

1. DATE ISSUED: 09/21/2015		2. PROGRAM CFDA: 93.224	
3. SUPERSEDES AWARD NOTICE dated: 09/10/2015 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 H80CS00024-14-13	4b. GRANT NO.: H80CS00024	5. FORMER GRANT NO.: H66CS00382	
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 02/29/2016			
7. BUDGET PERIOD: FROM: 11/01/2014 THROUGH: 02/29/2016			



8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER

9. GRANTEE NAME AND ADDRESS:
Pinellas County Board of County Commissioners
315 Court Street
Clearwater, FL 33756-5165
DUNS NUMBER:
055200216
BHCMS # 042040

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Maureen Freaney
Pinellas County Board of County Commissioners
2189 Cleveland Street
Clearwater, FL 33765-3242

11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages :	\$42,832.00
b. Fringe Benefits :	\$18,723.00
c. Total Personnel Costs :	\$61,555.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$20,597.00
g. Travel :	\$2,510.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$345,034.00
j. Consortium/Contractual Costs :	\$1,573,575.00
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 :	\$2,003,271.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$2,003,271.00
i. Less Non-Federal Share:	\$539,429.00
ii. Federal Share:	\$1,463,842.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$1,463,842.00
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	\$1,409,418.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$54,424.00

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

YEAR	TOTAL COSTS
Not applicable	

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: \$1,764.00

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 [X]Yes []No)

Electronically signed by Angela Wade , Grants Management Officer on : 09/21/2015

17. OBJ. CLASS: 41.51	18. CRS-EIN: 1596000800A2	19. FUTURE RECOMMENDED FUNDING: \$635,680.00				
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
15 - 398879E	93.527	15H80CS00024	\$54,424.00	\$0.00	HCH	HealthCareCenters_15

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 Notice of Award (NoA) provides funds for an increase to the grantee's annual ongoing base funding in accordance with statutory requirements and, as applicable, new and/or continued patient centered medical home recognition for one or more health center sites. The increase in annual base funding has been added to the OTHER Category within the Federal Object Class Budget Category breakdown as reflected on the NoA. Health centers may reallocate these federal funds as appropriate for their budgetary needs. Prior approval is required from HRSA ONLY when proposing to shift federal funds among object class budget categories in amounts that exceed the specified threshold prescribed in 45 CFR 75. In addition, health centers are reminded of the requirement to track expenditures of federal funds and should consult Policy Information Notice (PIN) 2013-01: Health Center Budgeting and Accounting Requirements for further guidance.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Elisa Degregorio	Point of Contact, Authorizing Official	edegregorio@pinellascounty.org
Maureen Freaney	Program Director	njackson@co.pinellas.fl.us

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Dalana Johnson at:

MailStop Code: 17-89

Southeast Division

5600 Fishers Ln

Rockville, MD, 20852-1750

Email: djohnson1@hrsa.gov

Phone: (301) 443-7182

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Vincent Mani at:

5600 Fishers Lane

Rockville, MD, 20857-

Email: vmani@hrsa.gov

Phone: (301) 945-0900