

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



Contract Number

20-170

SAP Number

Department of Public Health

Department Contract Representative	Winifred Kimani
Telephone Number	(909) 458-9461
Contractor	United States Department of Health and Human Services, Health Resources and Services Administration
Contractor Representative	Mona D. Thompson
Telephone Number	301-443-3429
Contract Term	March 1, 2020 through February 28, 2021
Original Contract Amount	\$255,743
Amendment Amount	
Total Contract Amount	\$255,743
Cost Center	930005100

Briefly describe the general nature of the contract: Grant award (Award No. 3 H80CS00657-19-01), from the United States Department of Health and Human Services, Health Resources and Services Administration for the Service Area Competition under the Health Center Program for Ending the HIV Epidemic – Primary Care HIV Prevention Supplemental Funding, in the amount of \$255,743, for the period of March 1, 2020 through February 28, 2021.

FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, Deputy County Counsel

Date 3/19/20

Reviewed for Contract Compliance

Date

Date

Reviewed/Approved by Department

Trudy Raymundo, Director

Date 3-20-20

1. DATE ISSUED: 02/20/2020		2. PROGRAM CFDA: 93.224	
3. SUPERSEDES AWARD NOTICE dated: 02/18/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 3 H80CS00657-19-01		4b. GRANT NO.: H80CS00657	5. FORMER GRANT NO.: H2DCS00077
6. PROJECT PERIOD: FROM: 07/01/2002 THROUGH: 02/28/2023			
7. BUDGET PERIOD: FROM: 03/01/2020 THROUGH: 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
BHCMS # 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 :	\$3,447,712.00
b. Fringe Benefits :	\$1,775,917.00
c. Total Personnel Costs :	\$5,223,629.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$233,279.00
g. Travel :	\$42,889.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$398,640.00
j. Consortium/Contractual Costs :	\$2,427,019.00
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 :	\$8,325,456.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$194,165.00
q. TOTAL APPROVED BUDGET :	\$8,519,621.00
i. Less Non-Federal Share:	\$6,349,656.00
ii. Federal Share:	\$2,169,965.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$2,169,965.00
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	\$1,435,666.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$478,556.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$255,743.00

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	\$0.00

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)

Electronically signed by Sarah Hammond , Grants Management Officer on : 02/20/2020

17. OBJ. CLASS: 41.51 18. CRS-EIN: 1956002748B1 19. FUTURE RECOMMENDED FUNDING: \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
20 - 3981160	93.224	20H80CS00657	\$255,743.00	\$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/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 Condition(s)

1. Due Date: Within 30 Days of Award Release Date

Within 30 days of award release date, you must submit additional detail and/or revised information about your Primary Care HIV Prevention (PCHP) application to address the following issue: The application does not clearly demonstrate a plan to add at least 0.5 full-time equivalent (FTE) personnel by November 30, 2020 who will identify individuals for whom pre-exposure prophylaxis (PrEP) is clinically indicated and support their access to and use of PrEP. You must submit a revised project plan that outlines the steps that will be taken to add at least 0.5 FTE personnel to identify individuals for whom PrEP is clinically indicated and support their access to and use of PrEP by November 30, 2020. Contact the project officer listed on this notice of award for additional information.

Grant Specific Term(s)

1. Under existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).
2. Within 8 months of award, you are required to add at least 0.5 full-time equivalent (FTE) personnel who will identify individuals for whom PrEP is clinically indicated and support their access to and use of PrEP.
Progress toward meeting this requirement will be monitored through your responses to Primary Care HIV Prevention (PCHP) reporting requirements. HRSA may reduce or not award year 2 PCHP funding if you fail to add at least 0.5 FTE personnel who will support access to and use of PrEP within 8 months of award.
Personnel supported with PCHP funds may include direct hire staff and/or contractor(s). Eligible positions are listed on the PCHP Staffing Impact Form. Personnel should support a health center staffing plan that will address stigma and other access barriers; enhance patients' knowledge of HIV, PrEP, and HIV status; and support HIV risk reduction, access to and use of PrEP, and/or linkage to HIV treatment.
3. You must report progress in tri-annual Primary Care HIV Prevention (PCHP) updates. These updates will each cover a four-month reporting period and require data and a brief summary of PCHP implementation progress. You will also report narrative progress in your Budget Period Progress Report (BPR) Non-Competing Continuation (NCC) submission, starting with the FY 2021 BPR submitted in calendar year 2020. HRSA may also monitor progress on PCHP objectives through annual Uniform Data System (UDS) report submissions.
4. You are responsible for ensuring that your Health Center Program scope of project is accurate and includes service, site, and/or activity changes necessary to implement your Primary Care HIV Prevention (PCHP) project. This includes updating your: (1) Form 5A: Services Provided to reflect any new services and/or service delivery methods (e.g., add a new service, change the service delivery method from Column III to Column I), (2) Form 5B: Service Sites to add any new mobile units, and (3) Form 5C: Other Activities/Locations, as needed. You must submit and receive approval for any necessary change in scope requests before you implement the change(s). For additional information, see the scope of project resources available at <https://bphc.hrsa.gov/programrequirements/scope.html> and consult your project officer as needed.
5. You may not use Primary Care HIV Prevention (PCHP) funds for: purchasing or upgrading an electronic health record that is not certified by the Office of the National Coordinator for Health Information Technology; new construction activities, including additions or expansions; minor alteration or renovation projects; installation of trailers and pre-fabricated modular units; facility or land purchases; purchase or lease of vehicles to transport patients or health center personnel (mobile units are allowed); needles and syringes for illegal drug injection; and devices solely used for illegal drug injection (e.g., cookers). Additionally, PCHP funds may not be used for costs already supported by other Health Center Program operational grant (H80) funding.
6. To the extent practicable, you should incorporate the use of available medication assistance and donation programs before using Primary Care HIV Prevention (PCHP) funds to purchase PrEP. These programs include Ready, Set, PrEP, which makes PrEP available at no cost to individuals who lack prescription drug coverage. More information on Ready, Set, PrEP is available at <https://www.GetYourPrEP.com/>

