

PROJECT COVER PAGE

Project Title: American Rescue Plan-Health Center Construction and Capital Improvements

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

San Bernardino County Public Health Department (SBCPHD) proposes to apply for the Equipment Only project.

SBCPHD is requesting \$165,230 in one-time funding to purchase equipment and supplies to:

- a) Enhance the health center services by purchasing equipment to improve the delivery of dental services to patients;
- b) Mitigate the spread of COVID-19 by purchasing equipment that will provide social distancing, tools/equipment sterilizing, and safer furnishing for patients and health center personnel.

Site Information: 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. The equipment will be used in 3 health centers; Hesperia, Ontario, and San Bernardino Health Centers.

Project Management: The project will be overseen by Jennifer Baptiste-Smith, FQHC Chief Executive Officer, who will make administrative and policy decision in alignment with County of San Bernardino policies related to the equipment purchases and uses; Paul Chapman, Chief Financial Officer, who will make final fiscal and budgetary decision to equipment being requested; Winfred Kimani, Project Director, and/or Alvin Goh, Authorizing Official, who will oversee the procurement process from bidding, evaluation, purchase, and staff uses of the equipment; and Jonathan Pinedo, Accountant, who will monitor the purchase transaction, project budget/expenditure, delivery and maintain tracking of the equipment. The process of procurement, evaluation, and purchase of equipment will adhere to established San Bernardino County policy and procedure.

Project Timeline: The Equipment Only Project is expected to be completed within a year of award date, September 1, 2021 to August 31, 2022.

Application for Federal Assistance SF-424

OMB Approval No. 4040-0004
Expiration Date 8/31/2016

* 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:

4. Applicant Identifier:

H80CS00657

* 5.a Federal Entity Identifier:

Application #: 191297
Grants.Gov #:

5.b Federal Award Identifier:

* 6. Date Received by State:

7. State Application Identifier:

8. Applicant Information:

* a. Legal Name
* b. Employer/Taxpayer Identification Number (EIN/TIN):
95-6002748

SAN BERNARDINO, COUNTY OF

* c. Organizational DUNS:
106376861

d. Address:

* Street1: 351 N MOUNTAIN VIEW AVE
Street2:
* City: SAN BERNARDINO
County: San Bernardino
* State: CA
Province:
* Country: US: United States
* Zip / Postal Code: 92415-0010

e. Organization Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Middle Name: Middle Name:
Last Name: Winfred
Suffix:
Title: Project Director
Organizational Affiliation:
* Telephone Number: (909) 458-9461
* Email: wkimani@dph.sbcounty.gov

* First Name: Kimani

9. Type of Applicant 1:

B: County Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

* 10. Name of Federal Agency:

N/A

11. Catalog of Federal Domestic Assistance Number:

93.526

CFDA Title:

FIP Verification

* 12. Funding Opportunity Number:

HRSA-21-114

* Title:

American Rescue Plan - Health Center Construction and Capital Improvements

13. Competition Identification Number:

8506

Title:
American Rescue Plan - Health Center Construction and Capital Improvements

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

See Attachment

* 15. Descriptive Title of Applicant's Project:

Health Center Equipment Only Project

Project Description:

See Attachment

16. Congressional Districts Of:

* a. Applicant	CA-31	* b. Program/Project	CA-31
Additional Program/Project Congressional Districts: See Attachment			
17. Proposed Project:			
* a. Start Date:	9/1/2021	* b. End Date:	8/31/2024
18. Estimated Funding (\$):			
* a. Federal	\$165,230.00		
* b. Applicant	\$0.00		
* c. State	\$0.00		
* d. Local	\$0.00		
* e. Other	\$0.00		
* f. Program Income	\$0.00		
* g. TOTAL	\$165,230.00		
19. Is Application Subject to Review By State Under Executive Order 12372 Process?			
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		5/31/2021	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.			
<input type="checkbox"/> c. Program is not covered by E.O. 12372.			
20. Is the Applicant Delinquent Of Any Federal Debt(If "Yes", provide explanation in attachment.)			
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
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)			
<input type="checkbox"/> 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:	Mr.	* First Name:	Curt
Middle Name:			
* Last Name:	Hagman		
Suffix:			
* Title:	Chairman, County Board of Supervisors		
* Telephone Number:	(909) 387-4866	Fax Number:	
* Email:	Curt.Hagman@bos.sbcounty.gov		
* Signature of Authorized Representative:	Mr. Curt Hagman	* Date Signed:	

