

<b>1. DATE ISSUED:</b> 09/12/2016		<b>2. PROGRAM CFDA:</b> 93.224	
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 08/15/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
<b>4a. AWARD NO.:</b> 3 H80CS00024-15-09		<b>4b. GRANT NO.:</b> H80CS00024	<b>5. FORMER GRANT NO.:</b> H66CS00382
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 11/01/2001 <b>THROUGH:</b> 02/28/2019			
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2016 <b>THROUGH:</b> 02/28/2017			



**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)

**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)  
 Daisy Rodriguez  
 Pinellas County Board of County Commissioners  
 440 Court Street, 2nd floor  
 Clearwater, FL 33756-5139

**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 :	\$20,835.00
g . Travel :	\$1,388.00
h . Construction/Alteration and Renovation :	\$0.00
i . Other :	\$149,631.00
j . Consortium/Contractual Costs :	\$2,130,519.00
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 :	\$2,302,373.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q . TOTAL APPROVED BUDGET :	\$2,302,373.00
i. Less Non-Federal Share:	\$1,002,955.00
ii. Federal Share:	\$1,299,418.00

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

a. Authorized Financial Assistance This Period	<b>\$1,299,418.00</b>
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$1,257,179.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$42,239.00</b>

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

YEAR	TOTAL COSTS
16	\$1,371,615.00
17	\$1,371,615.00

**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	<b>\$0.00</b>

**15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:**  
**A=Addition B=Deduction C=Cost Sharing or Matching D=Other** [ D ]  
 Estimated Program Income: \$2,000.00

**16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:**  
 a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is

acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

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

*Electronically signed by Elvera Messina , Grants Management Officer on : 09/12/2016*

**17. OBJ. CLASS:** 41.51    **18. CRS-EIN:** 1596000800A2    **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
16 - 398879F	93.527	16H80CS00024	\$42,239.00	\$0.00	HCH	HealthCareCenters_16

## 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 award provides one-time supplemental funding for Fiscal Year (FY) 2016 Delivery System Health Information Investment (DSHII) supplemental funding activities for the period September 1, 2016 through August 31, 2017. As such, a portion of these funds are being provided for use in the health center's upcoming FY 2017 budget period. In order to use this funding in the upcoming budget period, the appropriate amount must be shown as un-obligated (UOB) on line 10.h of the Annual Federal Financial Report (FFR), SF 425. In addition, a Prior Approval Request to carry over these funds must be submitted through EHB immediately following the FFR submission. Consult the Grants Management Specialist for questions regarding submission of the FFR and/or Prior Approval Requests to carry over UOB funds. Ongoing funding will not be available to support activities initiated under this award after the 12-month funding period.
2. Health centers may re-budget Fiscal Year (FY) 2016 Delivery System Health Information Investment (DSHII) supplemental funding without prior approval as long as the proposed use of DSHII funding aligns with the intent of the DSHII supplemental funding opportunity (HRSA-16-191) and complies with requirements in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards at: <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. Note that health centers must implement allowable health information technology enhancements by the end of the 12-month funding period, even if the proposed activities change post award and/or if implementation delays arise.
3. Health centers may not use Fiscal Year (FY) 2016 Delivery System Health Information Investment (DSHII) supplemental funding to supplant existing resources (federal, state, local, or private). In addition, these funds may not be used on: costs incurred prior to award, patient care costs, direct hire personnel costs (i.e., salary and fringe benefits), purchase or upgrade of an EHR that is not certified by the Office of the National Coordinator for Health Information Technology (ONC), construction (including minor alterations and renovation), fixed/installed equipment, costs associated with the installation of equipment purchased with one-time DSHII funding, or facility, land, or vehicle purchases.
4. In the Approved Budget section of the Fiscal Year (FY) 2016 Delivery System Health Information Investment (DSHII) supplemental funding Notice of Award (item 11), all approved costs are included in the 'Other' budget line item (line i). Health centers must expend DSHII supplemental funding in accordance with the distribution across budget line items (otherwise referred to as object class categories) proposed in the approved application and/or any revisions submitted to HRSA prior to this award. (e.g., Equipment, Supplies, Contractual). Contact the Division of Grants Management Operations contact listed on the Notice of Award with any questions about this requirement.
5. Your organization will be required to report your progress on and the impact of the health information technology enhancements supported by the one-time DSHII award in future Budget Period Progress Report (BPR) Non-Competing Continuation (NCC) submissions.
6. This award provides Fiscal Year (FY) 2016 Delivery System Health Information Investment (DSHII) supplemental funding to support health centers to make strategic investments in health information technology enhancements. DSHII supplemental funding may only be used to support activities implemented at sites that are in the Health Center Program scope of project.

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
Daisy Rodriguez	Point of Contact	darodriguez@pinellascounty.org
Daisy M Rodriguez	Authorizing Official	darodriguez@pinellascounty.org
Daisy Rodriguez	Program Director	darodriguez@pinellascounty.org

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Arlene Walker at:  
DHHS/HRSA/BPHC  
61 Forsyth St SW  
Atlanta, GA, 30303-8931  
Email: arlene.walker@hrsa.hhs.gov  
Phone: (404) 562-4150  
Fax: (404) 562-7999

### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Eric Brown at:  
5600 Fishers Lane  
RM 10SWH03  
Rockville, MD, 20857-  
Email: Ebrown@hrsa.gov  
Phone: (301) 945-9844