1. DATE ISSUED: 2. PROGRAM CFDA: 93.224 09/13/2018

3. SUPERSEDES AWARD NOTICE dated: 08/01/2018

except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4a. AWARD NO.: 4b. GRANT NO.: 5. FORMER GRANT 3 H80CS00024-17-05 H80CS00024 NO.: H66CS00382

6. PROJECT PERIOD:

FROM: 11/01/2001 THROUGH: 02/28/2019

7. BUDGET PERIOD:

FROM: 03/01/2018 THROUGH: 02/28/2019



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 Program

9. GRANTEE NAME AND ADDRESS:

Pinellas County Board of County Commissioners

315 Court St

Clearwater, FL 33756-5165

DUNS NUMBER:

055200216

BHCMIS # 042040

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL

INVESTIGATOR) Daisy Rodriguez

Pinellas County Board of County Commissioners

440 Court St Fl 2

Clearwater, FL 33756-5139

11.APPROVED BUDGET: (Excludes Direct Assistance)

[] Grant Funds Only

[X] Total project costs including grant funds and all other financial participation

a . Salaries and Wages : \$0.00 \$0.00 b . Fringe Benefits :

c . Total Personnel Costs : d . Consultant Costs :

e . Equipment :

\$18,325.00 f. Supplies: g . Travel : \$3.100.00

\$0.00 h . Construction/Alteration and Renovation : i Other: \$505,670.00

j. Consortium/Contractual Costs: \$4,661,397.00

k . Trainee Related Expenses : \$0.00 I. Trainee Stipends: \$0.00

Trainee Tuition and Fees: \$0.00

n . Trainee Travel : \$0.00 o. TOTAL DIRECT COSTS: \$5,188,492.00

p. INDIRECT COSTS (Rate: % of S&W/TADC): \$0.00

q . TOTAL APPROVED BUDGET : \$5,188,492.00

i. Less Non-Federal Share: \$3,114,863.00 ii. Federal Share: \$2,073,629.00 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period \$2,073,629.00

b. Less Unobligated Balance from Prior Budget

Periods

\$0.00

\$0.00

\$0.00

i. Additional Authority \$221,316.00

ii. Offset \$55,256.00

c. Unawarded Balance of Current Year's Funds \$0.00

d. Less Cumulative Prior Awards(s) This Budget \$1,481,307.00 Period

e. AMOUNT OF FINANCIAL ASSISTANCE THIS

\$315.750.00 **ACTION**

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

d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION

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

Estimated Program Income: \$1,608.00

[D]

\$0.00

\$0.00

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

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HealthCareCenters_16

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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 Elvera Messina, Grants Management Officer on: 09/13/2018

17. OBJ. CLASS: 41.51 | 18. CRS-EIN: 1596000800A2 | 19. FUTURE RECOMMENDED FUNDING: \$1,456,815.00 |

FY-CAN | CFDA | DOCUMENT NO. | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE

\$0.00

\$315,750.00

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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. An additional \$10,000 in expanded services funding and \$25,000 in one-time funding has been provided in this award. You must use these additional funds to enhance implementation and/or advancement of evidence-based strategies to expand access to quality integrated substance use disorder and/or mental health services, as proposed in your SUD-MH application, including the SUD-MH budget request, or revisions, if applicable. You are required to request prior approval from HRSA if some or all of the additional one-time funding will be used to support minor alteration and renovation (A/R) projects, or to purchase unit(s) of equipment exceeding \$5,000.
- 2. You are expected to increase patients receiving substance use disorder, mental health, and medication-assisted treatment (MAT) services by December 31, 2019, as projected in your Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) Patient Impact Form. Additionally, HRSA will increase your patient target by the projected number of new unduplicated patients listed on your SUD-MH Patient Impact Form. Progress toward achieving projected new patient increases is tracked through the Service Area Competition (SAC). Patient target resources are available at https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac/index.html.
- 3. 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).
- 4. Your Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) award includes funding as requested and approved in your SUD-MH application, including the SUD-MH budget request, or revisions, if applicable. You may re-budget SUD-MH funding without prior approval, provided that the proposed use of SUD-MH funding aligns with the intent of the SUD-MH funding opportunity and complies with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75. Budget adjustments must support your ability to add at least 1.0 full-time equivalent (FTE) personnel who will support substance use disorder and/or mental health service expansion within 8 months of award, and increase patients receiving SUD and/or mental health services according to your patient projections by December 31, 2019. If you did not request one-time funding for minor alteration and renovation (A/R) in your SUD-MH application, you may not propose minor A/R costs or activities post-award.
- 5. You must report progress toward achieving the personnel and patient increases projected in your Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) application in triannual SUD-MH progress reports. These SUD-MH progress reports, due in January, May, and September, will each cover a 4-month reporting period and require data and a brief summary of SUD-MH implementation progress and barriers on areas outlined in the SUD-MH instructions. You will also report narrative progress toward achieving your SUD-MH outcomes in the Budget Period Progress Report (BPR) Non-Competing Continuation (NCC) submission, starting with the FY 2020 BPR submitted in calendar year 2019. HRSA will also monitor progress toward achieving SUD-MH outcomes through annual Uniform Data System (UDS) report submissions.
- 6. Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) funding may expand existing services in your approved scope of project as well as support new services related to the delivery of integrated substance use disorder and/or mental health services. New services and/or new service delivery methods must be indicated on Form 5A: Services Provided. Complete a Scope Adjustment or Change in Scope request to update your Form 5A as needed (e.g., add a new service, change the service delivery method from Column III to Column I and/or Column II). If you will use SUD-MH one-time funding to purchase a mobile medical van, you must submit a Change in Scope request to add the van to scope on Form 5B. Scope Adjustment and Change in Scope approvals must be obtained prior to the implementation of a new service or new mobile medical van. See the scope of project resources available at https://bphc.hrsa.gov/programrequirements/scope.html.
- 7. This Notice of Award provides Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) supplemental funding to support your implementation and/or advancement of evidence-based strategies to: 1) expand access to quality

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integrated substance use disorder (SUD) prevention and treatment services, including those addressing opioid use disorder (OUD) and other emerging SUD issues, to best meet the health needs of the population served by your health center; and/or 2) expand access to quality integrated mental health services, with a focus on conditions that increase risk for, or co-occur with SUD, including OUD. You must use SUD-MH expanded services funding to support a minimum 1.0 full-time equivalent (FTE) increase in personnel who will expand access to SUD and/or mental health services. You must also expand access to medication-assisted treatment (MAT) services if you were eligible for and requested MAT-focused expanded services funding. You must use SUD-MH one-time funding, if requested, to support the increased access to integrated SUD and/or mental health services.

- 8. Within 8 months of award, you are required to add at least 1.0 full time equivalent (FTE) in personnel who will support substance use disorder and/or mental health service expansion. Personnel may include direct hire staff and/or contractor(s). You may increase the hours of existing personnel and/or support new personnel in order to meet this requirement. Progress toward the minimum 1.0 FTE increase will be monitored via your responses to Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) reporting requirements. HRSA may not award year 2 SUD-MH funding if you fail to add at least 1.0 FTE personnel who will expand access to SUD and/or mental health services within 8 months of award (by April 30, 2019). If year 2 SUD-MH funds are awarded, the minimum 1.0 FTE increase must be maintained.
- 9. You may not use Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) funding 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, that do not meet the definition of minor alteration and renovation; major alterations or renovations in excess of \$500,000 in total federal and non-federal costs (excluding the cost of allowable moveable equipment); installation of trailers and pre-fabricated modular units; or facility or land purchases. SUD-MH funding must supplement, not supplant, existing resources. All proposed budget items must directly support the SUD-MH funding purpose, as demonstrated in the Budget Narrative attachment and Project Overview Form.
- 10. This award provides 12 months of Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) funding for activities covering the period of September 1, 2018 to August 31, 2019. As such, a portion of these funds is provided for use in your upcoming FY 2019 budget period, as applicable, through a carryover request. Carryover of monthly pro-rated expanded services funding and any unobligated one-time funding into and for expenditure throughout the FY 2019 budget period is allowed. 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 HRSA Electronic Handbooks (EHB) 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.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Daisy Rodriguez	Program Director, Point of Contact	darodriguez@pinellascounty.org
Daisy M 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: 5600 Fishers Ln

Rockville, MD, 20852-1750 Email: cwilkinson@hrsa.gov Phone: (301) 443-7754

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