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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	HRSA-20-017
Opportunity Title:	Service Area Competition
Opportunity Package ID:	PKG00252391
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-20-017
Competition Title:	Service Area Competition
Opening Date:	
Closing Date:	08/26/2019
Agency:	Health Resources and Services Administration
Contact Information:	Contact HRSA/BPHC SAC Team at (301)594-4300 or email BPHCSAC@hrsa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00334763
Application Filing Name:	Winfred Kimani
DUNS:	1063768610000
Organization:	SAN BERNARDINO, COUNTY OF
Form Name:	Grants.gov Lobbying Form
Form Version:	1.1
Requirement:	Mandatory
Download Date/Time:	Jul 09, 2019 12:28:57 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

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Title:

* SIGNATURE: Completed on submission to Grants.gov

* DATE: Completed on submission to Grants.gov

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Workspace ID:	WS00334763
Application Filing Name:	Winfred Kimani
DUNS:	1063768610000
Organization:	SAN BERNARDINO, COUNTY OF
Form Name:	Key Contacts
Form Version:	1.0
Requirement:	Mandatory
Download Date/Time:	Jul 09, 2019 12:30:38 PM EDT
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, 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

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APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00334763
Application Filing Name:	Winfred Kimani
DUNS:	1063768610000
Organization:	SAN BERNARDINO, COUNTY OF
Form Name:	Project/Performance Site Location(s)
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	Jul 09, 2019 12:17:46 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:
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: San Bernardino County Public Health Department

DUNS Number: 1063768610000

* Street1: 150 E. Holt Boulevard

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

DUNS Number: 1063768610000

* 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-031

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

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Contact Information:	Contact HRSA/BPHC SAC Team at (301)594-4300 or email BPHCSAC@hrsa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00334763
Application Filing Name:	Winfred Kimani
DUNS:	1063768610000
Organization:	SAN BERNARDINO, COUNTY OF
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	2.1
Requirement:	Mandatory
Download Date/Time:	Jul 05, 2019 08:03:26 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:**

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, 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:** 909-986-7814*** 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-20-017

* Title:

Service Area Competition

13. Competition Identification Number:

HRSA-20-017

Title:

Service Area Competition

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

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 * b. Program/Project

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

[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)**17. Proposed Project:*** a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	1,914,222.00
* b. Applicant	7,108,970.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	6,323,988.00
* g. TOTAL	15,347,180.00

*** 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

[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 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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APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00334763
Application Filing Name:	Winfred Kimani
DUNS:	1063768610000
Organization:	SAN BERNARDINO, COUNTY OF
Form Name:	Assurances for Non-Construction Programs (SF-424B)
Form Version:	1.1
Requirement:	Mandatory
Download Date/Time:	Jul 09, 2019 12:16:35 PM EDT
Form State:	No Errors

FORM ACTIONS:

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Completed on submission to Grants.gov	TITLE
APPLICANT ORGANIZATION 	DATE SUBMITTED Completed on submission to Grants.gov

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 2017 Census Population Estimates is 2,157,404. The target population for this application is 352,340, the percentage of the SBC population living in poverty in 2017.

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. Ontario and San Bernardino were added to the Scope of the Project in August 2015 with the New Access Point funding.

This application proposes continued access to comprehensive, culturally competent, quality primary health care services with the Service Area Competition funding. The target population is 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 and substance use disorders; and environmental health issues.

This project requests \$1,914,222 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)

CA – 008

CA – 027

CA – 031

CA – 035

CA – 036

CA – 039

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

Hesperia Health Center

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

Adelanto Health Center

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