 91766, 91767, 91784, 91786, 92509, 92880

Hesperia Health Center

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

Adelanto Health Center

92301, 92307, 92308, 92392, 92395

Congressional Districts for School Based Service Sites

CA – 008

CA – 031

CA – 035