

BOARD OF COUNTY COMMISSIONERS

DATE: November 18, 2014
AGENDA ITEM NO. 15

Consent Agenda

Regular Agenda

Public Hearing


County Administrator's Signature:

Subject:

Approval of a Grant Award from the U.S. Department of Health and Human Services, Health Resources and Services Administration for the Mobile Medical Unit.

Department:

Health and Community Services 

Staff Member Responsible:

Lynda M Leedy, Interim Executive Director

Recommended Action:

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS (BOARD) APPROVE ACCEPTANCE OF GRANT AWARD FROM THE U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) FOR THE MOBILE MEDICAL UNIT (MMU).

IT IS ALSO RECOMMENDED THE COUNTY ADMINISTRATOR BE DELEGATED AUTHORITY TO APPROVE ADDITIONAL GRANT FUNDING FROM HRSA FOR THE MMU THAT MAY OCCUR DURING THE NOVEMBER 1, 2014 THROUGH OCTOBER 31, 2015 GRANT YEAR.

Summary Explanation/Background:

A Notice of Grant Award from the U.S. Department of Health and Human Services, Health Resources and Services Administration has been received in the amount of \$581,256.00 for the grant period of November 1, 2014 through October 31, 2015 for MMU. Pinellas County contracts with the State of Florida Department of Health in Pinellas County for delivery of MMU services under this award for health care assistance to the homeless and medically underserved citizens of Pinellas County.

Additional funding may be available or awarded throughout the grant budget year. For this reason, it is recommended the County Administrator be delegated the authority to accept additional grant awards that may occur from November 1, 2014 to October 31, 2015.

Fiscal Impact/Cost/Revenue Summary:

\$581,256.00 Federal grant revenue

\$423,929.00 Pinellas County Appropriation Funded in Health and Community Services - Health Program Fiscal Year 2015 Budget.

Attachments/Exhibits:

1. Contract Review Transmittal Slip
2. Notice of Award dated October 15, 2014

NON-PURCHASING CONTRACT REVIEW TRANSMITTAL SLIP**PROJECT: Acceptance and approval of multiple notices of grant award for the MMU****CONTRACT NO.:** number**ESTIMATED EXPENDITURE / REVENUE:** \$581,256.00
(Circle or underline appropriate choice above.)

In accordance with Contract Administration and its Review Process, the attached documents are submitted for your review and comment. Please complete this Non-Purchasing Contract Review Transmittal Slip below with your assessment, and **forward to the next Review Authority on the list, skipping any authority marked "N/A."** Indicate suggested changes by noting those in "Comments" column, or by revising, in RED, the appropriate section(s) of the document(s) to reflect the exact wording of the desired change(s).

OTHER SPECIFICS RELATING TO THE CONTRACT: Each year, Pinellas County MMU receives non-competitive continuation funding from the federal Health Resources and Services Administration. This Agenda item calls for acceptance and approval by the BCC for the Notice of Award from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) for the Mobile Medical Unit.

REVIEW SEQUENCE	DATE	INITIAL/ SIGNATURE	COMMENTS (IF ANY)	COMMENTS REVIEWED & ADDRESSED OR INCORPORATED
Originator: Lynda Leedy	10/24/14 10/24/14	TL TB		
Risk Mgmt: Virginia Holscher Out to 10-27-14	10/28/14	VEH	Public Entity to Public Entity Grant funding	
Finance:** Cassandra Williams	10/28/14	CW		
OMB:** Bill Berger	10/29/14	B	See attached.	
Legal: Carl Brody	10/29/14	C	Grant submitted option to change (re-granting bid requirements)	
Assistant County Administrator: Bruce Moeller	10/30/14		electronic review	

Please return to Elisa DeGregorio By ASAP.
All inquiries should be made to 4-8434 ext..

