

# Attachment 1- SOW-4



**Department of Health and Human Services**  
 Health Resources and Services Administration

Notice of Award  
 FAIN# H8000024  
 Federal Award Date: 12/13/2023

### Recipient Information

- 1. Recipient Name**  
 Pinellas County Board of County Commissioners  
 315 Court St  
 Clearwater, FL 33756-5165
- 2. Congressional District of Recipient**  
 13
- 3. Payment System Identifier (ID)**  
 1596000800A2
- 4. Employer Identification Number (EIN)**  
 596000800
- 5. Data Universal Numbering System (DUNS)**  
 055200216
- 6. Recipient's Unique Entity Identifier**  
 R37RMC63XKG1
- 7. Project Director or Principal Investigator**  
 MaryEllen Dennis  
 mdennis@pinellas.gov  
 (727)464-4206
- 8. Authorized Official**  
 MaryEllen Dennis  
 mdennis@pinellas.gov  
 (727)464-4206

### Federal Agency Information

- 9. Awarding Agency Contact Information**  
 Saul Arana  
 Grants Management Specialist  
 Office of Federal Assistance Management (OFAM)  
 Division of Grants Management Office (DGMO)  
 SARana@hrsa.gov  
 (301) 443-6555
- 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 H80CS00024-22-05
- 12. Unique Federal Award Identification Number (FAIN)**  
 H8000024
- 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

<b>19. Budget Period Start Date 03/01/2023 - End Date 02/29/2024</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$509,408.00</b>
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$2,436,385.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$3,783,623.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$6,220,008.00</b>
<b>26. Project Period Start Date 03/01/2023 - End Date 02/28/2026</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$6,220,008.00

- 28. Authorized Treatment of Program Income**  
 Addition
- 29. Grants Management Officer – Signature**  
 Lisa Ayoub on 12/13/2023

### 30. Remarks

Prior Approval Request Tracking Number PA-00120188. Prior Approval Request Type: Carryover This Notice of Award is issued to remove one or more Grant Conditions. Refer to the Terms and Conditions for additional information.



Notice of Award  
Award Number: 6 H80CS00024-22-05  
Federal Award Date: 12/13/2023

**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:	\$40,088.00
b. Fringe Benefits:	\$16,361.00
c. Total Personnel Costs:	\$56,449.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$8,015.00
g. Travel:	\$5,555.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$171,627.00
j. Consortium/Contractual Costs:	\$5,978,362.00
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:	\$6,220,008.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
i. Indirect Cost Federal Share:	\$0.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$6,220,008.00
i. Less Non-Federal Share:	\$3,783,623.00
ii. Federal Share:	\$2,436,385.00

**32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	<b>\$2,436,385.00</b>
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	\$1,926,977.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$509,408.00</b>

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

YEAR	TOTAL COSTS
23	\$1,926,977.00
24	\$1,926,977.00

**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	<b>\$0.00</b>

**35. FORMER GRANT NUMBER**  
H66CS00382

**36. OBJECT CLASS**  
41.51

**37. BHCNIS#**  
042040

**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
22 - 398879L	93.527	23H80CS00024	\$509,408.00	\$0.00	HCH	23H80CS00024

## 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)

- This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$509,408.00 from budget period 03/01/2022 to 02/28/2023 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.
- The grant condition stated below on NoA 6 H80CS00024-22-03 is hereby lifted. Due Date: Within 120 Days of Award Release Date (CIS Tracking Number: CIS00141337 - Add Service Delivery Site:DOH Mid County Health Center 8751 ULMERTON RD, LARGO, FL 33771-3832)  
Within 120 days of the release date of this award (i.e., the date HRSA emailed you this Notice of Award), you **MUST** verify implementation of this CIS, as required via the related EHB submission deliverable.  
To access the deliverable, go to your grant folder/handbook.
- This Notice of Award (NoA) confirms the CIS verification as follows:  
Status: Service Delivery Site Addition Confirmed  
Operational Date: 07/12/2023  
Verification Tracking No.: SCPV036502  
CIS Tracking No.: CIS00141337  
This site is now included as operational in the health center's scope of project:  
Site ID: BPS-H80-037285  
Site Name: DOH Mid County Health Center  
Site Address: 8751 ULMERTON RD, LARGO, FL 33771  
The grant condition stated below on NoA 6 H80CS00024-22-03 is hereby **LIFTED**: Due Date: Within 120 Days of Award Release Date (CIS Tracking Number: CIS00141337 - Add Service Delivery Site:DOH Mid County Health Center 8751 ULMERTON RD, LARGO, FL 33771-3832)  
Within 120 days of the release date of this award (i.e., the date HRSA emailed you this Notice of Award), you **MUST** verify implementation of this CIS, as required via the related EHB submission deliverable.  
To access the deliverable, go to your grant folder/handbook.

