



Recipient Information

1. Recipient Name

SAN BERNARDINO, COUNTY OF
351 N Mountain View Ave
San Bernardino, CA 92415-0003
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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 (UEI)

PD18A8XKE7B6

7. Project Director or Principal Investigator

Scott Rigsby
srigsby@dph.sbcounty.gov
909-387-6492

8. Authorized Official

Mr. Paul Chapman
paul.chapman@dph.sbcounty.gov
909-387-6630

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Derick Wheeler , II
Grants Management Specialist
tie2@cdc.gov
678-475-4972

10. Program Official Contact Information

Padideh Asgari
Program Officer
ume3@cdc.gov
111-111-1111

Federal Award Information

11. Award Number

5 NE11OE000070-02-00

12. Unique Federal Award Identification Number (FAIN)

NE11OE000070

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Strengthening Public Health Infrastructure

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2023	- End Date	11/30/2024
20. Total Amount of Federal Funds Obligated by this Action			\$1,688,651.00
20a. Direct Cost Amount			\$1,636,086.00
20b. Indirect Cost Amount			\$52,565.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$0.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$1,688,651.00
26. Period of Performance Start Date	12/01/2022	- End Date	11/30/2027
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$22,403,998.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Rhonda Latimer
Grants Management Officer

30. Remarks



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Recipient Name SAN BERNARDINO, COUNTY OF 351 N Mountain View Ave San Bernardino, CA 92415-0003 --
Congressional District of Recipient 31
Payment Account Number and Type 1956002748B1
Employer Identification Number (EIN) Data 956002748
Universal Numbering System (DUNS) 106376861
Recipient's Unique Entity Identifier (UEI) PD18A8XKE7B6
31. Assistance Type Project Grant
32. Type of Award Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$108,538.00
b. Fringe Benefits	\$53,108.00
c. Total Personnel Costs	\$161,646.00
d. Equipment	\$1,110,440.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$64,000.00
i. Contractual	\$300,000.00
j. TOTAL DIRECT COSTS	\$1,636,086.00
k. INDIRECT COSTS	\$52,565.00
l. TOTAL APPROVED BUDGET	\$1,688,651.00
m. Federal Share	\$1,688,651.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
3-9390JXA	23NE11OE000070A2	OE	410U	93.967	\$0.00	75-2224-0943	
3-9390LIZ	23NE11OE000070A1C6	OE	410U	93.967	\$0.00	75-X-0140	
4-9390LFF	23NE11OE000070A2	OE	410U	93.967	\$1,688,651.00	75-2324-0943	



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 5 NE11OE000070-02-00

FAIN# NE11OE000070

Federal Award Date: 11/29/2023

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

SAN BERNARDINO, COUNTY OF

5 NE11OE000070-02-00

1. NE11OE000070--Terms and Conditions for the A2 YR02 Non-Competing Continuation

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number OE22-2203, entitled Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems, and application dated September 15, 2023, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of **\$1,688,651** is approved for the Year 2 budget period, which is December 1, 2023 through November 30, 2024. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Strategy A2: Foundational Capabilities	\$ 1,688,651

Budget Revision Requirement: By **February 1, 2024** the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

- **Personnel (Salaries and Wages) Contractual Costs:** Identify the names of the staff members that will occupy the personnel positions upon selection in accordance with the CDC Budget Preparation Guidelines.
- **Consultant Costs:** Identify the name of the TBD consultant upon selection and specify the rate of compensation for the consultant (e.g., rate per hour, rate per day) in accordance with the CDC Budget Preparation Guidelines.
- **Other Costs:** Provide an appropriate justification related to the program objectives for the Public Health Alliance of Southern California Membership in accordance with the CDC Budget Preparation Guidelines. Also, provide the accurate calculations for the Professional Services because \$0.84 per page scan by central imaging X 18,300 scanned documents= \$15,372 (this is less than the requested amount of \$20,000 by \$4,628).
- **Equipment Costs:** In regard to the 2 Mobile Medical Clinics, normally, federal funds may not be utilized to purchase vehicles unless the item being purchased is proven to be supportive of the activities of the NOFO. This will need to be decided by Program. Additionally, OGS would need the following information:
 1. Why are the 2 Mobile Medical Clinics needed?
 2. Will the 2 Mobile Medical Clinics be used to support the activities of the NOFO? (*Because of the cost, the program may want to suggest the purchase of one*).

3. How often will the 2 Mobile Medical Clinics be used? (*The recipient would need to have a SOP of how this will be used. This should include driver, odometer, trip schedules and reports, etc. Additionally, they will need to obtain insurance, etc.*)
4. The recipient will need to develop a disposition plan for the 2 Mobile Medical Clinics when the period of performance ends.
5. What is the procurement process for the 2 Mobile Medical Clinics?

Summary Statement/Technical Review: Within 5 days of this Notice of Award's (NoA) issue date, the Summary Statement/Technical Review will be accessible to the recipient in GrantSolutions Grant Notes. Contact the assigned Program Officer indicated in the NoA with any questions regarding this document or any follow up requirements.

Financial Assistance Mechanism: Grant

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs: The recipient's indirect costs are approved and based on a de minimis rate of ten (10) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2, effective September 13, 2023.

REPORTING REQUIREMENTS

Performance Progress and Monitoring: Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 3/31/2026**. The components of the PPMR are available for download at: <https://www.cdc.gov/grants/already-have-grant/Reporting.html> .

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Derick Wheeler, II, Grants Management Officer/Specialist
Contractor: Chenega
Centers for Disease Control and Prevention
Branch 3
2939 Flowers Road, MS-TV2
Atlanta, Georgia 30341
Email: tie2@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known to draw down funds.