

<b>1. DATE ISSUED:</b> 02/26/2016		<b>2. PROGRAM CFDA:</b> 93.224	
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 02/09/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
<b>4a. AWARD NO.:</b> 3 H80CS00024-15-01		<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 :	\$97,392.00
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 :	\$2,250,134.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$2,250,134.00
i. Less Non-Federal Share:	\$1,002,955.00
ii. Federal Share:	\$1,247,179.00

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

a. Authorized Financial Assistance This Period	<b>\$1,247,179.00</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	\$691,634.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$230,545.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$325,000.00</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 Sheila Gale , Grants Management Officer on : 02/26/2016*

**17. OBJ. CLASS:** 41.51 | **18. CRS-EIN:** 1596000800A2 | **19. FUTURE RECOMMENDED FUNDING:** \$325,000.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
16 - 398879F	93.527	16H80CS00024	\$325,000.00	\$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.**

### Program Specific Condition(s)

#### 1. Due Date: Within 120 Days of Award Issue Date

This Notice of Award (NoA) reflects approval of a change in scope to the following:

Add Additional Clinical service:

HCH Required Substance Abuse Services

This change in scope is not yet effective; within 120 days of the release date of this NoA (i.e., the date HRSA emailed you this Notice of Award), you must submit an electronic deliverable verifying the proposed action consistent with the description provided within the application.

### Grant Specific Term(s)

1. This award provides supplemental funding for Substance Abuse Service Expansion for the period of March 1, 2016 through February 28, 2017. All Substance Abuse Service Expansion supplemental funds are to be used to support new and enhanced services and not supplant existing resources. Ongoing funding equivalent to the amount of this award will continue beyond FY 2016 dependent upon Congressional appropriation and satisfactory performance.
2. This Notice of Award provides Substance Abuse Service Expansion supplemental funding to improve and expand the delivery of substance abuse services at existing health centers, with a focus on medication-assisted treatment (MAT) for opioid use disorders through the following required activities:
  - Establishing or enhancing an integrated primary care/behavioral health model;
  - Increasing the number of patients screened for substance use disorders and connected to treatment via screening, brief intervention, and referral to treatment (SBIRT);
  - Increasing the number of patients with health center-funded access to MAT for opioid use and other substance use disorders treatment by adding at least 1.0 full time equivalent (FTE) substance abuse services provider(s) directly and/or through contract(s) within 120 days of award and adding new or enhancing existing substance abuse services directly and/or through contract(s) within 120 days of award;
  - Coordinating services necessary for patients to achieve and sustain recovery; and
  - Providing training and educational resources, including updated prescriber guidelines, to help health professionals make informed prescribing decisions and address the over-prescribing of opioids.
3. The award recipient is expected to serve the projected numbers of substance abuse services patients (both new and existing) as listed on Form 1A by December 31, 2017. In addition, new, unduplicated projected patients as listed on Form 1A will be added to the current Patient Target.
4. The award recipient will be required to report on progress toward the Substance Abuse Service Expansion goals outlined in the funding opportunity announcement and corresponding application via a quarterly progress report (QPR) and an annual Budget Period Progress Report (BPR) to be submitted through the HRSA Electronic Handbooks (EHB). HRSA will provide additional guidance regarding implementation and specific reporting requirements and deadlines at <http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html>.
5. Award recipients must verify either HCH Substance Abuse Services or Additional Substance Abuse Services as implemented within 120 days of award. If such services cannot be implemented within the required 120 days of award, the award recipient may request up to a single 90-day extension from their Project Officer. Failure to provide required onsite or contracted substance abuse services within HRSA-specified time frames may result in the withdrawal of support through the cancellation of all or part of the

supplemental award.

If new services other than HCH Substance Abuse Services or Additional Substance Abuse Services were proposed in error, select 'Not Implemented' in response to the corresponding verification condition. If new services other than HCH Substance Abuse Services or Additional Substance Abuse Services will be implemented outside of the 120 day plus extension timeframe, they may be added to scope later via the Change in Scope (CIS) module in HRSA's Electronic Handbooks (EHB). For more information on CIS, see <http://bphc.hrsa.gov/about/requirements/scope>.

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
Daisy M Rodriguez	Authorizing Official	darodriguez@pinellascounty.org
Daisy Rodriguez	Point of Contact	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](mailto: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](mailto:Ebrown@hrsa.gov)  
Phone: (301) 945-9844