** See Contract Review Process

Revised 2.27.14

OMB Contract Review

Contract Name	Acceptance and approval of multiple notices of grant award for the Mobile Medical Unit (MMU)		
CATS#	45893	Contract #	N/A

Mark all Applicable Boxes:

Type of Contract			
CIP		Grant	X
		Other	
		Revenue	X
		Project	

Contract information:

New Contract (Y/N)	Y	Original Contract Amount	\$242,190
Fund(s)	0001	Amount of Change	\$339,066
Cost Center(s)	100200	Contract Amount	\$581,256
Program(s)	1569	Amount Available	Total: \$581,256
Account(s)	3316201	Included in Applicable Budget? (Y/N)	Y
Fiscal Year(s)	FY15		
Description & Comments			
(What is it, any issues found, is there a financial impact to current/next FY, does this contract vary from previous FY, etc.)			
Pinellas County has been awarded \$581,256 from the Federal Health Resources and Services Administration for administration of the Mobile Medical Unit (MMU). The annual grant period for this award is 11/1/2014 through 10/31/2015. This award was estimated as part of the FY15 budget at \$531,280.			

Analyst: Paul Dean

Ok to Sign:

Instructions/Checklist

1. Upon receipt of a contract and notification in County Admin Tracking System (CATS) review the Agenda and Contract for language and accuracy. Make sure there are available funds, the dept is not overextending itself, was it planned, etc.
2. Complete the form above using the contract document and the County accounting & budgeting systems.
3. Use the "Description & Comments" section to give a brief summary of the contract and include your thoughts and pertinent information.
4. Print the form, initial, and leave folder on the Director's desk.
5. Login to CATS and click in the cell next to your name. A date will appear and click on the date you completed your review. Choose save and close the CATS system.

1. DATE ISSUED: 10/15/2014		2. PROGRAM CFDA: 93.224	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 5 H80CS00024-14-00		4b. GRANT NO.: H80CS00024	
		5. FORMER GRANT NO.: H66CS00382	
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 10/31/2015			
7. BUDGET PERIOD: FROM: 11/01/2014 THROUGH: 10/31/2015			



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 :	\$0.00
b. Fringe Benefits :	\$0.00
c. Total Personnel Costs :	\$0.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$0.00
g. Travel :	\$0.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$581,256.00
j. Consortium/Contractual Costs :	\$0.00
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 :	\$581,256.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$581,256.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$581,256.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$581,256.00
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	\$242,190.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$339,066.00

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 Part 74.24 OR 45 CFR 92.25 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: \$0.00

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 74 or 45 CFR Part 92 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 Helen Harpold, Grants Management Officer on : 10/15/2014

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 - 3980879	93.224	15H80CS00024	\$110,483.00	\$0.00	HCH	HealthCareCenters_15
15 - 398879E	93.527	15H80CS00024	\$228,583.00	\$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://grants.hrsa.gov/webexternal/login.asp> 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 special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Condition(s)

1. Due Date: Within 30 Days of Award Issue Date

Submit a revised SF 424A, Line Item Budget, and Budget Narrative Justification for the Federal award of \$581,256.00. The Federal amount refers to only the Federal section 330 Health Center Program grant funding for this award, not all Federal grant funding that an applicant receives. Also include the budget breakdown for non-Federal resources. (Refer to budget requirements in the Service Area Funding Opportunity Announcement or Budget Period Renewal Non-Competing Continuation guidance for budget format.)

The budget justification must detail the costs of each line item within each object class category. For the Personnel line item, you must include the following for each employee supported by funds from this award: name of employee; base salary; % FTE on the grant; and amount of Federal funds (wages and % of fringe benefits) to be paid for the budget year. This personnel information requirement also applies to subawards/subcontracts supported by Federal funds from this grant.

Federal grant funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the Federal Executive Pay scale (currently \$181,500). This amount reflects an individual's base salary exclusive of fringe benefits and income that an individual may be permitted to earn outside of the duties to the applicant organization (i.e., rate limitation only limits the amount that may be awarded and charged to HRSA grants.)