Project Abstract Summary

OMB Approval No. 4040-0019
Expiration Date 2/28/2022

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Funding Opportunity Number
HRSA-21-114

CFDA(s)
93.526

Applicant Name
SAN BERNARDINO, COUNTY OF

Descriptive Title of Applicant's Project
Health Center Equipment Only Project

Project Abstract

San Bernardino County Public Health Department (SBCPHD) proposes to apply for the Equipment Only project. This project involves the acquisition of clinical and/or non-clinical loose, moveable equipment not affixed to the physical building structure. Moveable equipment are non-expendable equipment items, with a useful life of more than one year, that can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the facility. SBCPHD is requesting \$165,230 in one-time funding to purchase equipment and supplies to:

a) Enhance the health center services by purchasing equipment to improve the delivery of dental services to patients;

b) Mitigate the spread of COVID-19 by purchasing equipment that will provide social distancing, sterilizing, and safer furnishing for patients and health center personnel.

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. The equipment will be used in 3 health centers; Hesperia, Ontario, and San Bernardino Health Centers.

The project will be overseen by the FQHC CEO, CFO, Project Director, Authorizing Official and Accountant who will be responsible for managing the project. The responsibilities include procurement, evaluation, purchase, monitoring and tracking of the equipment and their uses and location. The process of procurement, evaluation, and purchase of equipment will adhere to established San Bernardino County policy and procedure.

The Equipment Only Project is expected to be completed within a year of award date, September 1, 2021 to August 31, 2022.

Project/Performance Site Location(s)

OMB Approval No. 4040-0010
Expiration Date 9/30/2016

Project/Performance Site Primary Location

Organization Name: San Bernardino County Public Health Department

* Street1: 150 E Holt Blvd

Street2:

* City: Ontario

County: San Bernardino

* State: California Province:

* Country: United States * ZIP / Postal Code: 91761-1613

DUNS Number: 1063768610000

Project/ Performance Site Congressional District: 35

Project/Performance Site Location

Organization Name: San Bernardino County Public Health Department

* Street1: 606 E Mill St

Street2:

* City: San Bernardino County: San Bernardino

* State: California Province:

* Country: United States * ZIP / Postal Code: 92415-0620

DUNS: 1063768610000

Project/ Performance Site Congressional District: 31

Project/Performance Site Location

Organization Name: San Bernardino County Public Health Department

* Street1: 16453 Bear Valley Rd

Street2:

* City: Hesperia County: San Bernardino

* State: California Province:

* Country: United States * ZIP / Postal Code: 92345-1752

DUNS: 1063768610000

Project/ Performance Site Congressional District: 08

SF-424A: BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0004
Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY							
Budget Period	Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
			Federal	Non-Federal	Federal	Non-Federal	Total
1	Health Center Infrastructure Support	93.526	\$0.00	\$0.00	\$165,230.00	\$0.00	\$165,230.00
2	Health Center Infrastructure Support	93.526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	Health Center Infrastructure Support	93.526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Health Center Infrastructure Support	93.526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Health Center Infrastructure Support	93.526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			\$0.00	\$0.00	\$165,230.00	\$0.00	\$165,230.00

SECTION B - BUDGET CATEGORIES					
Object Class Categories	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5
a. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b. Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
c. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
d. Equipment	\$111822.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Supplies	\$53408.00	\$0.00	\$0.00	\$0.00	\$0.00
f. Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
g. Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
h. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Direct Charges (sum of a-h)	\$165230.00	\$0.00	\$0.00	\$0.00	\$0.00
j. Indirect Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
k. TOTALS (sum of i and j)	\$165230.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION C - NON-FEDERAL RESOURCES						
Budget Period	Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS	
1	Health Center Infrastructure Support	\$0.00	\$0.00	\$0.00	\$0.00	
2	Health Center Infrastructure Support	\$0.00	\$0.00	\$0.00	\$0.00	
3	Health Center Infrastructure Support	\$0.00	\$0.00	\$0.00	\$0.00	
4	Health Center Infrastructure Support	\$0.00	\$0.00	\$0.00	\$0.00	
5	Health Center Infrastructure Support	\$0.00	\$0.00	\$0.00	\$0.00	
TOTAL		\$0.00	\$0.00	\$0.00	\$0.00	

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION F - OTHER BUDGET INFORMATION	
Direct Charges	No information added.
Indirect Charges	No information added.
Remarks	No information added.

