

BOARD OF COUNTY COMMISSIONERS

DATE: October 21, 2014

AGENDA ITEM NO. 66.

Consent Agenda ☒

Regular Agenda ☐

Public Hearing ☐

 **County Administrator's Signature:**

Subject:

Acceptance of U.S. Department of Health & Human Services, Health Resources Services Administration (HRSA), Notice of Grant Awards (#H80CS00024) for the Mobile Medical Unit.

Department:

Health and Community Services 

Staff Member Responsible:

Lynda M Leedy, Interim Executive Director

Recommended Action:

I RECOMMEND THAT THE BOARD OF COUNTY COMMISSIONERS ACCEPT AND APPROVE THE NOTICE OF AWARD FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA).

Summary Explanation/Background:

Each year, the Pinellas County Mobile Medical Unit (MMU) receives non-competitive continuation funding from HRSA to fund MMU operations and service delivery. For the annual grant period of November 1, 2013 through October 31, 2014, the funding received under the initial Notice of Award was \$458,927.00. With supplemental awards, the total funding assistance received for the grant period is \$517,121.00. Pinellas County contracts with the Florida Department of Health in Pinellas County for delivery of MMU services under this award.

Fiscal Impact/Cost/Revenue Summary:

Receipt of federal grant revenue for MMU operation in the total amount of \$517,121.00

Attachments/Exhibits:

1. Contract Review Transmittal Slip
2. Notice of Award dated 10/16/2013

NON-PURCHASING CONTRACT REVIEW TRANSMITTAL SLIP

PROJECT: Acceptance and approval of multiple notices of grant award for the MMU	
CONTRACT NO.: number	ESTIMATED EXPENDITURE / REVENUE: \$517,121 (Circle or underline appropriate choice above.)

In accordance with Contract Administration and its Review Process, the attached documents are submitted for your review and comment. Please complete this Non-Purchasing Contract Review Transmittal Slip below with your assessment, and **forward to the next Review Authority on the list, skipping any authority marked "N/A."** Indicate suggested changes by noting those in "Comments" column, or by revising, in RED, the appropriate section(s) of the document(s) to reflect the exact wording of the desired change(s).

OTHER SPECIFICS RELATING TO THE CONTRACT: Each year, Pinellas County MMU receives non-competitive continuation funding from the federal Health Resources and Services Administration. This Agenda item updates the BCC and documents acceptance of these grants by the BCC, a HRSA requirement

REVIEW SEQUENCE	DATE	INITIAL/ SIGNATURE	COMMENTS (IF ANY)	COMMENTS REVIEWED & ADDRESSED OR INCORPORATED
Originator: Lynda Leedy	9/16/14 9/15/14	try TB	Acceptance of continuation awards for records	
Risk Mgmt: Virginia Holscher CHHS 9-23-14	9/23/14	GW	Public Entity to Public Entity Grant funding	
Finance:** Cassandra Williams	9/29/14	CW		
OMB:** Bill Berger	9/30/14		See attached.	
Legal: Carl Brody	9/30/14			
Assistant County Administrator: Bruce Moeller	9/30/2014			

Please return to Elisa DeGregorio By ASAP.

All inquiries should be made to 4-8434 ext. Click here to enter text..

** See Contract Review Process

Revised 2.27.14

OMB Contract Review

Contract Name	Acceptance and approval of multiple notices of grant award for the MMU		
CATS#	45594	Contract #	N/A

Mark all Applicable Boxes:

Type of Contract							
CIP		Grant	X	Other		Revenue	Project

Contract information:

New Contract (Y/N)	Y	Original Contract Amount	
Fund(s)	0001	Amount of Change	
Cost Center(s)	100200	Contract Amount	\$517,121
Program(s)	1569	Amount Available	Total:
Account(s)	3316201	Included in Applicable Budget? (Y/N)	Y
Fiscal Year(s)	FY15		

Description & Comments

(What is it, any issues found, is there a financial impact to current/next FY, does this contract vary from previous FY, etc.)

