



Staff Report

File #: 16-279A, **Version:** 1

Agenda Date: 3/29/2016

Subject:

Grant award from the U.S. Department of Health and Human Services, Health Resources Services Administration for the Health Care for the Homeless Program.

Recommended Action:

Accept the Service Area Competition (SAC) grant award from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) in the amount of \$922,179.00 for the Health Care for the Homeless program effective March 1, 2016 through February 28, 2017.

It is also recommended the County Administrator be delegated authority to approve additional grant funding from HRSA for the program that may occur during the budget period of March 1, 2016 through February 28, 2017.

Strategic Plan:

Ensure Public Health, Safety, and Welfare

2.2 Be a facilitator, convener and purchaser of services for those in need

Deliver First Class Services to the Public and our Customers

5.1 Maximize partner relationship and public outreach

5.2 Be responsible stewards of the public's resources

Summary:

This award for federal funding supports the County's Health Care for the Homeless program for a three-year project period starting March 1, 2016 through February 28, 2019. Funding in the amount of \$922,179 is for the first budget year starting March 1, 2016 through February 28, 2017.

The purpose of this grant program is to improve the health of the Nation's underserved communities and vulnerable populations by assuring continued access to comprehensive, culturally competent, quality primary health care services. In 2015, the program provided basic health care services on the Mobile Medical Unit (MMU) and at Safe Harbor homeless shelter to 2,239 homeless patients whose income was 100% below the Federal Poverty Level.

The Mobile Medical Unit Advisory Council, the co-applicant governing board, approved the grant award on March 1, 2016.

Background Information:

Through the federal Fiscal Year (FY) 2016 SAC, HRSA awarded approximately \$1.2 billion in funding to an estimated 465 SAC applicants. A SAC application is a request for federal financial assistance to continue support of comprehensive primary health care services in a service area currently served by a health center program grantee whose project period is ending in FY 2016.

Since 1988, medical and dental care referrals have been provided to the homeless population in the County via the MMU. Primary health care is provided at no charge to homeless patients with incomes at or below 100% of the FPL. The MMU visits shelters, soup kitchens, drop-in centers and other locations where the homeless congregate. In late 2014, the County began offering additional medical services in the Safe Harbor homeless shelter with federal expanded services funding awarded. In the spring of 2016, those services will move into the new Bayside Health Clinic located adjacent to the shelter.

In 2015, the County served 2,239 unduplicated homeless patients through the MMU and Safe Harbor medical clinic. This award will allow the County to continue providing primary medical care and prevention services to homeless residents. The funding will support clinical services for 2,390 unduplicated patients by December 31, 2017.

Fiscal Impact:

This award totals \$922,179 in federal funds. The County anticipates applying non-federal funds to the program totaling approximately \$1,002,955.00.

Staff Member Responsible:


Lourdes Benedict, Director, Human Services

Partners:

Florida Department of Health in Pinellas County
Homeless Leadership Board

Attachments:

HRSA Notice of Award, #2H80CS00024-15-00
Pinellas County Budget Justification and Narrative

1. DATE ISSUED: 02/09/2016		2. PROGRAM CFDA: 93.224		 <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 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)</p>																																																					
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																									
4a. AWARD NO.: 2 H80CS00024-15-00		4b. GRANT NO.: H80CS00024				5. FORMER GRANT NO.: H66CS00382																																																			
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 02/28/2019																																																									
7. BUDGET PERIOD: FROM: 03/01/2016 THROUGH: 02/28/2017																																																									
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) <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:																																																					
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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;">16</td> <td style="text-align: right;">\$1,046,615.00</td> </tr> <tr> <td style="text-align: center;">17</td> <td style="text-align: right;">\$1,046,615.00</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	16	\$1,046,615.00	17	\$1,046,615.00																																														
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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 [X]Yes []No)						
Electronically signed by Sheila Gale , Grants Management Officer on : 02/09/2016						
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
16 - 3980879	93.224	16H80CS00024	\$56,557.00	\$0.00	HCH	HealthCareCenters_16
16 - 398879F	93.527	16H80CS00024	\$173,988.00	\$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.

