



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**
Elisa DeGregorio
edegregorio@pinellascounty.org
(727)464-8434
- 8. Authorized Official**

Federal Agency Information

- 9. Awarding Agency Contact Information**
Jason Donovan
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
jdonovan@hrsa.gov
(301) 443-2875
- 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**
5 H80CS00024-24-00
- 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**
Noncompeting Continuation
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2025 - End Date 02/28/2026	
20. Total Amount of Federal Funds Obligated by this Action	\$802,907.00
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	\$802,907.00
24. Total Approved Cost Sharing or Matching, where applicable	\$6,237,609.00
25. Total Federal and Non-Federal Approved this Budget Period	\$8,164,586.00
26. Project Period Start Date 03/01/2023 - End Date 02/28/2026	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$19,160,435.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Lisa Ayoub on 01/07/2025

30. Remarks

This grant is included under expanded authority.



Notice of Award
Award Number: 5 H80CS00024-24-00
Federal Award Date: 01/07/2025

Bureau of Primary Health Care (BPHC)

<p>31. APPROVED BUDGET: (Excludes Direct Assistance)</p> <p><input type="checkbox"/> Grant Funds Only</p> <p><input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$26,740.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$5,097.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$31,837.00</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;">\$12,655.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$10,105.00</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;">\$57,614.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$8,052,375.00</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;">\$8,164,586.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> i. Indirect Cost Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Indirect Cost Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$8,164,586.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td style="text-align: right;">\$6,237,609.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$1,926,977.00</td></tr> </table>	a. Salaries and Wages:	\$26,740.00	b. Fringe Benefits:	\$5,097.00	c. Total Personnel Costs:	\$31,837.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$12,655.00	g. Travel:	\$10,105.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$57,614.00	j. Consortium/Contractual Costs:	\$8,052,375.00	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:	\$8,164,586.00	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:	\$8,164,586.00	i. Less Non-Federal Share:	\$6,237,609.00	ii. Federal Share:	\$1,926,977.00	<p>33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 20%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">Not applicable</td> </tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table> <p>35. FORMER GRANT NUMBER H66CS00382</p> <p>36. OBJECT CLASS 41.51</p> <p>37. BHCMI# 042040</p>	YEAR	TOTAL COSTS		Not applicable	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	\$0.00
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<p>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:</p> <p>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.</p>																																																							
<p>39. ACCOUNTING CLASSIFICATION CODES</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%;">FY-CAN</th> <th style="width: 15%;">CFDA</th> <th style="width: 15%;">DOCUMENT NUMBER</th> <th style="width: 15%;">AMT. FIN. ASST.</th> <th style="width: 15%;">AMT. DIR. ASST.</th> <th style="width: 15%;">SUB PROGRAM CODE</th> <th style="width: 15%;">SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>25 - 398879N</td> <td>93.224</td> <td>23H80CS00024</td> <td>\$802,907.00</td> <td>\$0.00</td> <td>HCH</td> <td>23H80CS00024</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	25 - 398879N	93.224	23H80CS00024	\$802,907.00	\$0.00	HCH	23H80CS00024																																								
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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 is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-october-2024.pdf>.
2. This action awards prorated funding support through July 31, 2025 based on your FY 2025 target funding under the Health Center Program. The balance of grant support for the FY 2025 budget period will be provided in a subsequent action based on the final FY 2025 Health Center Program appropriation.

Program Specific Term(s)

