


Attachment A

1. DATE ISSUED: 09/03/2019		2. PROGRAM CFDA: 93.224																																																					
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																							
4a. AWARD NO.: 1 H80CS33795-01-00		4b. GRANT NO.: H80CS33795	5. FORMER GRANT NO.:																																																				
6. PROJECT PERIOD: FROM: 09/01/2019 THROUGH: 08/31/2021																																																							
7. BUDGET PERIOD: FROM: 09/01/2019 THROUGH: 08/31/2020																																																							
<div style="text-align: center;">  <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) Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) Public Health Service Act, Section 330(e), (g), (h), or (i), as amended (42 U.S.C. 254b(e), (g), (h) and/or (i)) The Health Center Program is authorized by Section 330(e), (g), (h) and/or (i) of the Public Health Service Act, as amended (42 U.S.C. § 254b(e), (g), (h), and/or (i)). Specifically, IBHS supplemental funding will be awarded under section 330(e)</p> </div>																																																							
8. TITLE OF PROJECT (OR PROGRAM): Health Center Program																																																							
9. GRANTEE NAME AND ADDRESS: Monterey, County Of 168 W Alisal St Fl 2 Salinas, CA 93901-2487 DUNS NUMBER: 076298439 BHCMIS # 092640		10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Julie C Edgcomb Monterey, County Of 168 W Alisal St. Salinas, CA 93901-3102																																																					
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:																																																					
<table border="0"> <tr><td>a. Salaries and Wages :</td><td style="text-align: right;">\$26,152,397.00</td></tr> <tr><td>b. Fringe Benefits :</td><td style="text-align: right;">\$12,729,816.00</td></tr> <tr><td>c. Total Personnel Costs :</td><td style="text-align: right;">\$38,882,213.00</td></tr> <tr><td>d. Consultant Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment :</td><td style="text-align: right;">\$253,240.00</td></tr> <tr><td>f. Supplies :</td><td style="text-align: right;">\$2,868,890.00</td></tr> <tr><td>g. Travel :</td><td style="text-align: right;">\$37,396.00</td></tr> <tr><td>h. Construction/Alteration and Renovation :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other :</td><td style="text-align: right;">\$6,821,839.00</td></tr> <tr><td>j. Consortium/Contractual Costs :</td><td style="text-align: right;">\$9,059,172.00</td></tr> <tr><td>k. Trainee Related Expenses :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS :</td><td style="text-align: right;">\$57,922,750.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&WTADC) :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET :</td><td style="text-align: right;">\$57,922,750.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td style="text-align: right;">\$57,272,750.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$650,000.00</td></tr> </table>		a. Salaries and Wages :	\$26,152,397.00	b. Fringe Benefits :	\$12,729,816.00	c. Total Personnel Costs :	\$38,882,213.00	d. Consultant Costs :	\$0.00	e. Equipment :	\$253,240.00	f. Supplies :	\$2,868,890.00	g. Travel :	\$37,396.00	h. Construction/Alteration and Renovation :	\$0.00	i. Other :	\$6,821,839.00	j. Consortium/Contractual Costs :	\$9,059,172.00	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 :	\$57,922,750.00	p. INDIRECT COSTS (Rate: % of S&WTADC) :	\$0.00	q. TOTAL APPROVED BUDGET :	\$57,922,750.00	i. Less Non-Federal Share:	\$57,272,750.00	ii. Federal Share:	\$650,000.00	<table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$650,000.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$650,000.00</td></tr> </table>		a. Authorized Financial Assistance This Period	\$650,000.00	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	\$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$650,000.00
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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: \$47,171,673.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached Yes No)

Electronically signed by Elvera Messina , Grants Management Officer on : 09/03/2019

17. OBJ. CLASS: 41.51 **18. CRS-EIN:** 1946000524A3 **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
19 - 3981160	93.224	19H80CS33795	\$521,950.00	\$0.00	CH	HEALTHCARECENTERS_19
19 - 398160I	93.527	19H80CS33795	\$128,050.00	\$0.00	CH	HEALTHCARECENTERS_19