These grant notices provide continued funding for the Pinellas County Mobile Medical Unit (MMU) through multiple award allocations. These notices provide one-time supplemental funding for support of immediate health center needs consistent with allowable costs which include increasing current outreach and enrollment assistance. Allocations were budgeted in FY15 and the agreement is consistent with previous MMU grants.

Analyst: Paul Dean

Ok to Sign: ☒

Instructions/Checklist

1. Upon receipt of a contract and notification in County Admin Tracking System (CATS) review the Agenda and Contract for language and accuracy. Make sure there are available funds, the dept is not overextending itself, was it planned, etc.
2. Complete the form above using the contract document and the County accounting & budgeting systems.
3. Use the "Description & Comments" section to give a brief summary of the contract and include your thoughts and pertinent information.
4. Print the form, initial, and leave folder on the Director's desk.
5. Login to CATS and click in the cell next to your name. A date will appear and click on the date you completed your review. Choose save and close the CATS system.

Preview NoA

NoA Terms & Conditions

1. DATE ISSUED: (MM/DD/YYYY) 2. PROGRAM CFDA: 93.224
10/16/2013

3. SUPERSEDES AWARD NOTICE dated:
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

4a. AWARD NO.:
5 H80CS00024-13-00

4b. GRANT NO.:
H80CS00024

5. FORMER GRANT
NO.:
H66CS00382

6. PROJECT PERIOD:
FROM: 11/01/2001 THROUGH: 10/31/2015

7. BUDGET PERIOD:
FROM: 11/01/2013 THROUGH: 10/31/2014

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

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:	\$0.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$458,927.00
j. Consortium/Contractual Costs:	\$0.00
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:	\$458,927.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$458,927.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$458,927.00

15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 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: \$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 74 or 45 CFR Part 92 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: 10/16/2013

17. OBJ. CLASS: 41.51

18. CRS-EIN: 1596000800A2

19. FUTURE RECOMMENDED FUNDING: \$0.00



10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Maureen Freaney
Pinellas County Board of County Commissioners
2189 Cleveland Street
Clearwater, FL 33765-3242

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$458,927.00
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	\$191,220.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$267,707.00

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

YEAR	TOTAL COSTS
14	\$526,107.00

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

FY-CAN

CFDA

DOCUMENT NO.

AMT. FIN. ASST.

AMT. DIR. ASST.

SUB PROGRAM
CODESUB
ACCOUNT

						CODE
14 - 398879D	93.527	H80CS00024C0	\$267,707.00	\$0.00	HCH	N/A
<div></div>						

1. DATE ISSUED: 12/09/2013		2. PROGRAM CFDA: 93.224		 U.S. Department of Health and Human Services HRSA Health Resources and Services Administration 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							
3. SUPERSEDES AWARD NOTICE dated: 10/16/2013 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.											
4a. AWARD NO.: 6 H80CS00024-13-01		4b. GRANT NO.: H80CS00024						5. FORMER GRANT NO.: H66CS00382			
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 10/31/2015											
7. BUDGET PERIOD: FROM: 11/01/2013 THROUGH: 10/31/2014											
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 BHCNIS # 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) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:							
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 : \$0.00 g. Travel : \$0.00 h. Construction/Alteration and Renovation : \$0.00 i. Other : \$494,385.00 j. Consortium/Contractual Costs : \$0.00 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 : \$494,385.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$494,385.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$494,385.00				a. Authorized Financial Assistance This Period \$494,385.00 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 \$191,220.00 d. Less Cumulative Prior Awards(s) This Budget Period \$267,707.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$35,458.00							
13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">YEAR</th> <th style="width: 80%;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">14</td> <td style="text-align: right;">\$526,107.00</td> </tr> </tbody> </table>								YEAR	TOTAL COSTS	14	\$526,107.00
YEAR	TOTAL COSTS										
14	\$526,107.00										
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 Part 74.24 OR 45 CFR 92.25 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: \$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 74 or 45 CFR Part 92 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 Helen Harpold , Grants Management Officer on : 12/09/2013											
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					
14 - 398879D	93.527	H80CS0002400	\$26,458.00	\$0.00	1-101	N/A					

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://grants.hrsa.gov/webexternal/login.asp> 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 special remarks and condition(s) 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. The purpose of the FY 2014 Health Center Outreach and Enrollment Assistance **one-time supplemental funding** is to provide support to health centers to meet increased demand for enrollment assistance through March 2014. This one-time supplemental funding will support immediate health center needs, consistent with the intent of and allowable costs outlined in FY 2013 Health Center Outreach and Enrollment Assistance Supplemental Funding. Any ongoing expenditures initially supported by these one-time funds beyond FY 2014 must be sustained with other resources.

