

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number
24-211 A-3

SAP Number

Department of Public Health

Department Contract Representative	Samantha Padilla
Telephone Number	(909)677-3929
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, 2024 through February 28, 2025
Original Contract Amount	\$2,391,840
Amendment Amount	\$35,260
Total Contract Amount	\$2,427,100
Cost Center	9300051000
Grant Number (if applicable)	

Briefly describe the general nature of the contract:

Approve and accept Amendment No. 3 (Award No. 6 H80CS00657-23-04) to Contract No. 24-211, 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 grant award amount by \$35,260, from \$2,391,840 to \$2,427,100, with no change to the period of March 1, 2024 through February 28, 2025.

FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, County Counsel

Date 07/11/2024

Reviewed for Contract Compliance

Date _____

Reviewed/Approved by Department

Joshua Dugas, Public Health Director

Date 07/11/2024



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8000657
Federal Award Date: 05/30/2024

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
Cindy M Eugene
Project Officer
Bureau of Primary Health Care (BPHC)
ceugene@hrsa.gov
(301) 443-3870

Federal Award Information

11. Award Number
6 H80CS00657-23-04
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 \$35,260.00
 - 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 \$2,427,100.00
24. Total Approved Cost Sharing or Matching, where applicable \$9,667,030.00
25. Total Federal and Non-Federal Approved this Budget Period \$12,194,130.00
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 \$12,094,130.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Angela Stokes on 05/30/2024

30. Remarks



Notice of Award
Award Number: 6 H80CS00657-23-04
Federal Award Date: 05/30/2024

Bureau of Primary Health Care (BPHC)

31. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation				33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																	
				<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>24</td> <td>\$2,491,840.00</td> </tr> <tr> <td>25</td> <td>\$2,491,840.00</td> </tr> </tbody> </table>				YEAR	TOTAL COSTS	24	\$2,491,840.00	25	\$2,491,840.00								
YEAR	TOTAL COSTS																				
24	\$2,491,840.00																				
25	\$2,491,840.00																				
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: \$403,700.00 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: \$11,937,116.00 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: \$12,194,130.00 i. Less Non-Federal Share: \$9,667,030.00 ii. Federal Share: \$2,527,100.00				34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) a. Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Award(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00																	
				35. FORMER GRANT NUMBER H2DCS00077																	
				36. OBJECT CLASS 41.51																	
				37. BHCMI# 091250																	
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																					
a. Authorized Financial Assistance This Period \$2,527,100.00 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 \$100,000.00 d. Less Cumulative Prior Award(s) This Budget Period \$2,391,840.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$35,260.00																					
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: 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.																					
39. ACCOUNTING CLASSIFICATION CODES																					
<table border="1"> <thead> <tr> <th>FY-CAN</th> <th>CFDA</th> <th>DOCUMENT NUMBER</th> <th>AMT. FIN. ASST.</th> <th>AMT. DIR. ASST.</th> <th>SUB PROGRAM CODE</th> <th>SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>24 - 398174N</td> <td>93.527</td> <td>24H80CS00657</td> <td>\$35,260.00</td> <td>\$0.00</td> <td>CH</td> <td>24H80CS00657</td> </tr> </tbody> </table>								FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	24 - 398174N	93.527	24H80CS00657	\$35,260.00	\$0.00	CH	24H80CS00657
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE															
24 - 398174N	93.527	24H80CS00657	\$35,260.00	\$0.00	CH	24H80CS00657															

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. You will be required to submit a final report. The final report will describe the activities implemented using the FY 2024 Quality Improvement award funding to support your health center's efforts to continue to strengthen HRSA-funded health centers to prepare for and implement programs and technologies to ensure high-quality, patient-level data submissions. Further details about the specific reporting requirement will be provided through separate guidance.
2. The purpose of the Fiscal Year (FY) 2024 Quality Improvement Award: Uniform Data System Patient-Level Submission (QIA: UDS+) one-time grant supplement, as authorized by Section 330 of the Public Health Service Act (42 U.S.C § 254b(d)(1) (Title III, § 330(d)(1) of the Public Health Service Act)), is to support HRSA-funded health centers to prepare for and implement programs and technologies to ensure high-quality, patient-level data submissions.
Health centers must use these funds for allowable costs. Health centers will determine what activities best support enhancing the quality of care at your health center. Allowable activities can include, but are not limited to:
 - Supporting UDS+ implementation, including costs to train personnel, purchase new equipment, build the capacity of systems infrastructure, enhance care coordination, secure data exchange, and deidentify patient-level data
 - Covering costs related to aligning or upgrading Health Information Technology systems with national interoperability standards
 - Supporting and providing training and technical assistance to health center staff overseeing data management/security and quality improvement efforts
 - Improving data and technology capabilities to support public health emergency preparedness

FY 2024 QIA: UDS+ funding must be used for costs that are not otherwise supported by other Health Center Program operational grant (H80) or any other Federal grant funding.

Funding Restrictions - Funds may not be used for fundraising, lobbying, incentives (gift cards, food), construction/renovation, facility or land purchases, or vehicle purchases. Pursuant to existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

You may budget FY 2024 QIA: UDS+ funding without prior approval, provided that the proposed use of the funding aligns with the purpose and restrictions noted on this Notice of Award and complies with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. You are required to request prior approval from HRSA through EHB if some or all of this funding will be used to purchase unit(s) of equipment exceeding \$5,000 (see 45 CFR §75.439).

Funding Period - This award provides one-time funding that will be available for use through the end of your FY 2024 budget period, with carryover under expanded authority or after HRSA prior approval (as applicable) but should be used within 12 months of receipt.

3. The Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Final Rule outlines the requirements for Medicaid and Medicare providers and suppliers, including federally qualified health centers, to develop and keep an emergency preparedness communication plan, and annual training and testing programs. Health Center Program awardees must follow all applicable Federal statutes and regulations including these CMS requirements.
Health centers should coordinate with their Primary Care Association (PCA) when developing emergency communication plans. PCAs can assist health centers with emergency preparedness, response and recovery planning. During emergencies, health centers should make reasonable efforts to respond to requests for information from their PCA. PCAs collect critical information from health centers during and after an emergency and work to make sure that health centers are included in regional and state emergency response plans and activities. The information collected by PCAs guides what Federal resources or responses may be needed to continue operations. This critical information is also shared with HRSA and other U.S. Department of Health and Human Services offices as needed.

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
Alvin Goh	Authorizing Official	agoh@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/>).