



**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**  
Joshua Barnett  
Health Care Administrator  
jbarnett@pinellascounty.org  
(727)464-8434
- 8. Authorized Official**  
Joshua T. Barnett  
Health Care Administrator  
jbarnett@co.pinellas.fl.us  
(727)464-8481

**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**  
2 H80CS00024-22-00
- 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**  
Competing Continuation
- 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>	\$1,445,233.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$1,445,233.00
<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>\$5,710,600.00</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	\$5,228,856.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Lisa Ayoub on 01/19/2023

**30. Remarks**

This grant is included under expanded authority.



Notice of Award  
Award Number: 2 H80CS00024-22-00  
Federal Award Date: 01/19/2023

**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:	\$22,888.00
b. Fringe Benefits:	\$8,561.00
c. Total Personnel Costs:	\$31,449.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$750.00
g. Travel:	\$5,555.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$171,627.00
j. Consortium/Contractual Costs:	\$5,501,219.00
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:	\$5,710,600.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$5,710,600.00
i. Less Non-Federal Share:	\$3,783,623.00
ii. Federal Share:	\$1,926,977.00

**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	\$0.00

**35. FORMER GRANT NUMBER**  
H66CS00382

**36. OBJECT CLASS**  
41.51

**37. BHCNIS#**  
042040

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

a. Authorized Financial Assistance This Period	\$1,926,977.00
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	\$481,744.00
d. Less Cumulative Prior Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$1,445,233.00

**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
23 - 398879M	93.527	23H80CS00024	\$1,445,233.00	\$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)

1. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests.
2. Your award/designation is for a 3-year period of performance/designation.
3. A new or renewed waiver of the 51 percent patient majority governance requirement was requested on Form 6B: Request for Waiver of Board Member Requirements. **The application demonstrated good cause for requesting the waiver and appropriate mechanisms detailing how you intend to meet the intent of the statute for the waived requirement. This waiver and the implementation of these mechanisms for addressing patient representation are approved for the length of the period of performance established with this award.** Be advised that the health center's governing board must fulfill all other Health Center Program requirements, including board responsibilities, authorities, and functions.
4. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**  
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:  
<http://pms.psc.gov/find-pms-liaison-accountant.html>
5. **This award includes annualized Ending the HIV Epidemic – Primary Care HIV Prevention (PCHP) funding consistent with the decision and terms outlined in the FY 2022 pro-rated PCHP funding action.**
6. **This action awards prorated funding support through November 30, 2023 based on your FY 2023 target funding under the Health Center Program. The balance of grant support for the FY 2023 budget period will be provided in a subsequent action based on the final FY 2023 Health Center Program appropriation.**

### Program Specific Term(s)

1. If federal funds have been used 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. 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, and from other revenue sources such as state, local, or other federal grants or contracts; private support; and income generated from fundraising and donations/contributions.

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.

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 for such products to maximize results for the health center and its patients. Eligible health care organizations/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](http://www.hrsa.gov/opa).
4. The Uniform Data System (UDS) annual performance report is due in accordance with specific instructions from the Program Office. Failure to submit a complete UDS report by the specified deadline may result in HRSA placing additional conditions and/or restrictions on your award, including the requirement that all drawdowns of Health Center Program award funds from the Payment Management System have prior approval from the HRSA Division of Grants Management Operations and/or limits on eligibility to receive future supplemental funding.
5. This grant is governed by the post-award requirements cited in Subpart D-Post Federal Award Requirements, standards for program and fiscal management of 45 CFR Part 75, except when the Notice of Award indicates in the "Remarks" section that the grant is included under "Expanded Authority." These recipients may take the following action without prior approval of the Grant Management Officer: Section 75.308 (d)(3) Carry forward unobligated balances (UOB) to subsequent periods of performance: Except for funds restricted on a Notice of Award, recipients are authorized to carry over unobligated grant funds remaining at the end of that budget period up to 25% of the amount awarded for that budget period. In all cases, the recipient must notify HRSA when it has elected to carry over UOB under Expanded Authority and indicate the amount to be carried over. This notification must be provided by the recipient under item 12, "Remarks," on the initial submission of the Federal Financial Report (FFR). In this section of the FFR, the recipient must also provide details regarding the source of the UOB for each type of funding received and to be carried over (e.g., the specific supplemental award(s), base operational funding). If the recipient wishes to carry over UOB in excess of 25% of the total amount awarded, the recipient must submit a prior approval request for carryover in the HRSA Electronic Handbooks (EHBs). Contact your Grants Management Specialist with any questions.
6. Pursuant 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.
7. You are required to submit an annual Budget Period Progress Report Non-Competing Continuation (NCC) to report on progress made from the beginning of your most recent budget period until the date of NCC submission, the expected progress for the remainder of the budget period, and any projected changes for the following budget period. HRSA approval of an NCC is required for the release of each subsequent year of funding. Such funding is also dependent on Congressional appropriation, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the federal government. Failure to submit the NCC by the established deadline, or submission of an incomplete or non-responsive progress report, may result in a delay or a lapse in funding.
8. You must submit a separate Medicare Federally Qualified Health Centers (FQHC) enrollment application for each permanent site at which you provide services. This includes both permanent sites and seasonal sites under your HRSA scope of project (see <https://bphc.hrsa.gov/programrequirements/scope.html> for more information). Each permanent site must be individually enrolled in Medicare as an FQHC and submit for FQHC reimbursement using its unique FQHC Medicare billing number.