1. If you use federal funds toward the costs of acquiring a building, including the costs of amortizing the principal of or paying interest on mortgages, you must notify the HRSA Grants Management Contact listed on this Notice of Award (NoA) for assistance regarding Federal Interest in the property within 60 days of the release date of this NoA.
2. A health center's total budget includes the Health Center Program Federal award funds and all other sources of revenue in support of the health center scope of project. The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services. The non-federal share also includes other revenue sources such as state, local, or other federal awards or contracts and income from fundraising, donations, and contributions (nongrant funds).
The description of "Authorized Treatment of Program Income" under the "Addition" alternative, as cited elsewhere in this Notice of Award, is superseded by the requirements in section 330(e)(5)(D) of the PHS Act relating to the use of nongrant funds. Under this statutory provision, health centers shall use nongrant funds, including funds in excess of those originally expected, "as permitted under section 330," and may use such funds "for such purposes as are not specifically prohibited under section 330 if such use furthers the objectives of the project." Under 45 CFR 75.351(a), subrecipients (entities that receive a subaward from a pass-through entity for the purpose of carrying out a portion of a Federal award received by the pass-through entity) are responsible for adherence to applicable Federal program requirements specified in the Federal award, including those that apply to nongrant funds.
3. Health centers that purchase, are reimbursed for, or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available to maximize results for the health center and its patients. Eligible health care organizations and covered entities that enroll in the 340B Drug Pricing Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa.
4. You must submit your annual Uniform Data System (UDS) performance report as instructed by the Program Office. If you do not submit a complete UDS report by the deadline, HRSA may place conditions or restrictions on your award. Restrictions may include requiring prior approval for all drawdowns of Health Center Program award funds from the Payment Management System from the HRSA Division of Grants Management Operations. It may also affect your eligibility to receive future supplemental funding. HRSA also requires participation in our UDS+ initiative, which includes submission of deidentified, patient-level data. Please continue to check our [UDS Modernization Website](#) for updates on UDS+ requirements.
5. Unless there is a restriction on this Notice of Award, you are authorized to carry over up to 25 percent of your awarded funds if they are unobligated at the end of a budget period. If you carry over an unobligated balance, you must notify HRSA and report the amount to be carried over. This notification must be provided under item 12, "Remarks," on the initial submission of the Federal Financial Report (FFR). In

this section of the FFR, you must also provide details regarding the source of the unobligated balance (UOB) to be carried over (e.g., the specific supplemental awards or base operational funding). If you wish to carry over UOB in excess of 25% of the total amount awarded, you must submit a prior approval request for carryover in the HRSA Electronic Handbooks (EHBs). Contact your Grants Management Specialist with any questions.

6. If you receive funding through the Health Care for the Homeless Program (Section 330(h)) or the Public Housing Primary Care Program (Section 330(i)), you must maintain or increase the level of services that you provide to these populations. You must use this program funding to supplement, and not supplant, any current expenditures that target these populations. This includes the value of in-kind contributions for services to these populations. (Section 330(h)(3) and (i)(2) of the Public Health Service (PHS) Act (42 U.S.C. 254b)).

7. According to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed.

8. You must submit a separate Medicare Federally Qualified Health Center (FQHC) enrollment application for each site at which you provide services. This includes both permanent sites and seasonal sites under your HRSA scope of project (refer to <https://bphc.hrsa.gov/programrequirements/scope.html> for more information). You must enroll each permanent site as an FQHC in Medicare and submit claims using its unique FQHC Medicare billing number to your Medicare Administrative Contractor (MAC) to receive FQHC reimbursement.

To enroll in Medicare, first obtain a National Provider Identifier (NPI) at <https://npes.cms.hhs.gov/>. You may enroll in Medicare electronically via the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) available at <https://pecos.cms.hhs.gov>. PECOS automatically routes applications to the appropriate Medicare Administrative Contractor (MAC) for review and approval. While HRSA encourages you to submit an electronic application, you may submit a paper application, available at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf>. To identify the address of the MAC in your state where you should mail your application, refer to <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index?redirect=/MedicareProviderSupEnroll>. Please note, when enrolling new sites (specifically, when HRSA approves a new service site through the change in scope process or through a funded application), you must provide the Notice of Award that documents HRSA approval of the new site as part of the initial enrollment process with CMS. A copy of the Form 5B: Service Sites list from EHBs will not be acceptable documentation for a new site. For information on enrollment of sites as FQHCs see: <https://www.cms.gov/medicare/provider-enrollment-and-certification/become-a-medicare-provider-or-supplier>

As a reminder, CMS requires each FQHC (specifically, each health center site) enrolled in Medicare to revalidate its enrollment information every five years, though CMS may request more frequent revalidations. Health centers may look up the revalidation due date for each Medicare enrolled FQHC by using this tool: <https://data.cms.gov/tools/medicare-revalidation-list>.