Health centers must use these funds to increase their current outreach and enrollment assistance capacity. This may be accomplished by expanding the hours of existing outreach and enrollment assistance workers, hiring new or temporary outreach and enrollment assistance workers, and/or other allowable activities and costs consistent with the FY 2013 outreach and enrollment supplemental guidance (expected within 30 days of award). Health centers should also collaborate with other health centers and organizations in their service area to ensure that outreach and enrollment assistance activities are coordinated with other local, regional, and/or state-wide outreach and enrollment assistance efforts and training requirements.

Health center outreach and enrollment assistance workers supported by this funding opportunity must:

- Demonstrate and maintain expertise in: eligibility and enrollment rules and procedures; the range of qualified health plan options and insurance affordability programs; the needs of underserved and vulnerable populations; and privacy and security standards.
- Comply with and successfully complete all required and applicable federal and/or state consumer assistance training, as is required for all assistance personnel carrying out consumer assistance functions.

All Outreach and Enrollment supplemental funds are to be used to support new outreach and enrollment capacity and not supplant existing resources.

Health centers will be required to report additional activities supported through this one-time supplemental via the Health Center Program Outreach and Enrollment Quarterly Progress Report (QPR) to be submitted through the HRSA Electronic Handbook (EHB) in January 2014, April 2014, July 2014, and October 2014. HRSA will provide additional guidance regarding specific requirements and deadlines through separate resources that will be available at <http://bphc.hrsa.gov/outreachandenrollment/>.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Frederick L Dean	Business Official	fdean@co.pinellas.fl.us
Natalie Jackson	Point of Contact, Authorizing Official	njackson@pinellascounty.org
Maureen Freaney	Program Director	njackson@co.pinellas.fl.us

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
5600 Fishers Ln

Rockville, MD, 20852-1750
Email: djohnson1@hrsa.gov
Phone: (301) 443-7182

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Bryan Rivera at:
MailStop Code: 11-03
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: brivera@hrsa.gov
Phone: (301) 443-8094
Fax: (301) 443-9810

APPROVED AS TO FORM
OFFICE OF COMPTROLLER
JAN 10 2014
[Signature]
ADMIN

1. DATE ISSUED: 04/16/2014		2. PROGRAM CFDA: 93.224		 U.S. Department of Health and Human Services HRSA Health Resources and Services Administration 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					
3. SUPERSEDES AWARD NOTICE dated: 12/09/2013 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.									
4a. AWARD NO.: 6 H80CS00024-13-02		4b. GRANT NO.: H80CS00024					5. FORMER GRANT NO.: H66CS00382		
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 10/31/2015									
7. BUDGET PERIOD: FROM: 11/01/2013 THROUGH: 10/31/2014									
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 [X] Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:					
a. Salaries and Wages : \$9,900.00 b. Fringe Benefits : \$3,672.00 c. Total Personnel Costs : \$13,572.00 d. Consultant Costs : \$0.00 e. Equipment : \$0.00 f. Supplies : \$0.00 g. Travel : \$0.00 h. Construction/Alteration and Renovation : \$0.00 i. Other : \$86,775.00 j. Consortium/Contractual Costs : \$834,361.00 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 : \$934,708.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$934,708.00 i. Less Non-Federal Share: \$440,323.00 ii. Federal Share: \$494,385.00				a. Authorized Financial Assistance This Period \$494,385.00 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 \$191,220.00 d. Less Cumulative Prior Awards(s) This Budget Period \$303,165.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$0.00					
				13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)					
				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">YEAR</th> <th style="width: 70%;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">14</td> <td style="text-align: right;">\$526,107.00</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	14	\$526,107.00
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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 74 or 45 CFR Part 92 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) This NoA is issued to remove one or more Grant Conditions imposed on projects.									
Electronically signed by Sheila Gale, Grants Management Officer on : 04/16/2014									
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				
14 - 398879D	93.527	H80CS00024C0	\$0.00	\$0.00	HCH				
					SUB ACCOUNT CODE				
					N/A				

