

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



Contract Number
24-211 A4


SAP Number

Department of Public Health

Department Contract Representative	Monica Rivera
Telephone Number	(909) 361-0211
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, 2024 through February 28, 2025
Original Contract Amount	\$2,427,100
Amendment Amount	\$66,667
Total Contract Amount	\$2,493,767
Cost Center	9300051000
Grant Number (if applicable)	80021

Briefly describe the general nature of the contract:
 Approve and accept Amendment No. 4 (Award No. 6 H80CS00657-23-07) to Contract No. 24-211, from the United States Department of Health and Human Services, Health Resources and Services Administration for the Service Area Competition under Health Center Program for continued operational support of the Federally Qualified Health Centers, increasing the grant award amount by \$66,667, from \$2,427,100 to \$2,493,767, with no change to the period of March 1, 2024 through February 28, 2025.

FOR COUNTY USE ONLY

Approved as to Legal Form

 Adam Ebright, County Counsel
 Date Oct 28, 2024

Reviewed for Contract Compliance

 Date _____

Reviewed/Approved by Department

 Joshua Dugas, Director
 Date Oct 28, 2024



Recipient Information

- 1. Recipient Name**
SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT
351 N Mount View Avenue
San Bernardino, CA 92415-0003
- 2. Congressional District of Recipient**
43
- 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
Program Manager
wkimani@dph.sbcounty.gov
(909)458-9461
- 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**
Cindy M Eugene
Project Officer
Bureau of Primary Health Care (BPHC)
ceugene@hrsa.gov
(301) 443-3870

Federal Award Information

- 11. Award Number**
6 H80CS00657-23-07
- 12. Unique Federal Award Identification Number (FAIN)**
H8000657
- 13. Statutory Authority**
42 U.S.C. § 254b
- 14. Federal Award Project Title**
Health Center Program
- 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 03/01/2024 - End Date 02/28/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$66,667.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$257,014.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$2,493,767.00
24. Total Approved Cost Sharing or Matching, where applicable	\$9,667,030.00
25. Total Federal and Non-Federal Approved this Budget Period	\$12,160,797.00
26. Project Period Start Date 03/01/2024 - End Date 02/28/2027	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$12,160,797.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Christie Walker on 09/10/2024

30. Remarks



Notice of Award
Award Number: 6 H80CS00657-23-07
Federal Award Date: 09/10/2024

Bureau of Primary Health Care (BPHC)

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$4,462,398.00
b. Fringe Benefits:	\$2,510,707.00
c. Total Personnel Costs:	\$6,973,105.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$134,211.00
g. Travel:	\$48,100.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$370,367.00
j. Consortium/Contractual Costs:	\$4,378,000.00
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:	\$11,903,783.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$257,014.00
i. Indirect Cost Federal Share:	\$257,014.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$12,160,797.00
i. Less Non-Federal Share:	\$9,667,030.00
ii. Federal Share:	\$2,493,767.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$2,493,767.00
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	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$2,427,100.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$66,667.00

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

YEAR	TOTAL COSTS
24	\$2,691,840.00
25	\$2,691,840.00

34. 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 Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER
H2DCS00077

36. OBJECT CLASS
41.51

37. BHCNIS#
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.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
24 - 3981160	93.224	24H80CS00657	\$66,667.00	\$0.00	CH	24H80CS00657

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 action awards prorated FY 2022 School Based Service Sites (SBSS) funding to align with the Health Center Program support through the end of the current budget period.

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

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/>).