

1. DATE ISSUED: 08/01/2019		2. PROGRAM CFDA: 93.224	
3. SUPERSEDES AWARD NOTICE dated: 07/15/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 3 H80CS00024-18-02		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
 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	\$1,764,565.00
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	\$1,597,565.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$167,000.00

a. Salaries and Wages :	\$15,770.00
b. Fringe Benefits :	\$6,998.00
c. Total Personnel Costs :	\$22,768.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$150.00
g. Travel :	\$0.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$35,575.00
j. Consortium/Contractual Costs :	\$3,928,376.00
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 :	\$3,986,869.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$3,986,869.00
i. Less Non-Federal Share:	\$2,222,304.00
ii. Federal Share:	\$1,764,565.00

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
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: \$1,700.00

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 Sarah Hammond , Grants Management Officer on : 08/01/2019

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
19 - 398879I	93.527	19H80CS00024	\$167,000.00	\$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. 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).
2. You may not use IBHS funds for: the purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology (ONC); new construction activities, including additions or expansions; minor alteration or renovation (A/R) projects; installation of trailers and pre-fabricated modular units; facility or land purchases; and purchase and lease of vehicles, including mobile units. Additionally, IBHS funds may not be used for costs already supported by other Health Center Program operational grant (H80) funding.
3. Additional funding in the amount of \$22,000 has been provided in this award. You must use these additional funds to increase access to high quality, integrated behavioral health services, as proposed in your Fiscal Year 2019 Integrated Behavioral Health Services (IBHS) application, including the IBHS budget request, or revisions, if applicable. You must request prior approval from HRSA if any of the additional funds will be used to purchase equipment. Equipment is defined as tangible property (including information technology systems) that have a useful life of more than one year and a per-unit acquisition cost of at least \$5,000. Contact the grants management specialist listed on this notice of award with questions about prior approval requests.
4. This notice of award provides Fiscal Year 2019 Integrated Behavioral Health Services (IBHS) supplemental funding. The IBHS purpose is to support an increase in access to high quality integrated behavioral health services, including prevention or treatment of mental health conditions and/or substance use disorders (SUDs), including opioid use disorder. IBHS funding must be used for costs addressing the IBHS purpose that are not otherwise supported by other Health Center Program operational grant (H80) funding. You must use IBHS funding to: 1) add at least 0.5 full-time equivalent (FTE) SUD and/or mental health service personnel who will expand access to SUD and/or mental health services and; 2) increase new and/or existing patients receiving SUD and/or mental health services. If you do not demonstrate adequate progress, HRSA may reduce or not award IBHS funding in future H80 budget periods.
5. Your Fiscal Year 2019 Integrated Behavioral Health Services (IBHS) award includes funding as requested and approved in your IBHS application, or revisions, if applicable. You may re-budget IBHS funding without prior approval, 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 add at least 0.5 full-time equivalent (FTE) personnel who will expand access to substance use disorder (SUD) and/or mental health services by April 30, 2020, and increase patients receiving SUD and/or mental health services. If you do not demonstrate adequate progress, HRSA may reduce or not award your IBHS funding in future Health Center Program operational grant (H80) budget periods.
6. This award provides 12 months of Fiscal Year 2019 Integrated Behavioral Health Services (IBHS) funding for activities covering the period of September 1, 2019 through the end of your FY 2020 budget period. To use this funding in your upcoming FY 2020 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 HRSA Electronic Handbooks (EHBs) in conjunction with the FFR submission. Contact the grants management specialist listed on this notice of award with questions regarding submission of the FFR and/or Prior Approval Requests to carry over UOB funds.
7. You are expected to increase patients receiving substance use disorder (SUD) and/or mental health services as projected on the Patient Impact Form submitted with your Fiscal Year 2019 Integrated Behavioral Health Services (IBHS) application. Your achievement of the proposed increase will be demonstrated through IBHS progress updates and the 2020 Uniform Data System (UDS) Report. Additionally, HRSA will increase your Health Center Program operational grant (H80) patient target by the projected number of new unduplicated patients stated on your IBHS Patient Impact Form. Progress toward achieving your projected new patient increase is tracked through the Service

Area Competition (SAC). Patient target resources are available at: <https://bphc.hrsa.gov/program-opportunities/funding-opportunities/sac>.

8. You must report progress toward achieving the personnel and patient increases projected in your Fiscal Year 2019 Integrated Behavioral Health Services (IBHS) application in tri-annual IBHS progress updates. These updates will each cover a 4-month reporting period and require data and a brief summary of IBHS implementation progress and barriers on areas outlined in the IBHS instructions. You will report narrative progress toward achieving your IBHS outcomes in the Budget Period Progress Report (BPR) Non-Competing Continuation (NCC) submission, starting with the FY 2021 BPR submitted in calendar year 2020. HRSA will also monitor progress toward achieving IBHS outcomes through annual Uniform Data System (UDS) report submissions. If you do not demonstrate adequate progress toward achieving proposal requirements, HRSA may reduce or discontinue IBHS funding in future Health Center Program operational grant (H80) budget periods.
9. Fiscal Year 2019 Integrated Behavioral Health Services (IBHS) funding may expand existing services in your approved scope of project, as well as support new services related to the delivery of high quality integrated behavioral health services. New services and service delivery methods proposed in your IBHS application must be accurately indicated on Form 5A: Services Provided before implemented. Complete a Scope Adjustment or Change in Scope request to update your Form 5A: Services Provided (e.g., add a new service, change the service delivery method from Column III to Column I and/or Column II), as needed. Scope Adjustment and Change in Scope approvals must be obtained prior to the implementation of a new service or service delivery method.
- While the IBHS application did not permit the proposal of new sites, you may utilize IBHS funding to support IBHS-related activities at a new site only after the site is added to your approved scope of project. See the scope of project resources available at: <https://bphc.hrsa.gov/programrequirements/scope.html>.
10. By April 30, 2020, you are required to add at least 0.5 full time equivalent (FTE) personnel who will expand access to substance use disorder (SUD) and/or mental health services in support of your fiscal year 2019 Integrated Behavioral Health Services (IBHS) project. The IBHS Staffing Impact Form lists allowed personnel positions. Personnel may include direct hire staff and/or contractor(s). Progress toward meeting this requirement will be monitored via your responses to IBHS reporting requirements. HRSA may reduce or not award IBHS funding in future Health Center Program operational grant (H80) budget periods if you fail to add at least 0.5 FTE personnel who will expand access to SUD and/or mental health services by April 30, 2020. If FY 2020 IBHS funds are awarded, the minimum 0.5 FTE increase must be maintained in Year 2.

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:

For assistance on programmatic issues, please contact Clarice Wilkinson at:
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Division of Grants Management Operations:

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