Please contact your Grants Management Specialist for specific submission instructions.

Program Specific Condition(s)

1. Due Date: 11/13/2014

As of 10/10/2014, HRSA has not received the submission for the condition stated below which was originally issued in Notice of Award# 6 H80CS00024-13-05. This condition is being transferred from the previous budget period (11/01/2013 - 10/31/2014) to the new budget period (11/01/2014 - 10/31/2015). **The due date for the related submission is 11/13/2014.**

"

R.2.3 Substance Abuse Services (Health Care for Homeless): Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) of the PHS Act) Health centers requesting funding to serve homeless individuals and their families must provide substance abuse services among their required services. (Section 330(h)(2) of the PHS Act) Based upon a recent review, substance abuse services are not currently being offered either directly or through an appropriate established written arrangement or referral. Within 90 days, provide a plan to offer substance abuse services in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR Part 74.62(a))

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2. Due Date: 11/13/2014

As of 10/10/2014, HRSA has not received the submission for the condition stated below which was originally issued in Notice of Award# 6 H80CS00024-13-05. This condition is being transferred from the previous budget period (11/01/2013 - 10/31/2014) to the new budget period (11/01/2014 - 10/31/2015). **The due date for the related submission is 11/13/2014.**

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R.7.1 Board Authority: Health center governing board maintains appropriate authority to oversee the operations of the center, including:

- holding monthly meetings;
- approval of the health center grant application and budget;

- selection/dismissal and performance evaluation of the health center CEO;
- selection of services to be provided and the health center hours of operations;
- measuring and evaluating the organization's progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance; and
- establishment of general policies for the health center.

(Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304)

Note: In the case of public centers (also referred to as public entities) with co-applicant governing boards, the public center is permitted to retain authority for establishing general policies (fiscal and personnel policies) for the health center (Section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304(d)(iii) and (iv)). Within 90 days, provide a plan to address all applicable board authority issues in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR Part 74.62(a))

"

3. Due Date: 11/13/2014

As of 10/10/2014, HRSA has not received the submission for the condition stated below which was originally issued in Notice of Award# 6 H80CS00024-13-05 . This condition is being transferred from the previous budget period (11/01/2013 - 10/31/2014) to the new budget period (11/01/2014 - 10/31/2015). **The due date for the related submission is 11/13/2014.**

"

R.2.3 Required or Additional Services: Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) of the PHS Act). Based upon a recent review, one or more required or additional service is not currently being offered either directly or through an appropriate established written arrangement or referral. Within 90 days, provide a plan to offer these services in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR Part 74.62(a))

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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:
<http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>
2. This action approves the FY 2015 Budget Period Progress Report or Service Area Competition application and awards prorated support through May 31, 2015 based on the grantee's target FY 2015 funding under the Health Center Program (HCP). The HCP is currently operating under a Continuing Resolution since there is not a final FY 2015 appropriation for the program. A revised Notice of Award (NoA) will be issued later in the budget period after the final FY 2015 appropriation action is taken; the revised NoA will provide the remaining balance of grant support for the budget period that is consistent with the final appropriation for the HCP.
3. FY 2015 outreach and enrollment (O/E) funding has been included with the ongoing level of funding to support continued O/E assistance activities funded initially in FY 2013. The grantee will be required to continue to report on O/E progress via a quarterly progress report (QPR) to be submitted through the HRSA Electronic Handbook (EHB). HRSA will provide additional guidance regarding future funding and reporting requirements.
4. Health centers are expected to recognize any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes their marriage, including one of the 50 states, the District of Columbia, or a U.S. territory, or in a foreign country so long as that marriage would also be recognized by a U.S. jurisdiction. This applies regardless of whether or not the couple lives in a jurisdiction that recognizes same-sex marriage. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. Accordingly, health centers must review and revise, as needed, internal health center policies and procedures that include references to familial relationships, such as "spouse," "husband," "wife," "marriage," or other terms related to the recognition of a marriage and/or family, to reflect this recognition. In addition, HRSA will apply pertinent Health Center Program requirements, including those relating to sliding fee scale and conflict of interest, consistent with this interpretation.
5. The grantee is advised that funding under the Health Care for the Homeless program (Section 330h) requires the following: a) substance abuse services must be provided, in addition to the required primary care services; b) the user-majority Governing Board must include representation from your homeless population. (See BPHC Policy Information Notice 98-12); and c) the annual BPHC Uniform Data System