and 855-447-8410. Information about additional programs that may support patients with paying for PrEP is available at <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-PayingforPrEP-flyer.pdf>.

7. This notice of award provides fiscal year 2020 Ending the HIV Epidemic – Primary Care HIV Prevention (PCHP) supplemental funding. The purpose of PCHP funding is to expand HIV prevention services that decrease the risk of HIV transmission in geographic locations identified by Ending the HIV Epidemic: A Plan for America, focusing on supporting access to and use of pre-exposure prophylaxis (PrEP). PCHP funding should support progress on the following objectives:
- 1) Engage new and existing patients in HIV prevention services, identifying those at risk for HIV using validated screening tools, 2) Increase the number of patients tested for HIV, 3) For patients who test negative, provide HIV prevention education, and prescribe and support the use of clinically indicated PrEP, 4) For patients who test positive, link them to HIV treatment, 5) Establish new and/or enhance existing partnerships with health departments, and community and faith-based organizations to support identification of at-risk individuals, testing, linkage to treatment, and other activities that will support progress on the PCHP purpose and objectives, and 6) Add at least 0.5 full-time equivalent (FTE) personnel within 8 months of award who will identify individuals for whom PrEP is clinically indicated and support their access to and use of PrEP.
- All activities are to be carried out consistent with Health Center Program requirements as described in the Health Center Program Compliance Manual, including those associated with Chapter 9: Sliding Fee Discount Program.
- You must contact your project officer if you encounter PCHP implementation or other challenges that may affect your ability to demonstrate progress on your PCHP objectives.
- If you do not demonstrate progress on PCHP objectives or if you do not add at least 0.5 FTE personnel within 8 months of award who will identify individuals for whom PrEP is clinically indicated and support their access to and use of PrEP, HRSA may reduce or not award future PCHP funding.
8. This award provides 12 months of Primary Care HIV Prevention (PCHP) funding for activities covering the period of April 1, 2020 through the end of your FY 2020 budget period, with carryover under expanded authority or after HRSA prior approval, as applicable. HRSA may reduce or otherwise adjust your year 2 funding amount based on your performance and/or available resources.
9. Your Primary Care HIV Prevention (PCHP) award includes funding as requested and approved in your PCHP application, or revisions, if applicable. You may re-budget PCHP funding without prior approval, provided that the proposed use of funding aligns with the intent and funding use requirements of the PCHP funding opportunity and complies with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. Budget adjustments must support your ability to increase access to PrEP, and within 8 months of award, add at least 0.5 full-time equivalent (FTE) personnel who will support access to and use of PrEP.
10. You must contact your project officer if you encounter Primary Care HIV Prevention (PCHP) implementation challenges or identify technical assistance needs that may affect your ability to demonstrate progress on your PCHP objectives. Additionally, to maximize the impact of PCHP funding, HRSA has provided additional support to two national training and technical assistance (T/TA) partners: Fenway Health to provide T/TA on HIV prevention and PrEP, and the Health Information and Technology, Evaluation, and Quality Center to provide T/TA on integrating electronic health records and health information technology to inform HIV prevention and treatment in primary care. You may also contact your Primary Care Association for T/TA. You can find contact information for Health Center Program Strategic T/TA Partners at <https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/index.html>.
11. If you would like to use Primary Care HIV Prevention (PCHP) funds or other Health Center Program funding to support participation in a syringe services program, you must submit required supporting documentation and receive HRSA's approval before implementation. See the Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016, at <https://www.cdc.gov/hiv/pdf/risk/hhs-ssp-guidance.pdf>, and the HRSA-Specific Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016, at <https://www.hiv.gov/sites/default/files/hhs-ssp-hrsa-guidance.pdf>.
12. All HRSA grant and cooperative agreement award recipients must ensure that all Federal funds used in support of their project adhere to the applicable Federal appropriations statute. Your proposed budget submission included personnel costs that were not in compliance with requirements of The Further Consolidated Appropriations Act, 2020, § 202, (P.L. 116-94), enacted December 20, 2019, which restricts the amount of direct salary that may be paid to an individual under a HRSA grant or cooperative agreement to a rate no greater than Executive Level II of the Federal Executive Pay Scale, set at \$197,300, effective January, 2020. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.

Please adjust the personnel costs charged under this award to comply with the requirements noted. Failure to comply with Federal statutes may result in disallowance of all or part of the cost of the activity or action not in compliance. Payments made for costs determined to be unallowable by HRSA must be refunded to the Federal Government in accordance with instructions from HRSA.

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
Heather R Cockerill	Authorizing Official	hcockerill@dph.sbcounty.gov
Winfred Kimani	Program Director	wkimani@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