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|---|--|-------------------------------------|---|
| 1. DATE ISSUED: 08/18/2015 | | 2. PROGRAM CFDA: 93.224 | |
| 3. SUPERSEDES AWARD NOTICE dated: 08/17/2015 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded. | | | |
| 4a. AWARD NO.: 6 H80CS00024-14-11 | | 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 : | \$12,189.00 |
| g. Travel : | \$1,510.00 |
| h. Construction/Alteration and Renovation : | \$0.00 |
| i. Other : | \$272,310.00 |
| j. Consortium/Contractual Costs : | \$1,352,411.00 |
| 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 : | \$1,699,975.00 |
| p. INDIRECT COSTS (Rate: % of S&W/TADC) : | \$0.00 |
| q. TOTAL APPROVED BUDGET : | \$1,699,975.00 |
| i. Less Non-Federal Share: | \$539,429.00 |
| ii. Federal Share: | \$1,160,546.00 |

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

| | |
|---|----------------|
| a. Authorized Financial Assistance This Period | \$1,160,546.00 |
| 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 | \$1,011,756.00 |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$148,790.00 |

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 Sarah Hammond, Grants Management Officer on : 08/18/2015

17. OBJ. CLASS: 41.51 **18. CRS-EIN:** 1596000800A2 **19. FUTURE RECOMMENDED FUNDING:** \$581,256.00

| FY-CAN | CFDA | DOCUMENT NO. | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE |
|--------------|--------|--------------|-----------------|-----------------|------------------|----------------------|
| 15 - 398879E | 93.527 | 15H80CS00024 | \$148,790.00 | \$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. Purpose - The purpose of the Fiscal Year (FY) 2015 Health Center Quality Improvement (QI) Fund one-time grant supplement is to: (1) recognize health centers that demonstrated improvements in access to care, quality of care and/or value of care through data provided in the Calendar Year 2014 Uniform Data System; and (2) provide support for those health centers to continue to strengthen clinical and operational quality improvement activities.

Use of Funds - This supplement must be used:

- Within 12 months of receipt of funds to support QI activities.
- Consistent with federal cost principles at 45 CFR 75.

In addition to costs typically unallowable under the H80 grant, this supplement may not be used:

- To supplant existing resources.
- To support bonuses or other staff incentives.
- For moveable equipment individually valued at \$5,000 or greater (except equipment related to Health Information Technology and certified Electronic Health Record systems).
- For construction costs (including minor alterations and renovation and fixed equipment).

Fund Activities - Health centers must use these funds for QI activities, which include but are not limited to:

- Developing and improving health center QI systems and infrastructure: training staff; developing policies and procedures; enhancing health information technology, certified electronic health record, and data systems; data analysis; implementing targeted QI activities (including hiring consultants).
- Developing and improving care delivery systems: supplies to support care coordination, case management, and medication management; developing contracts and formal agreements with other providers; laboratory reporting and tracking; training and workflow redesign to support team-based care; clinical integration of behavioral health, oral health, HIV care, and other services; patient engagement activities.

Reporting - Health centers will be required to provide information on the QI activities supported through this one-time supplement via their FY 2017 Service Area Competition (SAC) application or FY 2017 Budget Period Renewal (BPR) progress report. More information will be provided as part of the SAC/BPR instructions.

Funding Period - This award provides one time funding for use during the period of August 1, 2015, through July 31, 2016. If funds are not fully expended by the end of your current budget period, you must request carryover to use the remaining funds in your next budget period. In order 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 EHB immediately following the FFR submission. Please consult the Grants Management Specialist for questions regarding submission of the FFR and/or Prior Approval Requests to carry over UOB funds.

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

Contacts

NoA Email Address(es):

| Name | Role | Email |
|-----------------|------------------|----------------------------|
| 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
Central 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
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