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Terms and Conditions

Failure to comply with the special remarks and condition(s) 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. The grant condition stated below on NoA 5 H80CS00024-13-00 is hereby lifted.

Submit a revised SF 424A, Line Item Budget, and Budget Narrative Justification for the Federal award of \$458,927.00. The Federal amount refers to only the Federal section 330 Health Center Program grant funding for this award, not all Federal grant funding that an applicant receives. Also include the budget breakdown for non-Federal resources. (Refer to budget requirements in the Service Area Funding Opportunity Announcement or Budget Period Renewal Non-Competing Continuation guidance for budget format.)

The budget justification must detail the costs of each line item within each object class category. For the Personnel line item, you must include the following for each employee supported by funds from this award: name of employee; base salary; % FTE on the grant; and amount of Federal funds (wages and % of fringe benefits) to be paid for the budget year. This personnel information requirement also applies to subawards/subcontracts supported by Federal funds from this grant.

Federal grant funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the Federal Executive Pay scale (currently \$179,700). This amount reflects an individual's base salary exclusive of fringe benefits and income that an individual may be permitted to earn outside of the duties to the applicant organization (i.e., rate limitation only limits the amount that may be awarded and charged to HRSA grants.)

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

Contacts

NoA Email Address(es):

Name	Role	Email
Natalie Jackson	Point of Contact, Authorizing Official	njackson@pinellascounty.org
Maureen Freaney	Program Director	njackson@co.pinellas.fl.us
Frederick L Dean	Business Official	fdean@co.pinellas.fl.us

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
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: djohnson1@hrsa.gov
Phone: (301) 443-7182

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Bryan Rivera at:
MailStop Code: 11-03
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: brivera@hrsa.gov
Phone: (301) 443-8094
Fax: (301) 443-9810

APPROVED BY: [Signature]
TITLE OF COUNTY ATTORNEY
[Signature]
[Signature]

1. DATE ISSUED: 04/21/2014		2. PROGRAM CFDA: 93.224		 U.S. Department of Health and Human Services HRSA Health Resources and Services Administration 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							
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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) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:							
a. Salaries and Wages : \$9,900.00 b. Fringe Benefits : \$3,672.00 c. Total Personnel Costs : \$13,572.00 d. Consultant Costs : \$0.00 e. Equipment : \$0.00 f. Supplies : \$0.00 g. Travel : \$0.00 h. Construction/Alteration and Renovation : \$0.00 i. Other : \$86,775.00 j. Consortium/Contractual Costs : \$834,361.00 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 : \$934,708.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$934,708.00 i. Less Non-Federal Share: \$440,323.00 ii. Federal Share: \$494,385.00				a. Authorized Financial Assistance This Period \$494,385.00 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 \$303,165.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$191,220.00							
				13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)							
				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">YEAR</th> <th style="width: 70%;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">14</td> <td style="text-align: center;">\$526,107.00</td> </tr> </tbody> </table>				YEAR	TOTAL COSTS	14	\$526,107.00
YEAR	TOTAL COSTS										
14	\$526,107.00										
				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 Part 74.24 OR 45 CFR 92.25 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: \$1,058.00											
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 74 or 45 CFR Part 92 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)											
Electronically signed by Helen Harpold, Grants Management Officer on : 04/21/2014											
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					
14 - 3980879	93.224	H80CS00024C0	\$494,385.00	\$0.00	HCH	N/A					