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
Elisa Degregorio	Point of Contact	edegregorio@pinellas.gov
Maryellen Dennis	Authorizing Official, Program Director	mdennis@pinellas.gov
Joshua Barnett	Business Official	jbarnett@pinellascounty.org

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/>).

Attachment 2- SOW-4

Budget Justification	Carryover Budget Narrative Year Ending 2/28/23 into Year Starting 3/1/23		
	Carryover Federal Grant Request	Non-Federal Resources (N/A)	Total
<b>REVENUE – Should be consistent with information presented in Budget Information: Budget Details form and Form 3: Income Analysis</b>			
HHS   HRSA   Health Center Program Funding	\$ 509,408.00		\$ 509,408.00
STATE FUNDS			\$ -
LOCAL FUNDS			\$ -
FEDERAL FUNDING			
OTHER FEDERAL FUNDING			
(break out by source — e.g., HUD, CDC )			
OTHER SUPPORT			
PROGRAM INCOME (fees, third party reimbursements, and payments generated from the projected delivery of services)			\$ -
<b>TOTAL REVENUE</b>	<b>\$ 509,408.00</b>	<b>\$ -</b>	<b>\$ 509,408.00</b>
<b>EXPENSES: Object class totals should be consistent with those presented in Section B of the Budget Information: Budget Details form.</b>			
<b>PERSONNEL</b>			
ADMINISTRATION			
MEDICAL STAFF			
DENTAL STAFF			
BEHAVIORAL HEALTH STAFF			
ENABLING STAFF			
OTHER STAFF			
Technology Program Coordinator   G. Dyer   (funded w/American Rescue Plan Funding (H8F) that will end in mid-December 2023)(Salary -\$82,326.40   1.0 FTE   approx 2.5 mos	\$ 17,200.00	\$ -	\$ 17,200.00
<b>TOTAL PERSONNEL</b>	<b>\$ 17,200.00</b>	<b>\$ -</b>	<b>\$ 17,200.00</b>
<b>FRINGE BENEFITS</b>			
FICA, Retirement, Life Insurance, Long-Term Disability (19.06%)	\$ 7,800.00		\$ 7,800.00
<b>TOTAL FRINGE</b>	<b>\$ 7,800.00</b>	<b>\$ -</b>	<b>\$ 7,800.00</b>
<b>TRAVEL</b>			
Not Applicable	\$ -	\$ -	\$ -
<b>TOTAL TRAVEL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>EQUIPMENT – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.</b>			
Not Applicable			
<b>TOTAL EQUIPMENT</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>SUPPLIES</b>			
Printing: HCH Outreach Brochure (\$0.25/each) & Other Marketing Materials (banners, postcards, flyers) to be determined	\$7,265.00		\$ 7,265.00
<b>TOTAL SUPPLIES</b>	<b>\$ 7,265.00</b>	<b>\$ -</b>	<b>\$ 7,265.00</b>
<b>CONTRACTUAL – Include sufficient detail to justify costs.</b>			