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Program Specific Condition(s)

1. Due Date: Within 120 Days of Award Release Date

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

Add Site:

County of Monterey - NIDO

Site Address: 1441 Constitution Blvd. BLDG 760, Salinas, California, 93906-3100

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

2. Due Date: Within 120 Days of Award Release Date

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

Add Site:

Bienestar

Site Address: 1441 Constitution Blvd BLDG 400 STE 201, Salinas, California, 93906-3100

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

3. Due Date: Within 120 Days of Award Release Date

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

Add Site:

Monterey County Clinic at Marina

Site Address: 3155 De Forest Rd, Marina, California, 93933-2702

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

4. Due Date: Within 120 Days of Award Release Date

This Notice of Award (NoA) reflects approval of the proposed required and additional services on Form 5A of your application.

This approval of such services within the approved scope of project is not yet effective; therefore, within 120 days of the release date of this NoA, you must submit an electronic deliverable verifying these proposed services consistent with the description provided within the application. Additional guidance regarding what steps to take to verify these services is provided at <https://help.hrsa.gov/x/BYBFAg>.

5. Due Date: Within 120 Days of Award Release Date

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

Add Site:

County of Monterey - Laurel Vista

Site Address: 1441 Constitution Blvd. Bldg. 400 STE 301, Salinas, California, 93906-3134

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

6. Due Date: Within 120 Days of Award Release Date

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

Add Site:

County of Monterey - Seaside Family Health Center

Site Address: 1156 Fremont Blvd, Seaside, California, 93955-5715

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

7. Due Date: Within 120 Days of Award Release Date

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

Add Site:

County of Monterey - Clinic Services Finance / Billing

Site Address: 1441 Schilling Place, South Building FL 1, Salinas, California, 93901-4527

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

8. Due Date: Within 120 Days of Award Release Date

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

Add Site:

County of Monterey - Laurel Family Practice

Site Address: 1441 Constitution Blvd, Bldg. 400 STE 300, Salinas, California, 93906-3134

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

9. Due Date: Within 120 Days of Award Release Date

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

Add Site:

County of Monterey - Laurel Pediatric Clinic

Site Address: 1441 Constitution Blvd, Bldg. #200, Floor STE 101, Salinas, California, 93906-3100

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

10. Due Date: Within 120 Days of Award Release Date

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

Add Site:

County of Monterey Integrated Health Clinic

Site Address: 299 12th St, Marina, California, 93933-6003

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

11. Due Date: Within 120 Days of Award Release Date

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

Add Site:

County of Monterey - Laurel Internal Medicine Clinic

Site Address: 1441 Constitution Blvd. Bldg 151 STE 16, Salinas, California, 93906-3100

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

12. Due Date: Within 120 Days of Award Release Date

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

Add Site:

Clinic Services Administration

Site Address: 1615 BUNKER HILL WAY STE 140, Salinas, California, 93906-6010

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

13. Due Date: Within 120 Days of Award Release Date

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

Add Site:

Alisal Health Center

Site Address: 559 E Alisal St STE 201, Salinas, California, 93905

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

Grant Specific Term(s)

