

1. DATE ISSUED: 02/24/2020		2. PROGRAM CFDA: 93.224	
3. SUPERSEDES AWARD NOTICE dated: 01/15/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 H80CS24159-08-11		4b. GRANT NO.: H80CS24159	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 06/01/2012 THROUGH: 05/31/2020			
7. BUDGET PERIOD: FROM: 06/01/2019 THROUGH: 05/31/2020			



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)

8. TITLE OF PROJECT (OR PROGRAM): Health Center Program

9. GRANTEE NAME AND ADDRESS:
Susquehanna Community Health & Dental Clinic, Inc.
471 Hepburn St
Williamsport, PA 17701-6122
DUNS NUMBER:
963357301
BHCMS # 03E00505

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
James H Yoxtheimer
Susquehanna Community Health & Dental Clinic, Inc.
471 Hepburn St
Williamsport, PA 17701-6122

11. APPROVED BUDGET:(Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$2,671,900.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$276,854.00
ii. Offset	\$14.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$2,395,032.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

a. Salaries and Wages :	\$6,437,473.00
b. Fringe Benefits :	\$1,807,735.00
c. Total Personnel Costs :	\$8,245,208.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$205,038.00
f. Supplies :	\$1,485,952.00
g. Travel :	\$109,560.00
h. Construction/Alteration and Renovation :	\$50,000.00
i. Other :	\$1,992,645.00
j. Consortium/Contractual Costs :	\$1,230,109.00
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 :	\$13,318,512.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$13,318,512.00
i. Less Non-Federal Share:	\$10,646,612.00
ii. Federal Share:	\$2,671,900.00

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

YEAR	TOTAL COSTS
Not applicable	

14. APPROVED DIRECT ASSISTANCE BUDGET:(In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

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: \$10,215,104.00

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)
This NoA is issued to remove one or more Grant Conditions imposed on projects.

Electronically signed by Travis Wright , Grants Management Officer on : 02/24/2020

17. OBJ. CLASS: 41.51 **18. CRS-EIN:** 1208979596A1 **19. FUTURE RECOMMENDED FUNDING:** \$1,660,950.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
19 - 398160I	93.527	17H80CS24159	\$0.00	\$0.00	CH	HealthCareCenters_17

HRSA Electronic Handbooks (EHBs) Registration Requirements

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

Terms and Conditions

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

Grant Specific Term(s)

1. The grant condition stated below on NoA 3 H80CS24159-08-06 is hereby lifted.

"Within 30 days of this Notice of Award, the grantee must submit into HRSA's Electronic Handbook a budget narrative/justification. The revised information should be specific to the costs associated with the minor A/R activities.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Max Houseknecht	Business Official	maxh@rvhdc.org
Jacqueline L Oliva	Authorizing Official, Authorizing Official	jackieo@aimhealthy.org
Max Houseknecht, Jr.	Business Official	maxh@aimhealthy.org
Jacqueline Oliva	Point of Contact	jackieo@aimhealthy.org
James H Yoxtheimer	Authorizing Official, Program Director	jimy@rvhdc.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Evan Spencer at:

61 Forsyth St SW Ste 3M70
Atlanta, GA, 30303-8931
Email: espencer@hrsa.gov
Phone: (301) 443-6569

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Travis Wright at:

5600 Fishers Ln
Rockville, MD, 20857-
Email: twright@hrsa.gov
Phone: (301) 443-0676
Fax: (301) 443-9810