(UDS) submissions must include separate Tables 3, 4, and 6 for your Health Care for the Homeless patients in addition to the data you submit for your entire health center program.

- The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. 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. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.

You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://www.dpm.psc.gov/contacts/contacts.aspx?explorer.event=true>

Program Specific Term(s)

- 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 for assistance regarding Federal Interest in the property within 60 days of the issue date of this award.
- All HRSA grantees that receive discretionary funding issued under Section 330, Community Health Cluster Programs (H80), must ensure that all Federal funds used in support of this project adhere to the applicable cost principles identifiable to your type of organization (i.e., OMB Circular A-122, Cost Principles for Non-Profit Organizations and OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments). Special attention is called to Sections 11 and 15 within Attachment B of both OMB Circulars A-122 and A-87, regarding the cost treatment of depreciation and equipment and other capital expenditures.
Be advised if Federal funds from this grant are used to pay for equipment, which meets the Federal equipment definition as defined in Title 45 CFR Parts 74.2 and 92.3 as appropriate, and in the applicable cost principles, your organization will be required to provide a list of the equipment item(s) that are to be purchased and the cost per item. This information MUST be submitted to the Division of Grants Management Operations (DGMO) within 30 days of receipt of this Notice of Award (NoA). If we do not receive this information, our records and your subsequent annual award will reflect that only non-Federal resources were used to support these costs. Should you have any concerns regarding the allowability of Federal costs please contact DGMO prior to expending funds on any questionable items.
- Program income (item 15(d)) - Non-grant funds (State, local, and other operational funding and fees, premiums, and third-party reimbursements which the project may reasonably be expected to receive, including any such funds in excess of those originally expected), shall be used as permitted under the law and may be used for such other purposes as are not specifically prohibited under the law if such use further the objectives of the project.
- An independent annual financial audit of any books, accounts, financial records, files, and other papers and property which relate to the disposition or use of the funds received under this grant and such other funds received by or allocated to the project for which such grant was made is required by the authorizing legislation. The due date for all audits is within 30 days of receipt of the audit from the auditor or within 9 months of the end of the corporate fiscal year, whichever is earlier. OMB Circular A-133 requires that an A-133 audit (total Federal funds expended in the corporate fiscal year must be \$500,000 or more) must be conducted for the entity named in block 9 of this Notice of Award and that a copy of the audit must be sent to the Federal Audit Clearinghouse designated by OMB (Federal Audit Clearinghouse Bureau of the Census, 1201 East 10th Street Jefferson, IN 47132, PHONE: (310) 457-1551, (800)253-0696 (toll free), email: <http://harvester.census.gov/sac/facconta.htm>.
In addition, section 330(q) of the Public Health Service Act also requires that entities funded under section 330 be audited. For this reason, a copy of the A-133 audit must also be submitted to the HRSA through the electronic handbooks. The A-133 audit reporting package submitted to HRSA must include:
Evidence that the audit included a review and opinion on the compliance standards for the Health Centers program (CFDA 93.224) contained in the applicable A-133 Compliance Supplement. If not required by OMB Circular A-133 (Total Expenditure of Federal funds is less than \$500,000), per section 330(g) of the Public Health Service Act, the audit, must be completed in accordance with generally accepted accounting principles and must evaluate:
 - The entity's implementation of cost accounting requirements,
 - The processes used by the entity to meet the financial and program reporting requirements; and,
 - The billing and collection procedures of the entity and the relation of the procedures to its fee schedule and schedule of discounts and to the availability of health insurance and public programs to pay for the health services it provides.
 - The audit must include the Auditor's report (including the auditor opinion, financial statements, auditor's notes and required communication from the auditor. In addition, the audit must include any management letters issued by the auditor. The non-A133 audit must be submitted to

the HRSA through the electronic handbooks.