DISCLOSURE OF LOBBYING ACTIVITIES

OMB Approval No. 0348-0046
Expiration Date 12/31/2013

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

1. * Type of Federal Action:

☐ a. contract

☒ b. grant

☐ c. cooperative agreement

☐ d. loan

☐ e. loan guarantee

☐ f. loan insurance

2. * Status of Federal Action:

☐ a. bid/offer/application

☒ b. initial award

☐ c. post-award

3. * Report Type:

☒ a. initial filing

☐ b. material change

For Material Change

Year

Quarter

Date of Last Report

4. Name and Address of Reporting Entity:

☒ Prime

☐ SubAwardee

Tier If Known:

*Name

SAN BERNARDINO, COUNTY OF

*Street 1

351 N MOUNTAIN VIEW AVE

Street 2

* City

SAN BERNARDINO

State

CA

* Zip

92415-0010

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:

U.S Department of Health and Human Services, HRSA

7. * Federal Program Name/Description:

Health Center Infrastructure Support

CFDA Number, if applicable:

93.526

8. Federal Action Number, if known:

HRSA-21-114

9. Award Amount, if known:

\$0.00

10. a. Name and Address of Lobbying Registrant:

Prefix

Mr.

* First Name

Richard

Middle Name

* Last Name

Acalde

Suffix

* Street 1

210 D. Street, SE

* Street 2

* City

Washington

State

DC

* Zip

20003-

b. Individual Performing Services (including address if different from No. 10a)

Prefix

Mr.

* First Name

Richard

Middle Name

* Last Name

Acalde

Suffix

* Street 1

210 D St SE

Street 2

* City

Washington

State

District of Columbia

* Zip

20003-1921

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name

Prefix:

Mr.

* First Name

Curt

Middle Name

* Last Name

Hagman

Suffix

Title:

Chair, County Board of Supervisors

Telephone No.:

(909) 387-4866

Date:

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL

Page 6

Program Specific Form(s) - Review

00191297: SAN BERNARDINO, COUNTY OF

Due Date: 06/24/2021 (Due In: 23 Days)

Announcement Number: HRSA-21-114

Announcement Name: American Rescue Plan - Health Center Construction and Capital Improvements

Application Type: New

Total Federal Requested Amount: \$165,230.00

Eligible Formula Amount: \$616,468.00

Resources

View

FY 2021 ARP-Capital User Guide | FY 2021 Funding Opportunity Announcement

Proposal Cover Page

As of 06/01/2021 08:08:37 PM
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

1. Applicant Eligibility

Provide the eligible H80 grant number:

(Example: H80CS00001)

H80CS00657

2. Planned Activities

Provide a comprehensive, consolidated description of the proposed project(s), including:

- The alteration, renovation, construction, expansion, and other capital improvements needed to modify, enhance, and expand health care infrastructure.

Approximately 4 pages (Max 8000 characters with spaces):

San Bernardino County Public Health Department (SBCPHD) proposes to apply for the Equipment Only project. SBCPHD is requesting \$165,230 in one-time funding to purchase equipment and supplies to: a) Enhance the health center services by purchasing equipment to improve the delivery of dental services to patients; b) Mitigate the spread of COVID-19 by purchasing equipment that will provide social distancing, tools/equipment sterilizing, and safer furnishing for patients and health center personnel. Site Information: 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. The equipment will be used in 3 health centers; Hesperia, Ontario, and San Bernardino Health Centers. Project Management: The project will be overseen by Jennifer Baptiste-Smith, FQHC Chief Executive Officer, who will make administrative and policy decision in alignment with County of San Bernardino policies related to the equipment purchases and uses; Paul Chapman, Chief Financial Officer, who will make final fiscal and budgetary decision to equipment being requested; Winfred Kimani, Project Director, and/or Alvin Goh, Authorizing Official, who will oversee the procurement process from bidding, evaluation, purchase, and staff uses of the equipment; and Jonathan Pinedo, Accountant, who will monitor the purchase transaction, project budget/expenditure, delivery and tracking of the equipment. The process of procurement, evaluation, and purchase of equipment will adhere to established San Bernardino County policy and procedure. Project Timeline: The Equipment Only Project is expected to be completed within a year of award date, September 1, 2021 to August 31, 2022.