Contact your State Medicaid office to determine the process and timeline for enrolling as an FQHC in Medicaid to become eligible for Medicaid reimbursement.

9. You must comply with all Health Center Program requirements. The Health Center Program Compliance Manual (<https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>) describes Health Center Program requirements and how health centers can demonstrate compliance. The Compliance Manual is the basis for HRSA's compliance determinations, and you should reference it when you respond to Progressive Action condition(s) placed on your Notice of Award when HRSA finds an area of non-compliance.

For additional information on the Progressive Action process, refer to Chapter 2: Health Center Program Oversight of the Compliance Manual. If you elect to respond to a condition by demonstrating compliance in a manner alternative to the guidance specified in the Compliance Manual, the response must: 1) explicitly indicate that the health center is proposing an alternative means of demonstrating compliance; and 2) include an explanation and documentation of how this alternative explicitly demonstrates compliance with applicable Health Center Program requirements. All responses to conditions are subject to review and approval by HRSA.

10. You are responsible for making sure your Health Center Program scope of project is accurate. This includes updating or requesting prior approval for significant changes to the scope of project. Your scope of project includes the approved service sites, services, providers, service area, and target population which are supported (fully or in part) by your total approved health center budget. In addition, the scope of project serves as the basis for eligibility for associated programs, such as Medicare and Medicaid Federally Qualified Health Center (FQHC) enrollment and reimbursements, Federal Tort Claims Act coverage, and 340B Drug Pricing. Documenting and maintaining an accurate scope of project is critical to overseeing and managing programs funded under section 330 of the PHS Act.

You must submit requests to change the approved scope of project via the HRSA Electronic Handbooks (EHBs) Change in Scope Module. Refer to the Scope of Project webpage (<http://www.bphc.hrsa.gov/programrequirements/scope.html>) for details about changes to sites, services, service area zip codes, and target population(s).

11. You are required to submit an annual Budget Period Progress Report (BPR). In your BPR you will report on progress you've made since your last Service Area Competition or BPR submission, and you will describe expected changes for the upcoming budget period. HRSA must approve the BPR before we release funding for following years. Funding also depends on Congressional appropriation, program

compliance, organizational capacity, and a determination that continued funding would be in the best interest of the federal government. If HRSA does not receive your BPR by the deadline, or if your BPR is incomplete or non-responsive, there could be a delay in Notice of Award (NoA) issuance or a lapse in funding.

12. Some Health Center Program award recipients carry out all or a portion of their project through the disbursement of Health Center Program federal award funds to another entity, referred to as a "subaward" as defined in 45 CFR part 75. A health center that makes a subaward(s) must document its determination that, at the time such a subaward is made, the entity that receives the subaward (the subrecipient) meets all the Health Center Program requirements applicable to the award recipient's Health Center Program Federal award. During the period of performance, HRSA will require that you submit each subrecipient agreement for review and provide documentation of your subrecipient's compliance with applicable Health Center Program requirements. This includes but is not limited to documentation demonstrating compliance with requirements found in Section 330 of the PHS Act (42 U.S.C. § 254b), 42 CFR part 51c and 42 CFR part 56 (for Community and Migrant Health Centers, respectively). All subrecipients must also comply with applicable requirements, particularly those outlined in 45 CFR 75.351-353. Refer to Chapter 12: Contracts and Subawards of the Health Center Program Compliance Manual for additional information.

Certain entities may be eligible to receive additional federal benefits associated with the receipt of Health Center Program funding - including Federally Qualified Health Center (FQHC) payment rates under Medicaid and Medicare, 340B Drug Pricing, and Federal Tort Claims Act (FTCA) coverage. However, you and/or subrecipients may have to meet additional requirements and take additional actions to receive them.

- For questions related to FQHC payment rates, visit [the CMS FQHC Center](#).
- For questions related to 340B Drug Pricing, visit [the HRSA's Office of Pharmacy Affairs Registration site](#).
- For questions related to FTCA coverage, review the [Federal Tort Claims Act Health Center Policy Manual](#).

