

<b>1. DATE ISSUED:</b> 09/21/2020		<b>2. PROGRAM CFDA:</b> 93.224	
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 08/18/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
<b>4a. AWARD NO.:</b> 6 H80CS00657-19-07		<b>4b. GRANT NO.:</b> H80CS00657	<b>5. FORMER GRANT NO.:</b> H2DCS00077
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 07/01/2002 <b>THROUGH:</b> 02/28/2023			
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2020 <b>THROUGH:</b> 02/28/2021			



**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)

**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  
BHCNIS # 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

a . Salaries and Wages :	\$3,529,385.00
b . Fringe Benefits :	\$1,818,110.00
c . Total Personnel Costs :	\$5,347,495.00
d . Consultant Costs :	\$0.00
e . Equipment :	\$0.00
f . Supplies :	\$241,229.00
g . Travel :	\$42,889.00
h . Construction/Alteration and Renovation :	\$0.00
i . Other :	\$519,853.00
j . Consortium/Contractual Costs :	\$2,527,464.00
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 :	\$8,678,930.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$213,302.00
q . TOTAL APPROVED BUDGET :	\$8,892,232.00
i. Less Non-Federal Share:	\$6,349,656.00
ii. Federal Share:	\$2,542,576.00

**12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	<b>\$2,542,576.00</b>
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	\$2,262,978.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$279,598.00</b>

**13. RECOMMENDED FUTURE SUPPORT:** (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
20	\$1,970,097.00
21	\$1,970,097.00

**14. 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 Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>

**15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:**  
**A=Addition B=Deduction C=Cost Sharing or Matching D=Other** **[D]**

Estimated Program Income: \$6,324,007.00

**16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:**

a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

**REMARKS:** (Other Terms and Conditions Attached  Yes  No)

Prior Approval Request Tracking Number PA-00089552. Prior Approval Request Type: Carryover

*Electronically signed by Sarah Hammond , Grants Management Officer on : 09/21/2020*

<b>17. OBJ. CLASS:</b> 41.51	<b>18. CRS-EIN:</b> 1956002748B1	<b>19. FUTURE RECOMMENDED FUNDING:</b> \$0.00
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FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
19 - 398160I	93.527	20H80CS00657	\$279,598.00	\$0.00	CH	HEALTHCARECENTERS_20

## 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 Notice of Award authorizes the carryover of an unobligated balance in the amount of \$279,598 from budget period 03/01/2019-02/29/2020 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

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

## Contacts

### NoA Email Address(es):

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