Consolidated Budget

As of 06/01/2021 08:08:37 PM
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Notes:

This page is created by combining the budget pages from all projects and therefore cannot be edited. If edits to this form are desired, please go to the individual budget forms to make those changes.

Serial Number	Cost Classification	Total Cost (a)	Costs Not Allowable for Participation (b)	Total Allowable Costs (c = a - b)
1	Administrative and legal expenses	\$0	\$0	\$0
2	Land, structures, rights-of-way, appraisals, etc.	\$0	\$0	\$0
3	Relocation expenses and payments	\$0	\$0	\$0
4	Architectural and engineering fees	\$0	\$0	\$0
5	Other architectural and engineering fees	\$0	\$0	\$0
6	Project inspection fees	\$0	\$0	\$0
7	Site work	\$0	\$0	\$0
8	Demolition and removal	\$0	\$0	\$0
9	Construction	\$0	\$0	\$0
10	Equipment	\$111,822	\$0	\$111,822
11	Miscellaneous	\$53,408	\$0	\$53,408
12	SUBTOTAL (sum of lines 1-11)	\$165,230	\$0	\$165,230
13	Contingencies	\$0	\$0	\$0
14	SUBTOTAL (sum of lines 12 and 13)	\$165,230	\$0	\$165,230

15	Project (program) income	\$0	\$0	\$0
16	TOTAL PROJECT COSTS	\$165,230	\$0	\$165,230
17	Federal assistance requested			
	Federal Percentage Share : 100.00 %			\$165,230

Certification

☒ I certify that the above statements are accurate and true, and the total request for funding is less than or equal to the total amount of funding made available through this funding opportunity.

Project Cover Page

As of 06/01/2021 08:08:37 PM
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Project Information							
Project Title	Health Center Equipment Project	Project Type	Equipment-only	Project Tracking Number	191297-01	Amount requested in this project	\$165,230.00

1. Site Information

Improved Project Square Footage (total square feet of new construction/expansion and/or the altered/renovated area):

Note: Include square footage of the physical facility and external parking lot, as applicable. For example, if a project involves construction of a new facility, indicate the sum of the interior square footage and the parking lot area. If the project involves expansion of an existing facility, indicate the sum of the square footage of the new addition and any other area where renovation activities occurred. If the project involves renovation activities, indicate the square footage of the area impacted by renovation activities. If the project involves equipment only, the improved square footage is not applicable.

2. Project Description

Provide a detailed description of the planned activities occurring at the physical site. The project description should include:

- Specific dimensions, square footage, and clinical and non-clinical area(s) to be impacted
- Number of new rooms or areas added or improved
- Purchases of clinical and/or non-clinical moveable equipment items, including replacement mobile vans
- Creation of a new stand-alone structure
- Expansion of an existing structure to increase the total square footage
- Improvement and/or reconfiguration of the interior arrangements of an existing facility
- Installation of permanently affixed equipment
- Modifications and/or repairs to the building exterior (including windows)
- Heating, ventilation, and air-conditioning (HVAC) modifications (including the installation of climate control and duct work)
- Electrical upgrades and/or plumbing work

Approximately 4 pages (Max 8000 Characters with spaces)

Project Description: San Bernardino County Public Health Department (SBCPHD) proposes to apply for the Equipment Only project. This project involves the acquisition of clinical and/or non-clinical loose, moveable equipment not affixed to the physical building structure. Moveable equipment are non-expendable equipment items, with a useful life of more than one year, that can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the facility. SBCPHD is requesting \$165,230 in one-time funding to purchase equipment and supplies to: a) Enhance the health center services by purchasing equipment to improve the delivery of dental services to patients; b) Mitigate the spread of COVID-19 by purchasing equipment that will provide social distancing, sterilizing, and safer furnishing for patients and health center personnel. 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. The equipment will be used in 3 health centers; Hesperia, Ontario, and San Bernardino Health Centers.