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://grants.hrsa.gov/webexternal/login.asp> 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 special remarks and condition(s) 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 action completes funding of the FY 2014 budget period at the grantee's current target funding level.
2. FY 2014 outreach and enrollment (O/E) funding has been provided to support continued O/E assistance activities funded initially in FY 2013. The grantee will be required to continue to report on O/E progress via a quarterly progress report (QPR) to be submitted through the HRSA Electronic Handbook (EHB). HRSA will provide additional guidance regarding future funding and reporting requirements.
3. Health centers are expected to recognize any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes their marriage, including one of the 50 states, the District of Columbia, or a U.S. territory, or in a foreign country so long as that marriage would also be recognized by a U.S. jurisdiction. This applies regardless of whether or not the couple lives in a jurisdiction that recognizes same-sex marriage. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. Accordingly, health centers must review and revise, as needed, internal health center policies and procedures that include references to familial relationships, such as "spouse," "husband," "wife," "marriage," or other terms related to the recognition of a marriage and/or family, to reflect this recognition. In addition, HRSA will apply pertinent Health Center Program requirements, including those relating to sliding fee scale and conflict of interest, consistent with this interpretation.

Reporting Requirement(s)

1. **Due Date: Annually (Calendar Year) Beginning: 01/01/2015 Ending: 12/31/2015, due 75 days after end of reporting period.**

The Uniform Data System (UDS) is a core set of information appropriate for reviewing the operation and performance of health centers. The UDS tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. It is reviewed to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. The data help to identify trends over time, enabling HRSA to establish or expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations. UDS data are compared with national data to review differences between the U.S. population at large and those individuals and families who rely on the health care safety net for primary care. UDS data also inform Health Center Programs, partners, and communities about the patients served by health centers. Health centers must report annually in the first quarter of the year. The UDS submission deadline is February 15 every year. Please consult the Program Office for additional instructions. Reporting technical assistance can be found at <http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/index.html>.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Frederick L Dean	Business Official	fdean@co.pinellas.fl.us
Natalie Jackson	Point of Contact, Authorizing Official	njackson@pinellascounty.org
Maureen Freaney	Program Director	njackson@co.pinellas.fl.us

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
5600 Fishers Ln

Rockville, MD, 20852-1750
Email: djohnson1@hrsa.gov
Phone: (301) 443-7182

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Bryan Rivera at:
MailStop Code: 11-03
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: brivera@hrsa.gov
Phone: (301) 443-8094
Fax: (301) 443-9810

APPROVED AS TO FORM
OFFICE OF THE ATTORNEY GENERAL
BY 
ALBERTO

1. DATE ISSUED: 08/08/2014		2. PROGRAM CFDA: 93.224		<div style="text-align: center;">  <p>U.S. Department of Health and Human Services HRSA Health Resources and Services Administration</p> <p>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</p> </div>						
3. SUPERSEDES AWARD NOTICE dated: 04/21/2014 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.										
4a. AWARD NO.: 6 H80CS00024-13-04		4b. GRANT NO.: H80CS00024					5. FORMER GRANT NO.: H66CS00382			
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 10/31/2015										
7. BUDGET PERIOD: FROM: 11/01/2013 THROUGH: 10/31/2014										
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						
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a. Salaries and Wages : \$9,900.00 b. Fringe Benefits : \$3,672.00 c. Total Personnel Costs : \$13,572.00 d. Consultant Costs : \$0.00 e. Equipment : \$0.00 f. Supplies : \$0.00 g. Travel : \$0.00 h. Construction/Alteration and Renovation : \$0.00 i. Other : \$109,511.00 j. Consortium/Contractual Costs : \$834,361.00 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 : \$957,444.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$957,444.00 i. Less Non-Federal Share: \$440,323.00 ii. Federal Share: \$517,121.00				a. Authorized Financial Assistance This Period \$517,121.00 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 \$494,385.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$22,736.00						
				13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 30%;">YEAR</th> <th style="width: 70%;">TOTAL COSTS</th> </tr> <tr> <td style="text-align: center;">14</td> <td style="text-align: center;">\$526,107.00</td> </tr> </table>			YEAR	TOTAL COSTS	14	\$526,107.00
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REMARKS: (Other Terms and Conditions Attached [X]Yes []No)										
Electronically signed by Helen Harpold, Grants Management Officer on : 08/08/2014										
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				
14 - 398879D	93.527	H80CS00024C0	\$22,736.00	\$0.00	HCH	H80CS00024C0				