1. This Notice of Award (NoA) is issued to support your New Access Point (NAP) application submitted in response to HRSA-19-080 to establish new access point(s) to provide primary health services at all site(s) identified on Form 5B of the NAP application in alignment with the scope verification conditions on this NoA. This NoA provides \$650,000 for the period September 1, 2019 through August 31, 2020. Of this amount, \$0 is to support one-time activities and \$650,000 is provided to support operational NAP activities.
2. 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: <https://pms.psc.gov/grant-recipients/access-newuser.html> 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: <https://pms.psc.gov/find-pms-liaison-accountant.html>.
3. Operational funds awarded through this New Access Point (NAP) grant cannot be re-budgeted for one-time funding activities (i.e., minor renovation and/or moveable equipment purchases).
4. Health Center Program New Access Point (NAP) grantees are expected to provide service to the number of unduplicated patients projected on Form 1A by December 31, 2020. Progress will be monitored through the annual Budget Period Progress Report and Uniform Data System report. Failure to serve the projected number of unduplicated patients by December 31, 2020 may result in the reduction of Health Center Program grant funding. For questions about your Patient Target, email BPHCPatientTargets@hrsa.gov.
5. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsrs.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
6. HRSA will conduct an operational site visit between 10 and 14 months from the start of the project period to assess compliance with the Health Center Program requirements and identify needed technical assistance and training. Contact your Project Officer to discuss technical assistance needs.
7. All sites proposed on Form 5B of the approved New Access Point (NAP) application must be open and operational within 120 days of the Notice of Award. Task(s) in the HRSA Electronic Handbook (EHB) will allow you to verify when sites(s) proposed on Form 5B become operational through verification task(s). If all site(s) have not been verified as operational within 120 days from the Notice of Award date, the verification task(s) will no longer be accessible in EHB and HRSA will place a condition on your grant award. Placement of a condition triggers the need for site-related Change in Scope (CIS) prior approval request(s) and provides a revised deadline for site(s) to be verified as open and operational. You must submit CIS request(s) either for the original proposed site address(es) or for alternative address(es) that constitute comparable site(s), both in location and capacity, to what was proposed in the NAP application. Approval of the CIS request(s) will generate new site verification task(s) in EHB that will allow you to verify when the site(s) become operational, as required for the condition to be lifted. If implementation of all proposed sites is not documented within the timeframe, HRSA may take action in accordance with HHS Grant Regulation found at 45 CFR Part 75, which states "the Federal award may be terminated in whole or in part."

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 "furthers the objectives of the project.
3. Consistent with Departmental guidance, Health Center Program award recipients 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 health center 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. The Uniform Data System (UDS) annual performance report is due in accordance with specific instructions from the Program Office. Failure to submit a complete UDS report by the specified deadline may result in additional conditions and/or restrictions being placed on your award, including the requirement that all drawdowns of Health Center Program award funds from the Payment Management System (PMS) have the prior approval of the HRSA Division of Grants Management Operations (DGMO) and/or limits on eligibility to receive future supplemental funding.
5. Health centers are reminded that separate Medicare enrollment applications must be submitted for each permanent site at which they provide services. This includes units considered both "permanent sites" and "seasonal sites" under their HRSA scope of project (see <https://bphc.hrsa.gov/programrequirements/scope.html> for more information). Therefore, 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.

In order to enroll in Medicare, first obtain a National Provider Identifier (NPI) (<https://nppes.cms.hhs.gov/#/>). You may enroll in Medicare electronically via the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) available at <https://pecos.cms.hhs.gov>. PECOS automatically routes applications to the appropriate Medicare Administrative Contractor for review and approval. While HRSA encourages electronic application, you may alternatively choose to submit a paper application available at <http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf>. To identify the address where the package should be mailed, refer to http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf. The appropriate Medicare contractor is listed next to "Fiscal Intermediary."

The Medicare enrollment process is not applicable to the Medicaid program. State Medicaid Agencies use their own enrollment process. Contact your State Medicaid office to determine the process and timeline for becoming eligible for payment as an FQHC under Medicaid.