3. Project Management

- Identify the individual responsible for managing the project and certify their awareness that participation in a one year post-period evaluation will require updated information for a person of contact.
- Describe the capacity to manage, implement and evaluate your proposed activities. This may be a person or entity accountable in your organization for the implementation and oversight of the project.

Approximately 2 pages (Max 4000 Characters with spaces)

The project will be overseen by Jennifer Baptiste-Smith, FQHC Chief Executive Officer, who will make final administrative and policy decision to the equipment purchases and uses; Paul Chapman, Chief Financial Officer, who will make final fiscal and budgetary decision to equipment being requested; Winfred Kimani, Project Director, and/or Alvin Goh, Authorizing Official, who will oversee the procurement process from bidding, evaluation, purchase, and staff uses of the equipment; and Jonathan Pinedo, Accountant, who will monitor the purchase transaction, project budget/expenditure, delivery and tracking of the equipment. The process of procurement, evaluation, and purchase of equipment will adhere to established San Bernardino County policy and procedure.

4. Project Timeline

Provide a timeline to achieve the planned activities and the number of months for each of the applicable milestones within the 3-year (36 months) period of performance:

1. Planning

- 2. Design
- 3. Obtaining required permits and/or variances
- 4. Meeting Federal environmental and historic preservation requirements
- 5. Solicitation of bids and awarding of contracts, alteration/renovation or construction period
- 6. The expected project completion date

Describe the current status of the project including any steps that may have been accomplished to date.

NOTE: Proposed alteration/renovation and construction/expansion physical activities associated with the project or connected activities (e.g., site grading, installation of utilities, demolition) may not have started before the award date. Conditions of the grant award must be met and lifted through a Notice of Award prior to physical activities commencing.

Project Completion Date: 08/2022

Approximately 1 page (Max 2000 Characters with spaces)
The Equipment Only Project is expected to be completed within a year of award date, September 1, 2021 to August 31, 2022

Attachments:

Provide the following documents related to this site:

Attachment 1: Project Budget Justification (Minimum 1) (Maximum 1)

Document Name	Size	Date Attached	Description
Budget Narrative - ARP Capital.pdf	67 kB	05/26/2021	Budget Narrative for Equipment Only project

Environmental Information Documentation (EID) Checklist

Download Template		
Name	Description	Options
EID Checklist	Template for EID Checklist	Download ▼

Attachment 2: Environmental Information Documentation (EID) Checklist (Maximum 1)

No documents attached

Attachment 3: Floor Plans/Schematic Drawings/Site Plan (Maximum 2)

No documents attached

Budget (SF-424C)

As of 06/01/2021 08:08:37 PM
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Project Information

Project Title	Health Center Equipment Project	Project Type	Equipment-only	Project Tracking Number	191297-01	Amount requested in this project	\$165,230.00
---------------	---------------------------------	--------------	----------------	-------------------------	-----------	----------------------------------	--------------

Serial Number	Cost Classification	Total Cost (a)	Costs Not Allowable for Participation (b)	Total Allowable Costs (c = a - b)
1	Administrative and legal expenses	\$0	\$0	\$0.00
2	Land, structures, rights-of-way, appraisals, etc.	\$0	\$0	\$0.00
3	Relocation expenses and payments	\$0	\$0	\$0.00
4	Architectural and engineering fees	\$0	\$0	\$0.00
5	Other architectural and engineering fees	\$0	\$0	\$0.00
6	Project inspection fees	\$0	\$0	\$0.00
7	Site work	\$0	\$0	\$0.00
8	Demolition and removal	\$0	\$0	\$0.00
9	Construction	\$0	\$0	\$0.00

10	Equipment	\$111,822	\$0	\$111,822.00
11	Miscellaneous	\$53,408	\$0	\$53,408.00
12	SUBTOTAL (sum of lines 1-11)	\$165,230	\$0	\$165,230.00
13	Contingencies	\$0	\$0	\$0.00
14	SUBTOTAL (sum of lines 12 and 13)	\$165,230	\$0	\$165,230.00
15	Project (program) income	\$0	\$0	\$0.00
16	TOTAL PROJECT COSTS	\$165,230	\$0	\$165,230.00
17	Federal assistance requested Federal Percentage Share : 100.00 %			\$165,230.00

