

1. DATE ISSUED: 08/18/2020		2. PROGRAM CFDA: 93.224	
3. SUPERSEDES AWARD NOTICE dated: 05/27/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 H80CS00024-19-05		4b. GRANT NO.: H80CS00024	5. FORMER GRANT NO.: H66CS00382
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 02/28/2022			
7. BUDGET PERIOD: FROM: 03/01/2020 THROUGH: 02/28/2021			



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
 BHCMS # 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
 Total project costs including grant funds and all other financial participation

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$1,922,154.00
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	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$1,689,602.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$232,552.00

a. Salaries and Wages :	\$20,875.00
b. Fringe Benefits :	\$8,090.00
c. Total Personnel Costs :	\$28,965.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$750.00
g. Travel :	\$5,495.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$306,027.00
j. Consortium/Contractual Costs :	\$4,352,187.00
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 :	\$4,693,424.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$4,693,424.00
i. Less Non-Federal Share:	\$2,771,270.00
ii. Federal Share:	\$1,922,154.00

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

YEAR	TOTAL COSTS
20	\$1,597,565.00

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	\$0.00

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: \$1,704.00

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 : 08/18/2020

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
20 - 398879J	93.527	19H80CS00024	\$232,552.00	\$0.00	HCH	HEALTHCARECENTERS_19

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. This award includes funding in alignment with your FY 2019 Integrated Behavioral Health Services (IBHS) application, or revisions, if applicable. You may re-budget IBHS funding without prior approval, except as noted below, provided that the proposed use of IBHS funding aligns with the intent of the IBHS funding opportunity 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>. Budget adjustments must support your ability to expand access to substance use disorder (SUD) and/or mental health services, and increase patients receiving SUD and/or mental health services.
You are required to request prior approval from HRSA through EHBs if some or all of the funding will be used to purchase unit(s) of equipment exceeding \$5,000 (see 45 CFR § 75.439) or for significant rebudgeting of project costs as defined in the Standard Terms issued previously and as per 45 CFR § 75.308.
2. This award provides the next 12 months of Fiscal Year 2019 Integrated Behavioral Health Services (IBHS) supplemental funding, based on your organization meeting the requirement to add at least 0.5 full time equivalent (FTE) in substance use disorder (SUD) and/or mental health personnel within 8 months of the initial IBHS award. If you do not demonstrate adequate progress in increasing new and/or existing patients receiving SUD and/or mental health services, HRSA may reduce or not award IBHS funding in future budget periods.
3. This award provides one-time funding that will be available for use through the end of your FY 2021 budget period, with carryover under expanded authority or after HRSA prior approval (as applicable), but should be used within 12 months of receipt.
4. 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 2020 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).
5. You will be required to submit a final report into the HRSA Electronic Handbooks. The final report will describe the activities implemented using the FY 2020 Quality Improvement Award funding to support your health center's efforts to continue to strengthen quality improvement activities, including maintaining or achieving patient centered medical home recognition. Further details about the specific reporting requirement will be provided through separate guidance.
6. The purpose of the Fiscal Year (FY) 2020 Health Center Quality Improvement (QI) one-time grant supplement, as authorized by Section 330 of the Public Health Service Act (42 U.S.C. 254b (d), as amended), is to support health centers that displayed high levels of clinical quality measure performance in Calendar Year 2019 Uniform Data System reporting to continue to strengthen quality improvement activities, including maintaining or achieving patient centered medical home recognition.
Health centers must use these funds for allowable costs and have discretion to determine what activities will best support enhancing the quality of care at 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 and telehealth 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 and/or virtual 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.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Karen Yatchum	Authorizing Official, Program Director	kyatchum@co.pinellas.fl.us, kyatchum@pinellascounty.org
Elisa Degregorio	Business Official, Point of Contact	edegregorio@pinellascounty.org

Note: NoA emailed to these address(es)

Program Contact:

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

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Rockville, MD, 20852-1750

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Phone: (301) 443-7754

Division of Grants Management Operations:

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

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