


<b>1. DATE ISSUED:</b> 07/11/2019		<b>2. PROGRAM CFDA:</b> 93.224		<div style="text-align: center;">  <p><b>NOTICE OF AWARD</b>            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)</p> </div>																																																					
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 05/28/2019 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>																																																									
<b>4a. AWARD NO.:</b> 6 H80CS00657-18-03	<b>4b. GRANT NO.:</b> H80CS00657	<b>5. FORMER GRANT NO.:</b> H2DCS00077																																																							
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 07/01/2002 <b>THROUGH:</b> 02/29/2020																																																									
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2019 <b>THROUGH:</b> 02/29/2020																																																									
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> Health Center Program																																																									
<b>9. GRANTEE NAME AND ADDRESS:</b> SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT 351 N Mount View Avenue San Bernardino, CA 92415-0003 <b>DUNS NUMBER:</b> 106376861 BHCMS # 091250				<b>10. DIRECTOR:</b> (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Winfred Kimani SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT 606 E Mill St San Bernardino, CA 92415-0620																																																					
<b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation				<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>																																																					
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">a. Salaries and Wages :</td><td style="text-align: right;">\$3,944,948.00</td></tr> <tr><td>b. Fringe Benefits :</td><td style="text-align: right;">\$1,908,868.00</td></tr> <tr><td>c. Total Personnel Costs :</td><td style="text-align: right;">\$5,853,816.00</td></tr> <tr><td>d. Consultant Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies :</td><td style="text-align: right;">\$437,202.00</td></tr> <tr><td>g. Travel :</td><td style="text-align: right;">\$51,018.00</td></tr> <tr><td>h. Construction/Alteration and Renovation :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other :</td><td style="text-align: right;">\$481,260.00</td></tr> <tr><td>j. Consortium/Contractual Costs :</td><td style="text-align: right;">\$3,017,095.00</td></tr> <tr><td>k. Trainee Related Expenses :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS :</td><td style="text-align: right;">\$9,840,391.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC) :</td><td style="text-align: right;">\$281,840.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET :</td><td style="text-align: right;">\$10,122,231.00</td></tr> <tr><td>    i. Less Non-Federal Share:</td><td style="text-align: right;">\$8,152,134.00</td></tr> <tr><td>    ii. Federal Share:</td><td style="text-align: right;">\$1,970,097.00</td></tr> </table>				a. Salaries and Wages :	\$3,944,948.00	b. Fringe Benefits :	\$1,908,868.00	c. Total Personnel Costs :	\$5,853,816.00	d. Consultant Costs :	\$0.00	e. Equipment :	\$0.00	f. Supplies :	\$437,202.00	g. Travel :	\$51,018.00	h. Construction/Alteration and Renovation :	\$0.00	i. Other :	\$481,260.00	j. Consortium/Contractual Costs :	\$3,017,095.00	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 :	\$9,840,391.00	p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$281,840.00	q. TOTAL APPROVED BUDGET :	\$10,122,231.00	i. Less Non-Federal Share:	\$8,152,134.00	ii. Federal Share:	\$1,970,097.00	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$1,970,097.00</td></tr> <tr><td colspan="2">b. Less Unobligated Balance from Prior Budget Periods</td></tr> <tr><td>    i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$1,858,347.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$111,750.00</td></tr> </table>		a. Authorized Financial Assistance This Period	\$1,970,097.00	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 Awards(s) This Budget Period	\$1,858,347.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$111,750.00
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<b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)				<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 30%;">YEAR</th> <th style="width: 70%;">TOTAL COSTS</th> </tr> <tr> <td colspan="2">Not applicable</td> </tr> </table>		YEAR	TOTAL COSTS	Not applicable																																																	
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<b>15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b> <b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b> <span style="float: right;"><b>[D]</b></span> Estimated Program Income: \$8,047,749.00																																																									
<b>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:</b>																																																									

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 : 07/11/2019**

<b>17. OBJ. CLASS:</b> 41.51		<b>18. CRS-EIN:</b> 1956002748B1	<b>19. FUTURE RECOMMENDED FUNDING:</b> \$1,858,347.00			
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
19 - 398160G	93.527	17H80CS00657	\$111,750.00	\$0.00	CH	HealthCareCenters_17

## 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 award provides the next 12 months of Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) funding to support activities starting September 1, 2019, based on your organization meeting the requirement to add at least 1.0 full time equivalent (FTE) in personnel who will support substance use disorder and/or mental health service expansion within 8 months of the initial SUD-MH award. A portion of these funds is provided for use in your upcoming FY 2020 budget period and may be used through the end of your FY 2020 budget period with an approved carryover request. Carryover of this award of SUD-MH funding into and for expenditure throughout the FY 2020 budget period is allowed. To use this funding in the upcoming budget period, the appropriate amount must be shown as un-obligated (UOB) on line 10.h of the Annual Federal Financial Report (FFR), SF 425. In addition, a Prior Approval Request to carry over these funds must be submitted through HRSA Electronic Handbooks (EHB) in conjunction with the FFR submission. Contact the Grants Management Specialist listed on this Notice of Award with questions regarding submission of the FFR and/or Prior Approval Requests to carry over UOB funds.
2. 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 Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019, Division H, § 202, (P.L115-245), enacted September 28, 2018, which limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements to the Federal Executive Pay Scale Level II rate, set at \$192,300, effective January, 2019. 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 maybe 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:  
HRSA/OFAM/DGMO/HCB  
5600 Fishers Lane/Room MSC 10SWH03  
Rockville, MD, 20857-0001  
Email: mthompson@hrsa.gov  
Phone: (301) 443-3429

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