Funding Sources

As of 06/01/2021 08:08:37 PM
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Project Information

Project Title	Health Center Equipment Project	Project Type	Equipment-only	Project Tracking Number	191297-01	Amount requested in this project	\$165,230.00
---------------	------------------------------------	--------------	----------------	----------------------------	-----------	-------------------------------------	--------------

Funding Sources Information

1. Total Project Cost (From cell 16a of Budget form)	\$165,230.00
2. Federal Grant Requested (From cell 17c of Budget form)	\$165,230.00

3. Other Funding Sources	Amount Secured (a)	Amount Committed (b)	Amount Forthcoming (c)	Total (d = a + b + c)
3a. State Grants ⓘ	\$0.00	\$0.00	\$0.00	\$0.00
3b. Local Funding ⓘ	\$0.00	\$0.00	\$0.00	\$0.00
3c. Other Federal Funding ⓘ	\$0.00	\$0.00	\$0.00	\$0.00
3d. Private/Third Party Funding ⓘ	\$0.00	\$0.00	\$0.00	\$0.00
3e. Other Project Financing ⓘ	\$0.00	\$0.00	\$0.00	\$0.00
Total Other Funding Sources	\$0.00	\$0.00	\$0.00	\$0.00

Equipment List

As of 06/01/2021 08:08:37 PM
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Project Information

Project Title	Health Center Equipment Project	Project Type	Equipment-only	Project Tracking Number	191297-01	Amount requested in this project	\$165,230.00
---------------	------------------------------------	--------------	----------------	----------------------------	-----------	-------------------------------------	--------------

ⓘ

Note(s):

For each equipment item, enter only positive whole numbers in the columns for Unit Price and Total Price. Moveable equipment are non-expendable equipment items, with a useful life of more than one year, that can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the facility. The acquisition and renovation of a replacement mobile unit is considered an equipment item. Items that require installation, utilities connections, or are affixed to the building structure, such as air conditioners or generators that are not moveable or portable, should not be listed on the Equipment List.

List of Equipment				
Type	Description	Unit Price	Quantity	Total Price
Clinical	Dental Digital X-Ray Sensor	\$8,189.00	2	\$16,378.00
Clinical	Dental Steam Sterilizer	\$5,444.00	1	\$5,444.00
Clinical	Dental Handheld X-Ray System	\$6,920.00	3	\$20,760.00
Clinical	Dental Operating Microscope	\$17,983.00	3	\$53,949.00
Non-Clinical	Multifunction Copy Machine	\$5,097.00	3	\$15,291.00
Total			12	\$111,822.00

Form 5B - Service Sites

As of 06/01/2021 08:08:37 PM
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Project Information							
Project Title	Health Center Equipment Project	Project Type	Equipment-only	Project Tracking Number	191297-01	Amount requested in this project	\$165,230.00

San Bernardino Health Center (BPS-H80-015568)				Action Status: Picked from Scope			
Site Name		San Bernardino Health Center		Physical Site Address		606 E MILL ST, SAN BERNARDINO, CA 92408-1603	
Site Type		Service Delivery Site		Site Phone Number		(909) 383-3001	
Web URL		http://www.sbcounty.gov/DPH/PublicHealth/ph_divisions/public_health_clinics/public_health_clinics.asp					
Location Type		Permanent		Site Setting		All Other Clinic Types	
Date Site was Added to Scope		8/11/2015		Site Operational By		12/1/2015	
FQHC Site Medicare Billing Number Status				FQHC Site Medicare Billing Number		157853845	
FQHC Site National Provider Identification (NPI) Number				Total Hours of Operation		40	
Months of Operation		May, June, July, August, January, February, March, April, November, September, October, December					
Number of Contract Service Delivery Locations				Number of Intermittent Sites		0	
Site Operated by		Grantee					

Organization Information							
No Organization Added							

Service Area Zip Codes		92374, 92324, 92376, 92335, 92408, 92411, 92410, 92346, 92404, 92313, 92337, 92405, 92354, 92336, 92316, 92373, 92401, 92377, 92359, 92407, 92399					
------------------------	--	---	--	--	--	--	--