HRSA Electronic Handbooks (EHBs) Registration Requirements

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Terms and Conditions

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Grant Specific Term(s)

1. This Notice of Award (NoA) provides funds for an increase to the grantee's annual ongoing base funding in accordance with statutory requirements and, as appropriate, continued recognition as a patient center medical home for its site(s). The increase in annual base funding has been added to the OTHER Category within the Federal Object Class Budget Category breakdown as reflected on the NoA. Health centers may reallocate these federal funds as appropriate for their budgetary needs. Prior approval is required from HRSA ONLY when proposing to shift federal funds among object class budget categories in amounts that exceed the specified threshold prescribed in 45 CFR 74.25. In addition, health centers are reminded of the requirement to track expenditures of federal funds and should consult Policy Information Notice (PIN) 2013-01: Health Center Budgeting and Accounting Requirements for further guidance.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Maureen Freaney	Program Director	njackson@co.pinellas.fl.us
Natalie Jackson	Point of Contact, Authorizing Official	njackson@pinellascounty.org
Frederick L Dean	Business Official	fdean@co.pinellas.fl.us

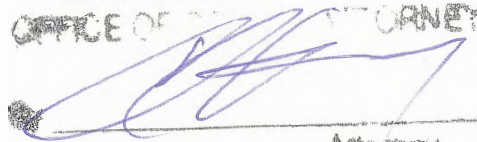
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For assistance on programmatic issues, please contact Dalana Johnson at:
MailStop Code: 17-89
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5600 Fishers Ln
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Email: brivera@hrsa.gov
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Fax: (301) 443-9810

APPROVED AS TO FORM
OFFICE OF ATTORNEY

Attorney

1. DATE ISSUED: 08/15/2014		2. PROGRAM CFDA: 93.224		 U.S. Department of Health and Human Services HRSA Health Resources and Services Administration 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						
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4a. AWARD NO.: 6 H80CS00024-13-05		4b. GRANT NO.: H80CS00024					5. FORMER GRANT NO.: H66CS00382			
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 10/31/2015										
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				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">YEAR</th> <th style="width:80%;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">14</td> <td style="text-align: right;">\$526,107.00</td> </tr> </tbody> </table>			YEAR	TOTAL COSTS	14	\$526,107.00
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REMARKS: (Other Terms and Conditions Attached [X] Yes [] No) This NoA is issued to add one or more Off-Cycle Conditions.										
Electronically signed by Bryan Rivera , Grants Management Officer on : 08/15/2014										
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				
14 - 398879D	93.527	H80CS00024C0	\$0.00	\$0.00	HCH	N/A				

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Terms and Conditions

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Program Specific Condition(s)

1. Due Date: Within 90 Days of Award Issue Date

R.4.1 Arrangements for Hospital Admitting and Continuity of Care: Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, the health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking. (Section 330(k)(3)(L) of the PHS Act) Within 90 days, provide a plan for obtaining admitting privileges and/or for developing other firmly established arrangements for health center patients that require hospitalization and which ensures continuity of care in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR Part 74.62(a))

2. Due Date: Within 90 Days of Award Issue Date

R.2.2 After Hours Coverage: Health center provides professional coverage for medical emergencies during hours when the center is closed. (Section 330(k)(3)(A) of the PHS Act and 42 CFR Part 51c.102(h)(4)). Within 90 days, provide a plan for after hours coverage in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR Part 74.62(a))

3. Due Date: Within 90 Days of Award Issue Date

R.2.3 Substance Abuse Services (Health Care for Homeless): Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) of the PHS Act) Health centers requesting funding to serve homeless individuals and their families must provide substance abuse services among their required services. (Section 330(h)(2) of the PHS Act) Based upon a recent review, substance abuse services are not currently being offered either directly or through an appropriate established written arrangement or referral. Within 90 days, provide a plan to offer substance abuse services in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR Part 74.62(a))