6. Health Center Program award recipients are required to submit an annual Budget Period Progress Report (BPR) to report on progress made from the beginning of an award recipient's most recent budget period until the date of BPR submission; the expected progress for the remainder of the budget period; and any projected changes for the following budget period. HRSA approval of a BPR is required for the budget period renewal and release of each subsequent year of funding, dependent upon Congressional appropriation, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the Federal government. Failure to submit the BPR by the established deadline or submission of an incomplete or non-responsive progress report may result in a delay or a lapse in funding.
7. A health center's scope of project includes the approved service sites, services, providers, service area(s), and target population which are supported (wholly or in part) under the total budget approved for the health center. In addition, scope of project serves as the basis for eligibility for programs associated with the Health Center Program such as Medicare and Medicaid Federally Qualified Health Center (FQHC) reimbursements, Federal Tort Claims Act coverage, and 340B Drug Pricing. Proper documentation and maintenance of an accurate scope of project is critical in the oversight and management of programs funded or designated under section 330 of the PHS Act. Health centers are responsible for maintaining the accuracy of their Health Center Program scope of project, including updating or requesting prior approval for significant changes to the scope of project when applicable. Refer to the Scope of Project policy documents and resources available at: <http://www.bphc.hrsa.gov/programrequirements/scope.html> for details pertaining to changes to services, providers, sites, service area zip codes, and target population(s).
8. Prior approval by HRSA is required for any significant change in the scope (e.g., sites or services) or nature of a Health Center Program award recipient's approved project activities. Requests to change the approved scope of project must be submitted for prior approval by HRSA via the HRSA Electronic Handbook (EHB) Change in Scope Module prior to implementation. See: <http://www.bphc.hrsa.gov/programrequirements/scope.html> for more information.
9. Health center awardees/designees must comply with all Health Center Program requirements. The Health Center Program Compliance Manual (<https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>) provides consolidated guidance for demonstrating

compliance with Health Center Program requirements. The Compliance Manual also serves as the foundation for HRSA's compliance determinations and for health centers when responding to any subsequent Progressive Action condition(s) placed on a Notice of Award (NoA) or Notice of Look-Alike Designation (NLD) due to an identified area(s) of non-compliance. For additional information on the Progressive Action process, see Chapter 2: Health Center Program Oversight of the Compliance Manual. If a health center elects to respond to a condition by demonstrating compliance in a manner alternative to that specified in the Compliance Manual, the response must include an explanation and documentation of how this alternative explicitly demonstrates compliance with applicable Health Center Program requirements. All responses to conditions are subject to review and approval by HRSA.

10. 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.hrsa.gov/grants/hhsgrantspolicy.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. "This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with xx percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."
Recipients 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 as a Prior Approval action via Electronic Handbooks (EHBs). 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 <https://pms.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, (800) 253-0696 toll free <https://harvester.census.gov/facweb/default.aspx/>.
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 [HHS Limited English Proficiency \(LEP\)](#).
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: <https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/trafficking-in-persons.pdf>. 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 Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019, Division H, § 202, (P.L. 115-245), enacted September 28, 2018, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements to the Federal Executive Pay Scale Level II rate set at \$192,300, effective January, 2019. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients 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 recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: 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/civil-rights/for-individuals/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/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.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/SAM/>. 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/Quick_Guide_for_Grants_Registrations.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.

15. §75.113 Mandatory disclosures.

Consistent with 45 CFR 75.113, applicants and non-federal entities must disclose, in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following address:

Department of Health and Human Services
Health Resources and Services Administration
Office of Federal Assistance Management
Division of Grants Management Operations
5600 Fishers Lane, Mailstop 10SWH-03
Rockville, MD 20879

AND

U.S. Department of Health and Human Services
Office of Inspector General
Attn: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201

Fax: (202)205-0604 (Include: "mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321). The recipient must include this mandatory disclosure requirement in all sub-awards and contracts under this award.

Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII are required to report certain civil, criminal, or administrative proceedings to www.sam.gov. Failure to make required disclosures can result in any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

Recipient integrity and performance matters. If the total Federal share of the Federal award is more than \$500,000 over the period of performance, [Appendix XII to CFR Part 200](#) is applicable to this award.

Reporting Requirement(s)

1. Due Date: Annually (Calendar Year) Beginning: 01/01/2019 Ending: 12/31/2019, due 45 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 contact the UDS Support Line at 1-866-837-4357 or udshelp330@bphcdata.net for additional instructions or for questions. Reporting technical assistance can be found at <https://bphc.hrsa.gov/datareporting/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
Julie C Edgcomb	Program Director	edgcombj@co.monterey.ca.us

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Kellie Cosby at:
 HRSA/BPHC/ Southwest Division
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 Rockville, MD, 20857-
 Email: KCosby@hrsa.gov
 Phone: (301) 443-8997

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Christie Walker at:
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