

1. DATE ISSUED: 09/12/2017		2. PROGRAM CFDA: 93.224	
3. SUPERSEDES AWARD NOTICE dated: 08/21/2017 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 3 H80CS00024-16-06		4b. GRANT NO.: H80CS00024	5. FORMER GRANT NO.: H66CS00382
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 02/28/2019			
7. BUDGET PERIOD: FROM: 03/01/2017 THROUGH: 02/28/2018			



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)

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

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

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Daisy Rodriguez
 Pinellas County Board of County Commissioners
 440 Court St Fl 2
 Clearwater, FL 33756-5139

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

a . Salaries and Wages :	\$0.00
b . Fringe Benefits :	\$0.00
c . Total Personnel Costs :	\$0.00
d . Consultant Costs :	\$0.00
e . Equipment :	\$0.00
f . Supplies :	\$17,802.00
g . Travel :	\$2,262.00
h . Construction/Alteration and Renovation :	\$0.00
i . Other :	\$252,985.00
j . Consortium/Contractual Costs :	\$2,831,107.00
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 :	\$3,104,156.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q . TOTAL APPROVED BUDGET :	\$3,104,156.00
i. Less Non-Federal Share:	\$1,288,423.00
ii. Federal Share:	\$1,815,733.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$1,815,733.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$209,982.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$1,446,971.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$158,780.00

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

YEAR	TOTAL COSTS
17	\$1,414,215.00

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: \$394.00

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 Elvera Messina , Grants Management Officer on : 09/12/2017

17. OBJ. CLASS: 41.51 **18. CRS-EIN:** 1596000800A2 **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
17 - 398879G	93.527	16H80CS00024	\$158,780.00	\$0.00	HCH	HealthCareCenters_16

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. You may re-budget Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) funding without prior approval, as long as the proposed use of AIMS funding aligns with the intent of the AIMS supplemental funding opportunity and complies with requirements in 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>.
2. You are expected to serve the number of new and existing patients projected on your Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Patient Impact Form by December 31, 2018. Your organization's achievement of the patient projections will be documented through the 2018 Uniform Data System (UDS) report and the annual Budget Period Progress Report (BPR). HRSA will increase the patient target for your service area by the projected number of unduplicated new patients listed on your AIMS Patient Impact Form. Patient target resources are available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac/index.html>.
3. This Notice of Award provides Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) supplemental funding to expand access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, at existing health centers. You are expected to expand direct hire staff and/or contractor(s) who will support mental health service expansion, and substance abuse service expansion focusing on the treatment, prevention, and awareness of opioid abuse, within 120 days of award. Expanded mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, are expected to be initiated or expanded within 120 days of award. Eligible AIMS services are: Mental Health, Health Care for the Homeless (HCH) Required Substance Abuse, Substance Abuse, Case Management, and/or Health Education (related to mental health and substance abuse services).
4. You may not use Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) funding for: purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology (ONC); fixed equipment costs; construction or minor alterations and renovations; costs associated with the installation of equipment purchased with one-time AIMS funding; or facility, land, or vehicle purchases. AIMS funding must supplement, not supplant, existing resources.
5. This award provides supplemental funding for Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS). As such, a portion of these funds are being provided for use in your organization's upcoming FY 2018 budget period. 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.
6. Pursuant to 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).
7. Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) funding may expand existing services in your approved scope of project as well as support new services that are not currently in your approved scope of project. If you must make changes to Form 5A to add a proposed service to scope or to move one or more services currently provided only in Form 5A Column III to Column I and/or Column II, you must complete a Scope Adjustment or Change in Scope request. See the resources available at <https://bphc.hrsa.gov/programrequirements/scope.html>. Scope Adjustment or Change in Scope approval must be obtained prior to the implementation of new services, which must occur within 120 days of award.
8. Your Access Increases in Mental Health and Substance Abuse Services (AIMS) award includes ongoing funding and one-time funding as requested in your AIMS application, or in your revised AIMS budget request, if applicable. An additional \$10,200 in ongoing funding and

\$15,500 in one-time funding has been provided in this award. You must use these additional funds to enhance the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, as proposed in your AIMS application. You are required to request prior approval from HRSA if some or all of the additional one-time funding will be used to purchase unit(s) of equipment exceeding \$5,000.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Daisy Rodriguez	Point of Contact, Program Director	darodriguez@pinellascounty.org
Daisy M Rodriguez	Authorizing Official	darodriguez@pinellascounty.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact at:

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Eric Brown at:

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