Grant Specific Term(s)

1. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the FFR (Federal Financial Report) SF 425-Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.
2. By accepting these grant funds, the health center acknowledges its commitment to providing service to the number of unduplicated patients projected to be served on Form 1A: General Information Worksheet by December 31, 2017, as well as any additional unduplicated patient projections associated with supplemental awards received that can be monitored by this date via the 2017 UDS submission. Failure to meet this total patient commitment may result in a reduction of total funding announced for the service area in the next Service Area Competition.
3. The requirements of 48 CFR section 3.908 (found at <http://www.ecfr.gov>) implementing section 828 of the National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections" apply to this award. This notice requires that grantees inform their employees in writing of employee whistleblower rights and protections under [41 U.S.C. 4712](#) in the predominant native language of the workforce. The details of 41 U.S.C. 4712 can be found at <http://uscode.house.gov/browse.xhtml>. (regarding 48 CFR section 3.908, note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term, should read as "grant," "grantee," "subgrant," or "subgrantee").
4. The Service Area Competition application submitted by your organization requested a new or renewed waiver of the 51 percent patient majority governance requirement as documented in your Form 6B. A review of your SAC application indicates that your organization is eligible for such a waiver, and the HRSA assessment is that the application demonstrated both good cause for requesting the waiver as well as appropriate alternative mechanisms detailing how the health center intends to meet the intent of the statute for the waived requirement consistent with Policy Information Notice 2014-01: Health Center Program Governance (<http://bphc.hrsa.gov/programrequirements/policies/pin201401.html>). This waiver and the implementation of these alternative mechanisms for addressing patient representation are approved for the length of the project period established with this award. Please be advised that in all cases, an approved waiver does not relieve the health center's governing board from fulfilling all of the other Health Center Program requirements regarding board responsibilities, authorities and functions.
5. Based upon the review of your Service Area Competition application, your organization is being awarded a three year project period.
6. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>
7. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.

You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://www.dpm.psc.gov/contacts/contacts.aspx>.

8. FY 2016 outreach and enrollment (O/E) funding has been included with the ongoing level of funding to support continued O/E assistance activities. 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.
9. This action approves the FY 2016 Budget Period Progress Report or Service Area Competition application and awards prorated support through May 31, 2016 based on the grantee's target FY 2016 funding under the Health Center Program (HCP). The HCP is currently operating under a Continuing Resolution since there is not a final FY 2016 appropriation for the program. A revised Notice of Award (NoA) will be issued later in the budget period after the final FY 2016 appropriation action is taken; the revised NoA will provide the remaining balance of grant support for the budget period that is consistent with the final appropriation for the HCP.

Program Specific Term(s)

1. If Federal funds have been used toward the costs of acquiring a building, including the costs of amortizing the principal of, or paying interest on mortgages, you must notify the HRSA Grants Management Contact listed on this Notice of Award for assistance regarding Federal Interest in the property within 60 days of the issue date of this award.
2. The non-Federal share of the project budget includes all anticipated program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from "other revenue sources" such as state, local, or other federal grants or contracts, private support or income generated from fundraising or contributions. In accordance with Section 330(e)(5)(D) of the PHS Act, health centers may use their non-grant funds, either "as permitted" under section 330 or "for such other purposes ... not specifically prohibited" under section 330 if such use "furtheres the objectives of the project." Health centers can meet the standard of "furthering the objectives of the project" by ensuring that the uses of non-grant funds benefit the individual health center's patient/target population.
3. Consistent with Departmental guidance, HRSA grantees that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the grantee organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa.
4. Uniform Data System (UDS) report is due in accordance with specific instructions from the Program Office.
5. Health centers are reminded that separate Medicare enrollment applications must be submitted for each "permanent unit" at which they provide services. This includes units considered both "permanent sites" and "seasonal sites" under their HRSA scope of project. (See: <http://www.bphc.hrsa.gov/about/requirements/scope> for more information). Therefore, for Medicare purposes, a single health center organization may consist of two or more FQHCs, each of which must be separately enrolled in Medicare and submit bills using its unique Medicare Billing Number.

The Medicare enrollment application is located at <http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf>. To identify the address where the package should be mailed, please refer to http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf. The appropriate Medicare contractor is listed next to "Fiscal Intermediary."

Successful enrollment in Medicare as an FQHC does not automatically qualify a health center for payment as an FQHC under its State Medicaid program. Health centers should contact their State Medicaid office directly to determine the process and timeline for becoming eligible for payment as an FQHC under Medicaid.

6. 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).

Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless

otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsggps107.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.