Budget Justification	Carryover Budget Narrative Year Ending 2/28/23 into Year Starting 3/1/23		
	Carryover Federal Grant Request	Non-Federal Resources (N/A)	Total
<b>Contractor: Florida Department of Health in Pinellas County (DOH):</b> provides or subcontracts for a significant portion of required and additional services within the health center’s scope of project. DOH also provides quality improvement services, and patient support staff in support of the Patient Centered Medical Home concepts. DOH will serve the patient target of 2,940 unduplicated patients with qualified primary care medical encounters along with identified clinical measure goals as reported in the UDS report. Pinellas County meets monthly with management of the organization, as well as through several sub-committees to support the contract monitoring and program service delivery.			
<b>Behavioral Health Services (IBHS Award)</b>			
Subcontractor to FL DOH: Directions for Living			
Integrated Behavioral Health Services (pro-rated) Psychiatric Nurse Practitioner @ 1 FTE for 6 mos (Annual Salary \$130,000 + Fringe @ \$44,527)	\$ 87,890.00		\$ 87,890.00
<b>Personnel (Street Medicine Team - ARP (H8F) funds ending)</b>			
ARNP (W. Katz) (salary (\$43.2/hr x 40) (20-21 weeks (Approx 5 mos)	\$ 36,000.00		\$ 36,000.00
RN (Abbott) (salary (\$30/hr x 40)(20-21 weeks (Approx 5 mos)	\$ 25,000.00		\$ 25,000.00
Human Services Analyst (salary (\$16.11/hr x 40) (20-21 weeks (Approx 5 mos)	\$ 13,200.00		\$ 13,200.00
OPS Dentist (salary (\$65/hr x 16 hrs) (13-15 weeks (Approx 3 mos)	\$ 35,000.00		\$ 35,000.00
OPS Dental Hygenist (salary (\$33/hr x 24 hrs)(13-15 weeks (Approx 3 mos)	\$ 20,000.00		\$ 20,000.00
	<b>\$ 129,200.00</b>		<b>\$ 129,200.00</b>
<b>PCHP (HIV Award)</b>			
Subcontract to FL DOH - Metro Inclusive Health	\$ 162,412.00		\$ 162,412.00
	<b>\$ 162,412.00</b>		<b>\$ 162,412.00</b>
<b>DOH HYPERTENSION SUPPLEMENTAL FUNDING</b>			
QI Community Liaison Coordinator (30% FTE) (Annual Salary \$50,543 + Fringe \$19,453)	\$ 25,519.00		\$ 25,519.00
Hypertension SMBP Devices (\$64/unit @ 300 units)	\$ 27,685.00		\$ 27,685.00
Educational Materials	\$ 2,500.00		\$ 2,500.00
Administrative Costs (10% of Personnel)	\$ 2,552.00		\$ 2,552.00
	<b>\$ 58,256.00</b>		<b>\$ 58,256.00</b>
<b>Sub-Total: FL DOH</b>	<b>\$ 437,758.00</b>		<b>\$ 437,758.00</b>
<b>Operation PAR</b>			
<b>(Substance Abuse Services):</b> provides comprehensive substance use services including medication assisted treatment (Vivatro, Bupenephrine, Methadone) to HCH clients. Low Income Pool funding from State funds the CARE Team program w/St. Anthony’s hospital. Pinellas County meets monthly with the contractor and receives regular performance outcome data for review.			
<b>Medication Assisted Treatment Services (SASE)</b>			
Medication Assisted Treatment Methadone {\$17/dose} Buprenorphine {\$21/dose} Vivatro {Screening \$150, Assessment \$540, Shot \$1,441.84}	\$ 39,385.00		\$ 39,385.00
<b>Sub-Total: Operation PAR</b>	<b>\$ 39,385.00</b>	<b>\$ -</b>	<b>\$ 39,385.00</b>

Budget Justification	Carryover Budget Narrative Year Ending 2/28/23 into Year Starting 3/1/23		
	Carryover Federal Grant Request	Non-Federal Resources (N/A)	Total
<b>TOTAL CONTRACTUAL</b>	\$ 477,143.00	\$ -	\$ 477,143.00
<b>OTHER – Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.</b>			
Not Applicable			\$ -
<b>TOTAL OTHER</b>	\$ -	\$ -	\$ -
<b>TOTAL DIRECT CHARGES</b> (Sum of TOTAL Expenses)	\$ 509,408.00	\$ -	\$ 509,408.00
<b>INDIRECT CHARGES – Include approved indirect cost rate.</b>			
X% indirect cost rate (includes utilities and accounting services)			
<b>TOTALS</b> (Total of Total Direct Charges & Indirect Charges)	\$ 509,408.00	\$ -	\$ 509,408.00

## Personnel Justification Table

Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary	Federal Amount Requested
Greg Dyer	Technology Program Coordinator	100%	\$ 82,326.40		\$ 82,326.40
Vacant (was Tamatha Brown through 7/31)	Psychiatric Nurse Practitioner	100%	\$ 130,000.00		\$ 130,000.00
W. Katz	APRN	100%	\$ 86,400.00		\$ 86,400.00
R. Abbott	RN	100%	\$ 72,960.00		\$ 72,960.00
Vacant	HS Analyst	100%	\$ 48,000.00		\$ 48,000.00
Carole Boiret	Dentist	40%	\$ 127,400.00		\$ 50,960.00
Vacant (various DOH Hygienists covering when available)	Hygenist	60%	\$ 69,113.46		\$ 41,468.08
Taylor Clark	Metro- Outreach, Testing and Linkage Specialist	99%	\$ 60,000.00		\$ 59,400.00
Samantha Legg	Metro- Project Liaison/Coordiantor	5%	\$ 139,375.00		\$ 6,968.75
Gabrielle Fitzgibbon	Metro- Program Support Specialist	5%	\$ 42,016.00		\$ 2,100.80
Kendall Hughes	Metro- Marketing and Media Specialist	15%	\$ 45,000.00		\$ 6,750.00
Gerni Oster	Hypertension QI Liaison (2 years)	30%	\$ 52,869.96		\$ 15,860.99