



Contract Number
20-140 A-2

SAP Number

Department of Public Health

Department Contract Representative	Winfred Kimani
Telephone Number	(909) 458-9461
Contractor	United States Department of Health and Human Services, Health Resources and Services Administration
Contractor Representative	Mona D. Thompson
Telephone Number	(301) 443-3429
Contract Term	March 1, 2020 through February 28, 2021
Original Contract Amount	\$1,435,667
Amendment Amount	\$478,555
Total Contract Amount	\$1,914,222
Cost Center	930005100

Briefly describe the general nature of the contract: Amended grant award, Amendment No. 2 to County Agreement No. 20-140 (Award No. 6 H80CS00657-19-05), 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 Department of Public Health's Federally Qualified Health Centers located in the High Desert and Valley Regions, increasing the amount by \$478,555, from \$1,435,667 to \$1,914,222, for the period of March 1, 2020 through February 28, 2021.

FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, Deputy County Counsel

Date

6/25/20

Reviewed for Contract Compliance

►

Date

Reviewed/Approved by Department

►

Corwin Porter, Interim Director

Date

6-25-20

1. DATE ISSUED: 05/27/2020		2. PROGRAM CFDA: 93.224		 NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III, Section 330 Public Health Service Act, Section 330, 42 U.S.C. 254b Affordable Care Act, Section 10503 Public Health Service Act, Section 330, 42 U.S.C. 254, as amended. Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended Public Health Service Act, Section 330(e), 42 U.S.C. 254b Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148) Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b) Public Health Service Act, Section 330, as amended (42 U.S.C. 254b) Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended) Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) Public Health Service Act, Section 330(e), (g), (h), or (i), as amended (42 U.S.C. 254b(e), (g), (h) and/or (i))) The Health Center Program is authorized by Section 330(e), (g), (h) and/or (i) of the Public Health Service Act, as amended (42 U.S.C. § 254b(e), (g), (h), and/or (i)). Specifically, IBHS supplemental funding will be awarded under section 330(e)																																																					
3. SUPERSEDES AWARD NOTICE dated: 03/31/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																									
4a. AWARD NO.: 6 H80CS00657-19-05		4b. GRANT NO.: H80CS00657				5. FORMER GRANT NO.: H2DCS00077																																																			
6. PROJECT PERIOD: FROM: 07/01/2002 THROUGH: 02/28/2023																																																									
7. BUDGET PERIOD: FROM: 03/01/2020 THROUGH: 02/28/2021																																																									
8. TITLE OF PROJECT (OR PROGRAM): Health Center Program																																																									
9. GRANTEE NAME AND ADDRESS: SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT 351 N Mount View Avenue San Bernardino, CA 92415-0003 DUNS NUMBER: 106376861 BHCMS # 091250				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Winfred Kimani SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT 606 E Mill St San Bernardino, CA 92415-0620																																																					
11. APPROVED BUDGET: (Excludes Direct Assistance) ☐ Grant Funds Only ☒ Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																																																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Salaries and Wages :</td> <td style="width: 20%; text-align: right;">\$3,447,712.00</td> </tr> <tr> <td>b. Fringe Benefits :</td> <td style="text-align: right;">\$1,775,917.00</td> </tr> <tr> <td>c. Total Personnel Costs :</td> <td style="text-align: right;">\$5,223,629.00</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;">\$233,279.00</td> </tr> <tr> <td>g. Travel :</td> <td style="text-align: right;">\$42,889.00</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;">\$398,640.00</td> </tr> <tr> <td>j. Consortium/Contractual Costs :</td> <td style="text-align: right;">\$2,427,019.00</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;">\$8,325,456.00</td> </tr> <tr> <td>p. INDIRECT COSTS (Rate: % of S&W/TADC) :</td> <td style="text-align: right;">\$194,165.00</td> </tr> <tr> <td>q. TOTAL APPROVED BUDGET :</td> <td style="text-align: right;">\$8,519,621.00</td> </tr> <tr> <td> i. Less Non-Federal Share:</td> <td style="text-align: right;">\$6,349,656.00</td> </tr> <tr> <td> ii. Federal Share:</td> <td style="text-align: right;">\$2,169,965.00</td> </tr> </table>				a. Salaries and Wages :	\$3,447,712.00	b. Fringe Benefits :	\$1,775,917.00	c. Total Personnel Costs :	\$5,223,629.00	d. Consultant Costs :	\$0.00	e. Equipment :	\$0.00	f. Supplies :	\$233,279.00	g. Travel :	\$42,889.00	h. Construction/Alteration and Renovation :	\$0.00	i. Other :	\$398,640.00	j. Consortium/Contractual Costs :	\$2,427,019.00	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 :	\$8,325,456.00	p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$194,165.00	q. TOTAL APPROVED BUDGET :	\$8,519,621.00	i. Less Non-Federal Share:	\$6,349,656.00	ii. Federal Share:	\$2,169,965.00	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Authorized Financial Assistance This Period</td> <td style="width: 20%; text-align: right;">\$2,169,965.00</td> </tr> <tr> <td>b. Less Unobligated Balance from Prior Budget Periods</td> <td></td> </tr> <tr> <td> i. Additional Authority</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td> ii. Offset</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c. Unawarded Balance of Current Year's Funds</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>d. Less Cumulative Prior Awards(s) This Budget Period</td> <td style="text-align: right;">\$1,691,410.00</td> </tr> <tr> <td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td> <td style="text-align: right;">\$478,555.00</td> </tr> </table>		a. Authorized Financial Assistance This Period	\$2,169,965.00	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 Awards(s) This Budget Period	\$1,691,410.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$478,555.00
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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/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 action provides the remainder of your organization's FY 2020 Health Center Program budget period funding.

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

Contacts

NoA Email Address(es):

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

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Tanya Cepero-Chapman at:
MailStop Code: 17N128A
BPHC/HRSA/Office of Southern Health Services/Southwest Health Services Division
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: TCepero-Chapman@hrsa.gov
Phone: (301) 443-7439
Fax: (301) 594-4983

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Mona D. Thompson at:
MailStop Code: 10SWH03
HRSA/OFAM/DGMO/HCB
5600 Fishers Lane
Rockville, MD, 20857-0001
Email: mthompson@hrsa.gov
Phone: (301) 443-3429