3. HRSA requires grantees to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:

"This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."

Grantees are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.

4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or itemFor which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.
- In addition to the prior approval requirements identified in Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 75, this requirement is in lieu of that in 45 CFR 75 which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Part 75 unless HRSA has specifically exempted the grantee from the requirement(s).]
6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at www.DPM.PSC.GOV.
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551(310) 457-1551, (800)253-0696(800)253-0696 toll free <http://harvester.census.gov/sac/facconta.htm>
9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.

10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) enacted December 18, 2015, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. HRSA funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II of the Federal Executive Pay Scale. The salary rate is currently set at \$185,100, effective January 10, 2016. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts for substantive work under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with institutional policy. Your award amount will not necessarily be recalculated to adjust for necessary reductions in salaries included in your proposal. However, none of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the salary limitation. [It is important to note that an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.]
12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov>.

It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.

14. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.

Reporting Requirement(s)

1. **Due Date: Annually (Calendar Year) Beginning: 01/01/2016 Ending: 12/31/2016, 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>.

2. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.

The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

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

Contacts

NoA Email Address(es):

Name	Role	Email
Daisy Rodriguez	Program Director	darodriguez@pinellascounty.org
Daisy M Rodriguez	Authorizing Official	darodriguez@pinellascounty.org
Daisy Rodriguez	Point of Contact	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
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
Phone: (301) 945-9844

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
BUDGET NARRATIVE JUSTIFICATION | #H80CS00024

Budget Justification	Year 1			Year 2 Total	Year 3 Total
	Federal Grant Request	Non-federal Resources	Year 1 Total		
EXPENSES: Object Class totals should be consistent with those presented in Section B of the SF-424A					
PERSONNEL: (Include budget details for each staff position as seen in the Personnel Justification sample below.)					
Not Applicable	N/A	N/A	N/A	N/A	N/A
TOTAL PERSONNEL	\$ -	\$ -	\$ -	\$ -	\$ -
FRINGE BENEFITS					
Not Applicable	N/A	N/A	N/A	N/A	N/A
TOTAL FRINGE @ X%	\$ -	\$ -	\$ -	\$ -	\$ -
TRAVEL					
Local Travel @ \$.445/mile @ 73 miles/mo x 12 mos	\$ -	\$ 388.00	\$ 388.00	\$ 388.00	\$ 388.00
ES15 Local Travel .445/mile @ 1,124 miles (280 miles/FTE 4 FTE)/2	\$ 250.00	\$ -	\$ 250.00	\$ 250.00	\$ 250.00
ES15 Provider Training CPR @ \$62.75pp/2 FTE					
Med Ed Conf @ \$375pp/1 FTE	\$ 250.00	\$ -	\$ 250.00	\$ 250.00	\$ 250.00
TOTAL TRAVEL	\$ 500.00	\$ 388.00	\$ 888.00	\$ 888.00	\$ 888.00
EQUIPMENT - (Includes movable pieces of equipment that cost \$5,000 or more. Maximum request of \$150,000 for Equipment and A/R costs in Year 1 only. Should be consistent with information presented in the Equipment List and SF-424A. Provide adequate narrative to explain how these funds will be utilized for operational costs in Y2)					
Not Applicable	N/A	N/A	N/A	N/A	N/A
TOTAL EQUIPMENT	\$ -	\$ -	\$ -	\$ -	\$ -
SUPPLIES					
Office Supplies \$136.75/mo x 12 mos					
ES15 Supplies Added	\$ 1,641.00	\$ -	\$ 1,641.00	\$ 1,641.00	\$ 1,641.00
Medical Supplies \$6.58 per unduplicated client @ 2,390 clients	\$ 15,726.00	\$ -	\$ 15,726.00	\$ 15,726.00	\$ 15,726.00
TOTAL SUPPLIES	\$ 17,367.00	\$ -	\$ 17,367.00	\$ 17,367.00	\$ 17,367.00
CONTRACTUAL - Include detailed justification. Summaries of contracts must be included in Attachment 7.					
Medical Director 0.15 FTE	\$ -	\$ 29,634.00	\$ 29,634.00	\$ 29,634.00	\$ 29,634.00
QA Coordinator 0.15 FTE	\$ -	\$ 14,234.00	\$ 14,234.00	\$ 14,234.00	\$ 14,234.00
Sr. Physician 1.0 FTE	\$ 164,809.00	\$ -	\$ 164,809.00	\$ 164,809.00	\$ 164,809.00
Registered Nurse 1.0 FTE	\$ 56,155.00	\$ -	\$ 56,155.00	\$ 56,155.00	\$ 56,155.00
Nurse LPN 1.0 FTE	\$ 52,864.00	\$ -	\$ 52,864.00	\$ 52,864.00	\$ 52,864.00
Supervisor 1.0 FTE (Includes ES15)	\$ 79,187.00	\$ -	\$ 79,187.00	\$ 79,187.00	\$ 79,187.00
Support/Driver 1.0 FTE	\$ 34,898.00	\$ -	\$ 34,898.00	\$ 34,898.00	\$ 34,898.00
Senior Clerk 1.0 FTE	\$ 21,840.00	\$ -	\$ 21,840.00	\$ 21,840.00	\$ 21,840.00
ES14 Physician Asst 1.0 FTE	\$ 70,737.00	\$ 42,442.00	\$ 113,179.00	\$ 113,179.00	\$ 113,179.00
ES14 Nurse 1.0 FTE	\$ 26,986.00	\$ 16,191.00	\$ 43,177.00	\$ 43,177.00	\$ 43,177.00
ES14 Medical Asst 1.0 FTE	\$ 24,623.00	\$ 14,774.00	\$ 39,397.00	\$ 39,397.00	\$ 39,397.00
ES14 Case Manager 1.0 FTE	\$ 35,783.00	\$ 21,470.00	\$ 57,253.00	\$ 57,253.00	\$ 57,253.00
ES14 Senior Clerk 1.0 FTE	\$ 20,558.00	\$ 12,335.00	\$ 32,893.00	\$ 32,893.00	\$ 32,893.00