4. Due Date: Within 90 Days of Award Issue Date

R.2.4 Sliding Fee Discount Program: Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income. No discounts may be provided to patients with incomes over 200 percent of the Federal poverty guidelines. No patient will be denied health care services due to an individual's inability to pay for such services by the health center, assuring that any fees or payments required by the center for such services will be reduced or waived. (Section 330(k)(3)(G) of the PHS Act, 42 CFR Part 51c.303(f) and 42 CFR Part 51c.303(u). Within 90 days, provide a plan for a sliding fee discount program, including updating the schedule of discounts if appropriate, in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR Part 74.62(a))

5. Due Date: Within 90 Days of Award Issue Date

Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately licensed, credentialed and privileged (Section 330(a)(1), (b)(1)-(2), (k)(3)(C), and (k)(3)(I) of the PHS Act).

Within 90 days, provide a plan for developing credentialing and privileging policies and procedures that meet the requirements articulated by the Health Resources and Services Administration (HRSA) in Policy Information Notices (PIN) 2002-22 and 2001-16 and if applicable, documentation that demonstrates that all providers are appropriately credentialed and privileged to perform the activities and procedures detailed within the health center's approved scope of project OR provide board approved documentation that compliance with this requirement has been implemented.

- The plan must include a description of health center processes to ensure all health center providers are appropriately licensed, credentialed and privileged to perform the activities and procedures detailed within the health center's approved scope of project. This plan must also ensure policies and procedures will address credentialing and privileging for all licensed or certified health center practitioners, employed or contracted, volunteers and locum tenens, currently providing services at the health center sites or locations in accordance with the requirements of Policy Information Notices (PIN) 2002-22 and 2001-16.
- Appropriate documentation of credentialing and privileging must include written confirmation of credentialing and privileging (i.e., primary source copies of the health center's provider files that document provider licensure, registration, or certification; education, training, current competence, and health fitness, among other things) for all licensed or certified health center practitioners, employed or contracted, volunteers and locum tenens, currently providing services at all health center sites or locations in accordance with the requirements of PINs 2002-22 and 2001-16.

Please note that the Federally Supported Health Centers Assistance Act (FSHCAA), section 224 of the PHS Act (42 U.S.C. 233(g)-(n)), as a condition of health center eligibility for deemed federal employment, requires that health centers demonstrate implementation of appropriate policies and procedures to reduce the risk of medical malpractice and associated lawsuits, and review and verification of the professional credentials, fitness, and license status, among other items, of its licensed or certified health care practitioners.

Review PIN 2002-22 and PIN 2001-16 for additional guidance on the credentialing and privileging requirements for health center providers. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR Part 74.62(a))

6. Due Date: Within 90 Days of Award Issue Date

R.2.3 Required or Additional Services: Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) of the PHS Act). Based upon a recent review, one or more required or additional service is not currently being offered either directly or through an appropriate established written arrangement or referral. Within 90 days, provide a plan to offer these services in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR Part 74.62(a))

7. Due Date: Within 90 Days of Award Issue Date

R.7.1 Board Authority: Health center governing board maintains appropriate authority to oversee the operations of the center, including:

- holding monthly meetings;
- approval of the health center grant application and budget;
- selection/dismissal and performance evaluation of the health center CEO;
- selection of services to be provided and the health center hours of operations;
- measuring and evaluating the organization's progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance; and
- establishment of general policies for the health center.

(Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304)

Note: In the case of public centers (also referred to as public entities) with co-applicant governing boards, the public center is permitted to retain authority for establishing general policies (fiscal and personnel policies) for the health center (Section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304(d)(iii) and (iv)). Within 90 days, provide a plan to address all applicable board authority issues in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR Part 74.62(a))

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

Contacts

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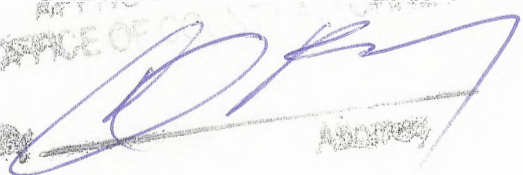
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