In order to enroll in Medicare, first obtain a National Provider Identifier (NPI) at <https://nppes.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 for review and approval. While HRSA encourages electronic application, you may alternatively choose to submit a paper application, available at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf>. To identify the address where the package should be mailed, refer to <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index?redirect=/MedicareProviderSupEnroll>. The appropriate Medicare contractor is listed next to the Fiscal Intermediary.

Contact your State Medicaid office to determine the process and timeline for becoming eligible for payment as an FQHC under Medicaid.

9. You must comply with all Health Center Program requirements. The Health Center Program Compliance Manual (<https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>) identifies Health Center Program requirements and provides guidance for health centers regarding ways that they may demonstrate compliance with these Health Center Program requirements. The Compliance Manual also serves as the foundation for HRSA's compliance determinations and for health centers when responding to any subsequent Progressive Action condition(s) placed on a Notice of Award or Notice of Look-Alike Designation due to an identified area(s) of non-compliance. For additional information on the Progressive Action process, see 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. Your scope of project includes the approved service sites, services, providers, service area, and target population which are supported (wholly or in part) under 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. Proper documentation and maintenance of an accurate scope of project is critical in the oversight and management of programs funded or designated under section 330 of the PHS Act.

You are responsible for maintaining the accuracy of your Health Center Program scope of project, including updating or requesting prior approval for significant changes to the scope of project when applicable. You must submit requests to change the approved scope of project for approval 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 pertaining to changes to sites, services, service area zip codes, and target population(s).

11. By accepting these grant funds, you acknowledge your commitment to providing services to the number of unduplicated patients projected to be served on Form 1A: General Information Worksheet in calendar year 2024 (January 1 – December 31, 2024). HRSA will track progress toward meeting the total unduplicated patient projection (the patient projection from this application, plus other patient projections from funded supplemental applications for which the projections can be monitored) in calendar year 2024. For more information, visit the Patient Target FAQs (<https://bphc.hrsa.gov/program-opportunities/sac/patient-target-faq>). Failure to meet this total patient commitment may result in a reduction of total funding announced for the service area in the next Service Area Competition.
12. Some Health Center Program award recipients carry out all or a portion of their project through the disbursement of Health Center Federal program 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 Health Center Program site visits or application reviews, HRSA may require the Health Center Program award recipient to provide documentation of its 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 grants requirements, particularly those set forth in 45 CFR 75.351-353. See Chapter 12: Contracts and Subawards of the Health Center Program Compliance Manual for additional information.

Note that 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, such benefits have additional requirements and may require additional actions by recipients and/or subrecipients to obtain them.

For example, in order to establish eligibility for FTCA coverage under the Federally Supported Health Centers Assistance Acts of 1992 of 1995 (section 224(g)-(n) of the PHS Act), “subrecipients” are eligible for FTCA coverage “only if they provide a full range of health care services on behalf of an eligible grantee and only for those services carried out under the grant funded project.” 42 CFR 6.3(b). Such subrecipients seeking FTCA coverage for their grant-related activities also must submit a deeming application through the award recipient in the form and manner required by HRSA and be separately deemed as PHS employees for this purpose in order for FTCA coverage to apply. See: <https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/pal-2021-01.pdf>. Similarly, both recipients and subrecipients must comply with the Centers for Medicare & Medicaid Services (CMS) and state Medicaid programs for FQHC payment/reimbursement. See: <https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center>.

## Standard Term(s)

1. Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA [Standard Terms](#) (unless otherwise specified on your Notice of Award), and [Legislative Mandates](#). The effectiveness of these policies, procedures, and controls is subject to audit.

## 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: 01/01/2023 Ending: 12/31/2023, due 45 days after end of reporting period.**

The Uniform Data System (UDS) is a core set of information appropriate for reviewing the operation and performance of health centers. The data help to identify trends over time, enabling HRSA to establish or expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations. UDS data also inform Health Center programs, partners, and communities about the patients served by health centers. 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](mailto:udshelp330@bphcdata.net) for additional instructions or for 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, Point of Contact	<a href="mailto:jbarnett@pinellascounty.org">jbarnett@pinellascounty.org</a>
Joshua Barnett	Program Director	<a href="mailto:jbarnett@pinellascounty.org">jbarnett@pinellascounty.org</a>
Joshua T. Barnett	Authorizing Official	<a href="mailto:jbarnett@co.pinellas.fl.us">jbarnett@co.pinellas.fl.us</a>

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/>).