

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



Contract Number
23-308 A-1

SAP Number

Department of Public Health

Department Contract Representative Telephone Number Stephanie Ramos
804-587-6596

Contractor United States Department of Health and Human Services, Health Resources and Services Administration

Contractor Representative Telephone Number Mona D. Thompson
(301) 443-3429

Contract Term May 2, 2023 through April 30, 2025

Original Contract Amount \$200,000

Amendment Amount _____

Total Contract Amount \$200,000

Cost Center 930005100

Grant Number (if applicable) 800232

Briefly describe the general nature of the contract: Approve and accept Amendment No. 1 to Contract No. 23-308 (Award No. 4 H2ECS45616-02-04) from the United States Department of Health and Human Services, Health Resources and Services Administration for the Health Center Program Service Expansion – School Based Service Sites to support access to primary health, extending the grant term an additional year from May 1, 2023 through April 30, 2025, with no change to the contract total of \$200,000.

FOR COUNTY USE ONLY

Approved as to Legal Form
[Signature]
Adam Ebright, Deputy County Counsel
Date 11/21/2024

Reviewed for Contract Compliance

Date _____

Reviewed/Approved by Department
[Signature]
Joshua Dugas (Nov 21, 2024 09:36 PST)
Joshua Dugas, Director
Date 11/21/2024



Recipient Information	
1. Recipient Name	SAN BERNARDINO, COUNTY OF 351 N Mountain View Ave San Bernardino, CA 92415-0003
2. Congressional District of Recipient	33
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 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	Lisa M Vasquez Project Officer Bureau of Primary Health Care (BPHC) lvasquez@hrsa.gov (301) 443-4948

Federal Award Information	
11. Award Number	4 H2ECS45616-02-04
12. Unique Federal Award Identification Number (FAIN)	H2E45616
13. Statutory Authority	42 U.S.C. § 254b
14. Federal Award Project Title	Health Center Program Service Expansion - School Based Service Sites (SBSS)
15. Assistance Listing Number	93.527
16. Assistance Listing Program Title	Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program
17. Award Action Type	Change in Budget Period/Project Period; With or Without funds
18. Is the Award R&D?	No

Summary Federal Award Financial Information	
19. Budget Period Start Date	05/01/2023 - End Date 04/30/2025
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$28,264.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$200,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$319,967.00
26. Project Period Start Date	05/01/2022 - End Date 04/30/2025
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$791,834.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Leonora Fleming on 10/02/2024

30. Remarks

Prior Approval Request Tracking Number PA-00132179. Prior Approval Request Type: Extension Without Funds



Notice of Award
Award Number: 4 H2ECS45616-02-04
Federal Award Date: 10/02/2024

Bureau of Primary Health Care (BPHC)

31. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input 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></td> <td>Not applicable</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS		Not applicable										
YEAR	TOTAL COSTS																		
	Not applicable																		
a. Salaries and Wages: \$108,094.00 b. Fringe Benefits: \$57,198.00 c. Total Personnel Costs: \$165,292.00 d. Consultant Costs: \$0.00 e. Equipment: \$0.00 f. Supplies: \$58,411.00 g. Travel: \$3,000.00 h. Construction/Alteration and Renovation: \$0.00 i. Other: \$7,400.00 j. Consortium/Contractual Costs: \$57,600.00 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: \$291,703.00 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$28,264.00 i. Indirect Cost Federal Share: \$28,264.00 ii. Indirect Cost Non-Federal Share: \$0.00 q. TOTAL APPROVED BUDGET: \$319,967.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$319,967.00				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															
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: a. Authorized Financial Assistance This Period \$319,967.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$119,967.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Award(s) This Budget Period \$200,000.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$0.00				35. FORMER GRANT NUMBER 36. OBJECT CLASS 41.51 37. BHCMS#															
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>23 - 3981160</td> <td>93.224</td> <td>22H2ECS45616</td> <td>\$0.00</td> <td>\$0.00</td> <td>CH</td> <td>22H2ECS45616</td> </tr> </tbody> </table>						FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	23 - 3981160	93.224	22H2ECS45616	\$0.00	\$0.00	CH	22H2ECS45616
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23 - 3981160	93.224	22H2ECS45616	\$0.00	\$0.00	CH	22H2ECS45616													

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 revision is issued to extend the budget and project period end dates until 04/30/2025, in accordance with your Prior Approval Request.

The budget for expenditure of the remaining funds of \$202,762.30 is accepted.

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/>).