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
BUDGET NARRATIVE JUSTIFICATION | #H80CS00024

ES15 Senior Physician 0.5 FTE 6 mos	\$ 36,365.50	\$ -	\$ 36,365.50	\$ 36,365.50	\$ 36,365.50
ES15 Registered Nurse 0.5 FTE 6 mos	\$ 16,056.50	\$ -	\$ 16,056.50	\$ 16,056.50	\$ 16,056.50
ES15 Licensed Clinical SW 0.8 FTE 6 mos	\$ 27,603.00	\$ -	\$ 27,603.00	\$ 27,603.00	\$ 27,603.00
ES15 Case Manager 0.5 FTE 6 mos	\$ 14,313.00	\$ -	\$ 14,313.00	\$ 14,313.00	\$ 14,313.00
ES15 Eligibility Assistance Worker 0.5 FTE 6mos	\$ 8,744.00	\$ -	\$ 8,744.00	\$ 8,744.00	\$ 8,744.00
Health Services Tech 0.5 FTE 10/1/16 - 2/28/17	\$ 4,700.00	\$ 5,400.00	\$ 10,100.00	\$ 10,100.00	\$ 10,100.00
QI Human Services Analyst 0.5 FTE 10/1/16 - 2/28/17	\$ 13,500.00	\$ 3,800.00	\$ 17,300.00	\$ 17,300.00	\$ 17,300.00
QI Computer Programmer 0.X FTE	\$ 9,500.00	\$ 2,700.00	\$ 12,200.00	\$ 12,200.00	\$ 12,200.00
Nursing Supervisor (RN) 1.0 FTE 10/1/16 - 2/28/17	\$ 28,600.00	\$ 25,300.00	\$ 53,900.00	\$ 53,900.00	\$ 53,900.00
Outreach & Enrollment 1.0 FTE	\$ 83,423.00	\$ -	\$ 83,423.00	\$ 83,423.00	\$ 83,423.00
Laboratory Services MMU	\$ 31,270.00	\$ -	\$ 31,270.00	\$ 31,270.00	\$ 31,270.00
Laboratory Services SH/BHC	\$ 12,000.00	\$ -	\$ 12,000.00	\$ 12,000.00	\$ 12,000.00
ES15 Lab Services SH/BHC \$14.21/service (9 samples per service) @ 58 services/mo (\$824.18) x 12 mos/2	\$ 5,000.00	\$ -	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
Dental - Dentist	\$ 20,383.00	\$ -	\$ 20,383.00	\$ 20,383.00	\$ 20,383.00
Dental - Hygienist	\$ 3,710.00	\$ -	\$ 3,710.00	\$ 3,710.00	\$ 3,710.00
Pharmacy	\$ -	\$ 500,000.00	\$ 500,000.00	\$ 500,000.00	\$ 500,000.00
Behavioral Health	\$ -	\$ 115,000.00	\$ 115,000.00	\$ 115,000.00	\$ 115,000.00
Specialty Care	\$ -	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00
Bio Medical Waste	\$ -	\$ 600.00	\$ 600.00	\$ 600.00	\$ 600.00
Custodial/Janitorial	\$ -	\$ 6,401.00	\$ 6,401.00	\$ 6,401.00	\$ 6,401.00
			\$ -	\$ -	\$ -
TOTAL CONTRACTUAL	\$ 903,608.00	\$ 910,281.00	\$ 1,813,889.00	\$ 1,813,889.00	\$ 1,813,889.00
CONSTRUCTION - Provide a summary of minor alteration and renovation (A&R) costs. Maximum request of \$150,000 for Equipment and A/R costs in Year 1 only. Should be consistent with information presented in the A&R budget narrative and SF-424A. Provide adequate narrative to explain how these funds will be utilized for operational costs in Year 2.)					
Not Applicable	N/A	N/A	N/A	N/A	N/A
TOTAL CONSTRUCTION	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER: Include detailed justification. Note: Federal funding CANNOT support grant-writing, fundraising, or lobbying costs.					
Fingerprinting	\$ -	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00
State Personnel Assessments	\$ -	\$ 3,459.00	\$ 3,459.00	\$ 3,459.00	\$ 3,459.00
Cell Phone	\$ -	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00
ES15 Cell Phone \$30/mo x12 mos 4 FTE/2	\$ 704.00	\$ -	\$ 704.00	\$ 704.00	\$ 704.00
Local Phone	\$ -	\$ 614.00	\$ 614.00	\$ 614.00	\$ 614.00
Utilities	\$ -	\$ 4,810.00	\$ 4,810.00	\$ 4,810.00	\$ 4,810.00
Vehicle Repairs/Maintenance	\$ -	\$ 82,440.00	\$ 82,440.00	\$ 82,440.00	\$ 82,440.00

