Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8000657
Federal Award Date: 05/21/2026

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
Clare S Oscar
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
coscar@hrsa.gov
(301) 443-8862

10. Program Official Contact Information
Kirk T Barnes
Public Health Analyst
Bureau of Primary Health Care (BPHC)
kbarnes1@hrsa.gov
(214) 767-3380

Federal Award Information

11. Award Number
6 H80CS00657-25-01

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 03/01/2026 - End Date 02/28/2027	
20. Total Amount of Federal Funds Obligated by this Action	$1,375,920.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	$288,534.00
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$2,621,840.00
24. Total Approved Cost Sharing or Matching, where applicable	$12,840,983.00
25. Total Federal and Non-Federal Approved this Budget Period	$15,462,823.00
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	$40,262,908.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Sarah Hammond on 05/21/2026

30. Remarks

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

HRSA
Health Resources & Services Administration

Notice of Award
Award Number: 6 H80CS00657-25-01
Federal Award Date: 05/21/2026

Bureau of Primary Health Care (BPHC)

31. APPROVED BUDGET: (Excludes Direct Assistance)

[ ] Grant Funds Only

[X] Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	$5,712,371.00
b. Fringe Benefits:	$2,337,502.00
c. Total Personnel Costs:	$8,049,873.00
d. Consultant Costs:	$0.00
e. Equipment:	$0.00
f. Supplies:	$623,000.00
g. Travel:	$50,500.00
h. Construction/Alteration and Renovation:	$0.00
i. Other:	$773,830.00
j. Consortium/Contractual Costs:	$5,677,086.00
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:	$15,174,289.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	$288,534.00
i. Indirect Cost Federal Share:	$288,534.00
ii. Indirect Cost Non-Federal Share:	$0.00
q. TOTAL APPROVED BUDGET:	$15,462,823.00
i. Less Non-Federal Share:	$12,840,983.00
ii. Federal Share:	$2,621,840.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	**$2,621,840.00**
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	$1,245,920.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$1,375,920.00**

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

YEAR	TOTAL COSTS
Not applicable	

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. BHCMIS#
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 statue 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
26 - 3981160	93.224	24H80CS00657	$342,058.00	$0.00	CHC	24H80CS00657
26 - 398160P	93.224	24H80CS00657	$1,033,862.00	$0.00	CHC	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/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 action provides the remainder of your organization's FY 2026 Health Center Program budget period funding.
2. This award includes $67,000 as one-time Ending the HIV Epidemic – Primary Care HIV Prevention (PCHP) funding and should be used in a manner consistent with the terms outlined with your PCHP funding. These one-time funds are available for use in your current FY 2026 budget period. You are expected to continue to comply with the post-award requirements cited in Subpart D-Post Federal Award Requirements, standards for program and fiscal management of 2 CFR 200.
3. This award includes $63,000 as one-time School Based Service Sites/Expansion (SBSS/E) funding and should be used in a manner consistent with the terms outlined with your SBSS/E funding. These one-time funds are available for use in your current FY 2026 budget period. You are expected to continue to comply with the post-award requirements cited in Subpart D-Post Federal Award Requirements, standards for program and fiscal management of 2 CFR 200.

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/).