Hesperia Health Center (BPS-H80-010872)				Action Status: Picked from Scope			
Site Name		Hesperia Health Center		Physical Site Address		16453 Bear Valley Rd, Hesperia, CA 92345-1752	
Site Type		Service Delivery Site		Site Phone Number		(800) 722-4777	
Web URL		http://www.sbcounty.gov/pubhlth/ph_divisions/public_health_clinics/public_health_clinics_victor_valley.htm					
Location Type		Permanent		Site Setting		All Other Clinic Types	
Date Site was Added to Scope		9/6/2011		Site Operational By		1/3/2012	
FQHC Site Medicare Billing Number Status		This site has a Medicare billing number		FQHC Site Medicare Billing Number		551129	
FQHC Site National Provider Identification (NPI) Number		1861662025		Total Hours of Operation		40	
Months of Operation		January, February, March, April, May, June, July, August, September, October, November, December					
Number of Contract Service Delivery Locations				Number of Intermittent Sites		0	
Site Operated by		Grantee					

Organization Information							
No Organization Added							

Service Area Zip Codes		92301, 92392, 92345, 92308, 92394, 92344, 92307					
------------------------	--	---	--	--	--	--	--

Ontario Health Center (BPS-H80-015557)				Action Status: Picked from Scope			
Site Name		Ontario Health Center		Physical Site Address		150 E. Holt Blvd., Ontario, CA 91762- 3822	
Site Type		Service Delivery Site		Site Phone Number		(909) 458-9447	

Web URL	http://www.sbcounty.gov/DPH/PublicHealth/ph_divisions/public_health_clinics/public_health_clinics.asp		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	8/11/2015	Site Operational By	12/1/2015
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	1588834451
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	May, June, July, August, January, February, March, April, November, September, October, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes


91737, 91763, 91708, 91786, 91766, 91784, 91709, 91710, 91764, 91762, 92335, 92337, 92336, 91730, 91701, 91761, 91739

Other Requirements For Sites

As of 06/01/2021 08:08:37 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Project Information							
Project Title	Health Center Equipment Project	Project Type	Equipment-only	Project Tracking Number	191297-01	Amount requested in this project	\$165,230.00


 **Alert:**

This form is only required to be completed for A/R and C/E projects and not valid for Equipment only project.

Add Site Checklist

As of 06/01/2021 08:08:37 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

 **Alert:**

You can only provide information in the Add Site Checklist form if you have added a new service site in the [Form 5B: Service Sites](#) form of this application.

Close Window

Budget Narrative - American Rescue Plan (ARP) - Capital
Project Type: Equipment Only
Total Grant Request = \$165,230
Total Project Cost = \$165,230

	Allowable Costs	Other Allowable Costs	Unallowable Costs
Line 1 - Administrative and Legal Expenses	0	0	0
Line 2 - Land, Structures, Right-of-way, Appraisals, etc.	0	0	0
Line 3 - Relocation Expenses and Payments	0	0	0
Line 4 - Architectural and Engineering Fees	0	0	0
Line 5 - Other Architectural and Engineering Fees	0	0	0
Line 6 - Project Inspection Fees	0	0	0
Line 7 - Site Work	0	0	0
Line 8 - Demolition and Removal	0	0	0
Line 9 - Construction	0	0	0
Line 10 - Equipment	111,822	0	0
	<p>\$111,822 is the total for equipment.</p> <p>\$96,531 will be used to purchase dental equipment which include 2 digital X-ray sensors, 1 steam sterilizer, 3 handheld X-ray systems, and 3 dental operating microscopes.</p> <p>\$15,291 will be used to purchase and replace 3 multifunction copy machines.</p>		
Line 11 - Miscellaneous	53,408	0	0
	<p>Miscellaneous expenses include:</p> <p>\$16,379 for dental minor equipment (<\$5,000) and accessories for the equipment;</p> <p>\$37,029 for furnishing and minor equipment for patient lobby /waiting area and staff training / meeting area</p>		
Line 12 - SUBTOTAL	165,230	0	0
Line 13 - Contingencies	0	0	0
Line 14 - SUBTOTAL	165,230	0	0
Line 15 - Project (Program) Income	0	0	0
Line 16 - TOTAL PROJECT COSTS	165,230	0	0
Line 17 - GRANT Funding Requested	165,230	0	0