13. The Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Final Rule outlines the requirements for Medicaid and Medicare providers and suppliers, including federally qualified health centers (FQHCs), to develop and maintain an emergency preparedness communication plan and develop and maintain annual training and testing programs. Health Center Program award recipients must comply with all applicable Federal statutes and regulations including these CMS requirements. For questions on the CMS Emergency Preparedness FQHC requirements contact: SCGEmergencyPrep@cms.hhs.gov
14. We expect you to coordinate with your Primary Care Association (PCA) when developing an emergency communication plan. PCAs can assist you with emergency preparedness, response, and recovery planning. During emergencies, you should make reasonable efforts to respond to requests for information from your PCA. PCAs collect critical information from health centers during and after emergencies, and they are able to connect you with regional and state emergency response plans and activities. PCAs also share this critical information with HRSA and other U.S. Department of Health and Human Services offices as needed.
15. You may use Health Center Program funding to support activities that advance your cyber resiliency, including activities such as:
- Cybersecurity staff, contractor support, and tools including cybersecurity cloud services.
 - Costs associated with developing, implementing, and ensuring personnel are trained in cyber security practices.
 - Assessment, evaluation, and installation of infrastructure capabilities and systems for preventing and responding to cyber-attacks including malware, spyware, phishing, trojans, distributed denial of Service (DDoS) attacks, and ransomware.
 - Development and implementation of a cybersecurity continuity of operation plan to increase capabilities and mitigate the impact of cyber-attacks.
 - Cybersecurity insurance.

For additional information, refer to the HHS Cybersecurity Guidelines for HIPAA covered entities at <https://www.hhs.gov/hipaa/for-professionals/security/guidance/cybersecurity/index.html> and the Cybersecurity and Infrastructure Security Agency database of resources at <https://www.cisa.gov/resources-tools/resources/free-cybersecurity-services-and-tools>. We also encourage you to reach out to your [Health Center Controlled Network](#), which may have additional resources.

16. Health Center Program funds may be used to purchase supplies necessary for use by health center patients to access in-scope services via telehealth or virtual care or to support such services via remote monitoring technology. Items may include health and wellness-related technology hardware and software, computer and mobile phone applications, and devices that support patient participation in virtual appointments, remote home monitoring, and engagement in care through telemedicine. If you choose to use HRSA funds to purchase supplies for these purposes, be aware that funds may not be used to provide these items as incentives to individuals to induce them to select the health center as their provider. Additionally, you must ensure such purchases align with your organization's policies and procedures, and maintain appropriate records and cost documentation as required by [45 CFR §75.302](#). HRSA encourages you to review the following guidance on the federal anti-kickback and physician self-referral law. You cannot provide incentives conditioned on an

individual's past or anticipated future use of services that are reimbursable in whole or in part by federal health care programs. For specific inquiries, please contact OIGComplianceSuggestions@oig.hhs.gov.

- [Office of Inspector General Safe Harbor Regulations](#)
- [Final Rule: Safe Harbor for Federally Qualified Health Centers Arrangements Under the Anti-Kickback Statute](#)
- [Office of Inspector General Fraud and Abuse Laws](#)

Standard Term(s)

1. Your organization must have policies, procedures, and financial controls to follow all the [General Terms and Conditions](#). HRSA awards are based on the application submitted and approved by HRSA. All awards are subject to the General Terms and Conditions, in addition to those included in the Notice of Award or referenced in documents and attachments.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**
The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.
2. **Due Date: Annually (Calendar Year) Beginning: 01/01/2025 Ending: 12/31/2025, due 45 days after end of reporting period.**
You must submit your UDS report annually on or before February 15. Contact the UDS Support Line at 1-866-837-4357 or udshelp330@bphcdata.net for additional instructions or questions. Reporting technical assistance is available on the UDS Resources webpage (<https://bphc.hrsa.gov/datareporting/index.html>).

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Joshua Barnett	Business Official	jbarnett@pinellascounty.org
Elisa Degregorio	Program Director	edegregorio@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/>).