

1. DATE ISSUED: 09/10/2015		2. PROGRAM CFDA: 93.224	
3. SUPERSEDES AWARD NOTICE dated: 08/18/2015 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 3 H80CS00024-14-12	4b. GRANT NO.: H80CS00024	5. FORMER GRANT NO.: H66CS00382	
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 02/29/2016			
7. BUDGET PERIOD: FROM: 11/01/2014 THROUGH: 02/29/2016			



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 :	\$42,832.00
b. Fringe Benefits :	\$18,723.00
c. Total Personnel Costs :	\$61,555.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$20,597.00
g. Travel :	\$2,510.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$290,610.00
j. Consortium/Contractual Costs :	\$1,573,575.00
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 :	\$1,948,847.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$1,948,847.00
i. Less Non-Federal Share:	\$539,429.00
ii. Federal Share:	\$1,409,418.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$1,409,418.00
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	\$1,160,546.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$248,872.00

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 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: \$1,764.00

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 [X]Yes []No)

Electronically signed by Sheila Gale , Grants Management Officer on : 09/10/2015

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 - 398879E	93.527	15H80CS00024	\$248,872.00	\$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://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. Effective December 26, 2014, all references to OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.
2. This award provides supplemental funding for Expanded Services (ES) activities for the period September 1, 2015 through August 31, 2016. As such, a portion of these funds are being provided for use in the grantee's upcoming FY 2016 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. Please consult the Grants Management Specialist for questions regarding submission of the FFR and/or Prior Approval Requests to carry over UOB funds. Pro-rated funding will be included in your annual FY 2016 award to support ES activities for the remainder of the FY 2016 budget period. Yearly funding equivalent to the amount of this award will continue beyond FY 2016 dependent upon Congressional appropriation and satisfactory grantee performance.
3. This NoA provides Health Center Expanded Services (ES) supplemental funding to support the expansion of comprehensive primary care services to underserved populations. Health Center Program grantees must ensure that ES funding will supplement, not supplant, existing service provision resources. Grantees are expected to begin the provision of new and expanded services within 120 days of award and to achieve the new patient projection included in the ES application by December 31, 2017. Patient projections from multiple opportunities, including this ES funding, will be added to compute each grantee's Patient Target, and future funding may be reduced if the Patient Target, representing patient commitments across multiple funding opportunities, is not achieved.
4. Grantees may re-budget Expanded Services (ES) funding without prior approval as long as the proposed use of ES funds aligns with the intent of the ES supplemental funding opportunity and complies with requirements in the HHS Grants Policy Statement available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>. Note that health centers must achieve the new patient targets proposed in the original ES application, even if the proposed activities change post award. Patient projections may not be revised.
5. Your organization will be required to report on progress made towards implementing the ES proposal and reaching your new patient projection through the annual Budget Period Progress Report. In addition, HRSA will monitor future UDS reports for demonstrated progress toward meeting the new patient projection.
6. ES funding cannot be used to support services that were: (1) not noted on Form 5A: Services Provided or (2) proposed for sites not included on Form 5B: Service Locations at the time of application. If your organization described the provision of a new service in your application, but did not modify the Form 5A appropriately as required, you must submit a Change in Scope request to ensure that your Form 5A will accurately reflect the new service you plan to provide as part of your ES-funded project. If a new service was proposed in the ES application in error, select "Not Implemented" in response to the corresponding scope verification condition. If you are not able to implement a new service within the specified timeframes, you can request to add the new service via the Change in Scope (CIS) module in EHB at a later date. The provision of new and/or expanded services, and the corresponding responses to scope verification conditions, must comply with current CIS policy. For more information on scope and the CIS process, see <http://bphc.hrsa.gov/programrequirements/scope.html>.
7. Due to the availability of resources, your Expanded Services funding amount has been increased by \$18,300; consistent with Health Center Program statutory distribution requirements, adjustments have been made to your FY 2015 program allocation. These adjustments do not reduce your FY 2015 target funding level nor impact your FY 2015 funded activities.

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

Contacts

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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

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Rockville, MD, 20852-1750

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Division of Grants Management Operations:

For assistance on grant administration issues, please contact Vincent Mani at:

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