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
BUDGET NARRATIVE JUSTIFICATION | #H80CS00024

TOTAL OTHER	\$ 704.00	\$ 92,286.00	\$ 92,990.00	\$ 92,990.00	\$ 92,990.00
TOTAL DIRECT CHARGES (Sum of Total Expenses)	\$ 922,179.00	\$ 1,002,955.00	\$ 1,925,134.00	\$ 1,925,134.00	\$ 1,925,134.00
INDIRECT CHARGES - Include approved indirect cost agreement in Attachment 8					
Not Applicable	\$ -	\$ -		\$ -	\$ -
TOTALS (Total of TOTAL DIRECT CHARGES and TOTAL INDIRECT CHARGES)	\$ 922,179.00	\$ 1,002,955.00	\$ 1,925,134.00	\$ 1,925,134.00	\$ 1,925,134.00

PERSONNEL JUSTIFICATION					
Name	Position Title	% of FTE	Base Salary	Fringe	Federal Amount Requested
Quality Assurance/Operations					
A. Wagner	Supervisor	100%	\$ 52,376.00	\$ 26,811.00	\$ 79,187.00
C. Ravindra, MD	Medical Director	15%	\$ 150,831.00	\$ 46,728.00	\$ -
R. O'Brien	QA Coordinator	15%	\$ 69,265.00	\$ 25,627.00	\$ -
Vacant - TBD	Nursing Supervisor	100%	\$ 45,000.00	\$ 23,100.00	\$ 28,600.00
A. Verrett	Computer Programmer	50%	\$ 32,697.00	\$ 12,611.00	\$ 9,500.00
K. McGlynn	HS Analyst	100%	\$ 27,926.00	\$ 4,210.00	\$ 13,500.00
Mobile Medical Van Clinical Staff					
R. Mungara	Senior Physician	100%	\$ 127,539.00	\$ 37,270.00	\$ 164,809.00
A. Streicher	Registered Nurse	100%	\$ 42,604.00	\$ 13,551.00	\$ 56,155.00
O. Hernandez	Nurse LPN	100%	\$ 32,725.00	\$ 20,138.00	\$ 52,864.00
A. Maddukuri	Senior Clerk	100%	\$ 19,200.00	\$ 2,640.00	\$ 21,840.00
M. Marti-Flores	Support Staff	100%	\$ 23,831.00	\$ 11,066.00	\$ 34,898.00
Safe Harbor Expansion 14 Clinic					
F. Agyekum	Physician Assistant	65%	\$ 85,164.00	\$ 28,015.00	\$ 70,737.00
C. Benvenuto	Nurse LPN	65%	\$ 31,320.00	\$ 11,857.00	\$ 26,986.00
M. Gray	Medical Assistant	65%	\$ 28,033.00	\$ 11,363.00	\$ 24,623.00
F. Guillet	Case Manager	65%	\$ 36,540.00	\$ 20,712.00	\$ 35,783.00
Vacant- TBD	Senior Clerk	65%	\$ 29,435.00	\$ 3,458.00	\$ 20,558.00
Vacant- TBD	Health Services Tech	50%	\$ 21,778.00	\$ 312.00	\$ 4,700.00
Safe Harbor Expansion 15 Clinic					
J. Griffin, MD	Physician	50%	\$ 93,000.18	\$ 22,238.84	\$ 36,365.50
Yolanda Murphy	Registered Nurse	50%	\$ 41,440.62	\$ 22,657.96	\$ 16,056.50
Vacant- TBD	Social Worker	80%	\$ 48,546.00	\$ 20,461.50	\$ 27,603.00
Vacant- TBD	Case Manager	50%	\$ 36,540.00	\$ 20,712.00	\$ 14,313.00
Vacant- TBD	Eligibility Assistant	50%	\$ 29,435.00	\$ 3,458.00	\$ 8,744.00

OMB Contract Review

Contract Name	Notice of Award - Healthcare for the Homeless Program / Mobile Medical Unit (MMU)				