5. Consistent with Departmental guidance, HRSA grantees that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the grantee organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B 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.
6. Uniform Data System (UDS) report is due in accordance with specific instructions from the Program Office.
7. 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).
8. Grantees are reminded that separate Medicare enrollment applications must be submitted for each "permanent unit" at which they provide services. This includes units considered both "permanent sites" and "seasonal sites" under their HRSA scope of project. (For the definition of permanent and seasonal sites under the scope of project, see Section III of Program Information Notice 2008-01, Defining Scope of Project and Policy for Requesting Changes at <http://bphc.hrsa.gov/policy/pin0801/definingscope.htm>) Therefore, for Medicare purposes, a single health center organization may consist of two or more FQHCs, each of which must be separately enrolled in Medicare and submit bills using its unique Medicare Billing Number.

The Medicare enrollment application can be located at <http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf>. To identify the address where the package should be mailed, please refer to http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf. The appropriate Medicare contractor is listed next to "Fiscal Intermediary."

Successful enrollment in Medicare as an FQHC does **not** automatically qualify a health center for payment as an FQHC under its State Medicaid program. Health centers should contact their State Medicaid office directly to determine the process and timeline for becoming eligible for payment as an FQHC under Medicaid.

Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or itemFor which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 74.25 [Note: 74.25 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 92.30 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.

In addition to the prior approval requirements identified in Part 74.25, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 92, this requirement is in lieu of that in 45 CFR 92.30(c)(1)(ii) which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Parts 74.25 and 92.30 unless HRSA has specifically exempted the grantee from the requirement(s).]

6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at www.DPM.PSC.GOV.
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with OMB Circular A-133, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800)253-0696 toll free <http://harvester.census.gov/sac/facconta.htm>
9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.
10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. HRSA funds may not be used to pay the salary of an individual at a rate in excess of \$181,500 (the Executive Level II salary of the Federal Executive Pay scale). This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts for substantive work under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with institutional policy. **Your award amount will not necessarily be recalculated to adjust for necessary reductions in salaries included in your proposal. However, none of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the salary limitation.** [It is important to note that an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.]
12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov>.

It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be

updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.

Reporting Requirement(s)

1. Due Date: Annually (Calendar Year) Beginning: 01/01/2015 Ending: Project End Date, due 46 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 UDS tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. It is reviewed to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. 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 are compared with national data to review differences between the U.S. population at large and those individuals and families who rely on the health care safety net for primary care. UDS data also inform Health Center programs, partners, and communities about the patients served by Health Centers. Health centers must report annually in the first quarter of the year. The UDS submission deadline is February 15 every year. Please consult the Program Office for additional instructions. Reporting technical assistance can be found at <http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/index.html>.

2. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.

The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

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
Natalie Jackson	Authorizing Official, Point of Contact	njackson@pinellascounty.org
Frederick L Dean	Business Official	fdean@co.pinellas.fl.us
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

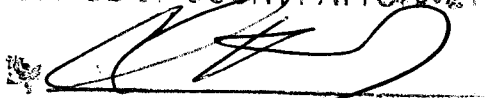
Rockville, MD, 20852-1750
Email: djohnson1@hrsa.gov
Phone: (301) 443-7182

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Bryan Rivera at:

MailStop Code: 11-03
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: brivera@hrsa.gov
Phone: (301) 443-8094
Fax: (301) 443-9810

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end.

Attorney