1. DATE ISSUED:

08/12/2019

2. PROGRAM CFDA: 93.224

3. SUPERSEDES AWARD NOTICE dated: 08/01/2019

except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4a. AWARD NO.: 6 H80CS00024-18-03

4b. GRANT NO.: H80CS00024

5. FORMER GRANT

NO.:

H66CS00382

6. PROJECT PERIOD:

FROM: 11/01/2001 THROUGH: 02/28/2022

7. BUDGET PERIOD:

FROM: 03/01/2019 THROUGH: 02/29/2020



#### NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III, Section 330 Public Health Service Act, Section 330, 42 U.S.C. 254b

Affordable Care Act, Section 10503 Public Health Service Act, Section 330, 42 U.S.C. 254, as

amended. Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b,

as amended Public Health Service Act, Section 330, 42 U.S.C. 254b, as

amended Public Health Service Act, Section 330(e), 42 U.S.C. 254b Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient

Protection and Affordable Care Act (P.L. 111-148) Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)

Public Health Service Act, Section 330, as amended (42 U.S.C. 254b)

Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)

Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended)

#### 8. TITLE OF PROJECT (OR PROGRAM): Health Center Program

#### 9. GRANTEE NAME AND ADDRESS:

Pinellas County Board of County Commissioners

315 Court St

Clearwater, FL 33756-5165

**DUNS NUMBER:** 

055200216

f. Supplies:

i. Other:

BHCMIS # 042040

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL

INVESTIGATOR) Karen Yatchum

Pinellas County Board of County Commissioners

440 Court St

Clearwater, FL 33756-5139

## 11.APPROVED BUDGET: (Excludes Direct Assistance)

[ ] Grant Funds Only

[X] Total project costs including grant funds and all other financial participation

a . Salaries and Wages :

b . Fringe Benefits : \$6,998.00

c . Total Personnel Costs : \$22,768.00

d . Consultant Costs: \$0.00

e . Equipment : \$0.00

q . Travel: \$0.00

\$0.00 h. Construction/Alteration and Renovation:

\$92,414.00 Consortium/Contractual Costs: \$3,928,376.00

k . Trainee Related Expenses : \$0.00

Trainee Stipends: \$0.00

Trainee Tuition and Fees: \$0.00

n . Trainee Travel : \$0.00

o. TOTAL DIRECT COSTS: \$4,043,708.00

p. INDIRECT COSTS (Rate: % of S&W/TADC): \$0.00

q . TOTAL APPROVED BUDGET : \$4,043,708.00

A=Addition B=Deduction C=Cost Sharing or Matching D=Other

i. Less Non-Federal Share: \$2,222,304.00

ii. Federal Share: \$1.821.404.00

Estimated Program Income: \$1,700.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period \$1.821.404.00

b. Less Unobligated Balance from Prior Budget

Periods

\$15,770.00

\$150.00

\$0.00 i. Additional Authority

ii. Offset \$0.00

c. Unawarded Balance of Current Year's Funds

\$0.00 d. Less Cumulative Prior Awards(s) This Budget \$1.764.565.00

e. AMOUNT OF FINANCIAL ASSISTANCE THIS \$56,839.00

**ACTION** 

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

YEAR	TOTAL COSTS	
19	\$1,456,815.00	
20	\$1,456,815.00	

#### 14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) a. Amount of Direct Assistance \$0.00

\$0.00 b. Less Unawarded Balance of Current Year's Funds c. Less Cumulative Prior Awards(s) This Budget Period \$0.00

\$0.00

[D]

d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

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:

Date Issued: 8/12/2019 3:45:42 PM Award Number: 6 H80CS00024-18-03

a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached [ X ]Yes []No)

Electronically signed by Elvera Messina, Grants Management Officer on: 08/12/2019

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
19 - 3988791	93.527	19H80CS00024	\$56,839.00	\$0.00	HCH	HEALTHCARECENTERS_19

Date Issued: 8/12/2019 3:45:42 PM Award Number: 6 H80CS00024-18-03

# 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/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## **Terms and Conditions**

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

## **Grant Specific Term(s)**

- 1. Purpose The purpose of the Fiscal Year (FY) 2019 Health Center Quality Improvement (QI) one-time grant supplement is to support health centers that displayed high levels of quality performance in Calendar Year 2018 Uniform Data System reporting to continue to strengthen quality improvement activities, including achieving new and/or maintaining existing patient centered medical home recognition. Health centers must use these funds for allowable costs and have discretion to determine what activities will best support the quality improvement activities of the health center. Such activities can include, but are not limited to:
  - Developing and improving health center systems and infrastructure, including training staff; developing policies and procedures; enhancing health information technology, certified electronic health record, and data systems; data analysis; and/or implementing targeted QI activities (including hiring consultants).
  - Developing and improving care delivery systems, supporting care coordination, case management, and medication management; developing and implementing contracts and formal agreements with other providers; laboratory reporting and tracking; training and workflow redesign to support team-based care; clinical integration of behavioral health, oral health, HIV care, and other services; and/or patient engagement activities.

QIA funding must be used for costs that are not otherwise supported by other Health Center Program operational grant (H80) funding. Funding Restrictions - Funds may not be used for fundraising, lobbying, incentives (gift cards, food), construction/renovation, facility or land purchases, or vehicle purchases. 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). This is consistent with past practice and long-standing requirements applicable to grant awards to health centers. You may budget FY 2019 QI funding without prior approval, provided that the proposed use of QI funding aligns with the purpose and restrictions noted on this Notice of Award and complies with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75. You are required to request prior approval from HRSA through EHB if some or all of the QI funding will be used to purchase unit(s) of equipment exceeding \$5,000 (see 45 CFR §75.439).

Reporting - You will be required to provide information on the QI activities supported through this one-time supplement via their FY 2021 Budget Period Progress Report (BPR). More information will be provided in the FY 2021 BPR instructions.

Funding Period - This award provides one-time funding that will be available for use through the end of your FY 2020 budget period, but should be used within 12 months of receipt. To use this funding in the FY 2020 budget period, the appropriate amount must be shown as unobligated (UOB) on line 10.h of the Annual Federal Financial Report (FFR), SF-425, and you must submit a Prior Approval Request to carry over these funds through EHB immediately following the FFR submission. Please consult your Grants Management Specialist for questions regarding submission of the FFR and/or Prior Approval Requests to carry over UOB funds.

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

## **Contacts**

## NoA Email Address(es):

Name	Role	Email
Karen Yatchum	Program Director	kyatchum@pinellascounty.org
Elisa Degregorio	Point of Contact	edegregorio@pinellascounty.org
Daisy Rodriguez	Authorizing Official	darodriguez@pinellascounty.org

Note: NoA emailed to these address(es)

## **Program Contact:**

Date Issued: 8/12/2019 3:45:42 PM Award Number: 6 H80CS00024-18-03

For assistance on programmatic issues, please contact Clarice Wilkinson at:

5600 Fishers Ln

Rockville, MD, 20852-1750 Email: cwilkinson@hrsa.gov Phone: (301) 443-7754

# **Division of Grants Management Operations:**

For assistance on grant administration issues, please contact Eric Brown at:

MailStop Code: 10SWH03 HHS/HRSA/OFAM/DGMO/HCB 5600 Fishers Ln

Rockville, MD, 20857-Email: Ebrown@hrsa.gov Phone: (301) 945-9844