GRANICUS	16-279A	Contract #	Grant No. H80CS00024	Date:	2/23/16

Mark all Applicable Boxes:

Type of Contract									
CIP		Grant	X	Other		Revenue	X	Project	

Contract information:

New Contract (Y/N)	N	Original Contract Amount	\$922,179
Fund(s)	0001	Amount of Change	
Cost Center(s)	100200	Contract Amount	\$992,179
Program(s)	1569	Amount Available	Total: n/a - revenue
Account(s)	3316201	Included in Applicable Budget? (Y/N)	Y
Fiscal Year(s)	FY16		

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.)

The Human Services Department requests that the Board of County Commissioners accept federal grant funds in the amount of \$922,179.00 from U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). The grant supports Pinellas County's Healthcare for the Homeless Program, providing basic health care services through the Mobile Medical Unit (MMU) and Bayside Health Clinic.

The project period for the award covers three years, from March 1, 2016 through February 28, 2019, with \$922,179 allocated for the first year grant budget. This agenda item includes the recommendation that the County Administrator be delegated authority to accept additional grant funding that HRSA may award during the first year (March 1, 2016 through February 28, 2017).

The grant funds and Mobile Medical Unit expenses were anticipated during FY16 budget development, and will be included in FY17 budget development. No local match is required.

Analyst: **Veronica Ettel**

Ok to Sign: ☒

Risk Management Contract Review

Contract Name	Notice of Award - Healthcare for the Homeless Program / Mobile Medical Unit (MMU)						
Bid/Contract#		Granicus	16-279A	PID #			
Department	OMB	Project Mgr			Date In	2/25/2016	
Contract Mgr	Veronica Ettel	RUSH?		Pre-Review?		Date Out	2/25/2016
Purchasing Contact		Term			Amount	\$922,179	
Type of Contract (select both)	Funding/Grant Agreement			Choose an item.		Method of Review	Granicus
Limitation of Liability?		Indemnification Language?		If PE to PE, \$768.28?			
JPA:	Choose an item	Name of JPA:					

Required Coverages	Add'l Language / Exclusions	Limits	Justification
Choose an item.	Funding Agreement for mobile medical unit		No insurance requirements
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Discussed scope & suggested insurance requirements with			
Date/Time/Comments:			
NOTES:			
Reviewed By			Date
Rick Kahler			2/25/2016
<input checked="" type="checkbox"/> Ready for Signature		Authorized By GWhite Virginia E. Holscher, Director	