



Contract Number
21-308 A-1

SAP Number

Department of Public Health

Department Contract Representative	Winifred Kimani
Telephone Number	(909)383-3013
 Contractor	 Department of Health and Human Services
Contractor Representative	Mona D. Thompson
Telephone Number	(301) 443-3429
Contract Term	04/01/2021 - 3/31/2023
Original Contract Amount	\$2,861,750
Amendment Amount	\$
Total Contract Amount	\$2,861,750
Cost Center	9300081000

Briefly describe the general nature of the contract:

Amendment No. 1 to Contract No. 21-308 (Grant Award No. 6 H8FCS40967-01-01) with the United States Department of Health and Human Services, Health Resources and Services Administration for Health Center Program - American Rescue Plan Act Funding for Health Centers for a reallocation of budget line items to reflect actual budget expenditures, with no change to the original award amount of \$2,861,750 or period of April 1, 2021 through March 31, 2024.

FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, Deputy County Counsel

Date Jun 6, 2023

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

Joshua Dugas, Director

Date Jun 6, 2023



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8F40967
Federal Award Date: 07/25/2022

Recipient Information

1. Recipient Name
SAN BERNARDINO, COUNTY OF
351 N Mountain View Ave
San Bernardino, CA 92415-0003
2. Congressional District of Recipient
31
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)383-3013
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
Monica Bennefield
Bureau of Primary Health Care (BPHC)
MBennefield@hrsa.gov
(404) 562-7642

Federal Award Information

11. Award Number
6 H8FCS40967-01-01
12. Unique Federal Award Identification Number (FAIN)
H8F40967
13. Statutory Authority
American Rescue Plan Act of 2021 (P.L. 117-2)
14. Federal Award Project Title
American Rescue Plan Act Funding for Health Centers
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 04/01/2021 - End Date 03/31/2023	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$2,861,750.00
24. Total Approved Cost Sharing or Matching, where applicable	\$1,041,916.00
25. Total Federal and Non-Federal Approved this Budget Period	\$3,903,666.00
26. Project Period Start Date 04/01/2021 - End Date 03/31/2023	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$3,903,666.00

28. Authorized Treatment of Program Income
Addition
29. Grants Management Officer – Signature
Sarah Hammond on 07/25/2022

30. Remarks

Prior Approval Request Tracking Number PA-00107825. Prior Approval Request Type: Rebudgeting



Notice of Award
Award Number: 6 H8FCS40967-01-01
Federal Award Date: 07/25/2022

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)																																										
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35. FORMER GRANT NUMBER																																											
36. OBJECT CLASS 41.51																																											
37. BHCMI# 091250																																											
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.																																											
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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 approve a budget modification, in accordance with your Prior Approval request.

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/>).