



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8024159
Federal Award Date: 04/13/2021

Recipient Information

1. Recipient Name
Susquehanna Community Health & Dental Clinic, Inc.
471 Hepburn St
Williamsport, PA 17701-6122
2. Congressional District of Recipient
10
3. Payment System Identifier (ID)
1208979596A1
4. Employer Identification Number (EIN)
208979596
5. Data Universal Numbering System (DUNS)
963357301
6. Recipient's Unique Entity Identifier
7. Project Director or Principal Investigator
James H Yoxtheimer
President and CEO
jimy@rvhdc.org
(570)567-5414
8. Authorized Official
Jacqueline L Oliva
jackieo@rvhdc.org
(570)567-5426

Federal Agency Information

9. Awarding Agency Contact Information
Travis J Wright
Grants Management Specialist
Health Resources and Services Administration
twright@hrsa.gov
(301) 443-0676
10. Program Official Contact Information
Evan Spencer
Health Resources and Services Administration
espencer@hrsa.gov
(301) 443-6569

Federal Award Information

11. Award Number
5 H80CS24159-10-00
12. Unique Federal Award Identification Number (FAIN)
H8024159
13. Statutory Authority
42 U.S.C. § 254b
14. Federal Award Project Title
Health Center Program
15. Assistance Listing Number
93.224
16. Assistance Listing Program Title
Community Health Centers
17. Award Action Type
Noncompeting Continuation
18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 06/01/2021 - End Date 05/31/2022
20. Total Amount of Federal Funds Obligated by this Action \$1,811,950.00
 - 20a. Direct Cost Amount
 - 20b. Indirect Cost Amount
21. Authorized Carryover \$0.00
22. Offset \$0.00
23. Total Amount of Federal Funds Obligated this budget period \$1,811,950.00
24. Total Approved Cost Sharing or Matching, where applicable \$10,796,497.00
25. Total Federal and Non-Federal Approved this Budget Period \$12,608,447.00
26. Project Period Start Date 06/01/2020 - End Date 05/31/2023
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period \$25,627,772.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Elvera Messina on 04/13/2021

30. Remarks

This grant is included under Expanded Authority



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31. 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		33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																						
<table border="1"> <tr> <td>YEAR</td> <td>TOTAL COSTS</td> </tr> <tr> <td>11</td> <td>\$1,811,950.00</td> </tr> </table>		YEAR	TOTAL COSTS	11	\$1,811,950.00																			
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34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)																								
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35. FORMER GRANT NUMBER																								
36. OBJECT CLASS 41.51																								
37. BHCMI# 03E00505																								
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																								
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38. 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.																								
39. ACCOUNTING CLASSIFICATION CODES																								
<table border="1"> <thead> <tr> <th>FY-CAN</th> <th>CFDA</th> <th>DOCUMENT NUMBER</th> <th>AMT. FIN. ASST.</th> <th>AMT. DIR. ASST.</th> <th>SUB PROGRAM CODE</th> <th>SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>21 - 3981160</td> <td>93.224</td> <td>20H80CS24159</td> <td>\$449,089.00</td> <td>\$0.00</td> <td>CH</td> <td>HEALTHCARECENTERS_20</td> </tr> <tr> <td>21 - 398160K</td> <td>93.527</td> <td>20H80CS24159</td> <td>\$1,362,861.00</td> <td>\$0.00</td> <td>CH</td> <td>HEALTHCARECENTERS_20</td> </tr> </tbody> </table>				FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	21 - 3981160	93.224	20H80CS24159	\$449,089.00	\$0.00	CH	HEALTHCARECENTERS_20	21 - 398160K	93.527	20H80CS24159	\$1,362,861.00	\$0.00	CH	HEALTHCARECENTERS_20
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HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/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 approves the FY 2021 Budget Period Progress Report and awards full support for the upcoming budget period at the grantee's current target funding level.
2. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. 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.hrsa.gov/grants/hhsgrantspolicy.pdf>

3. The funds for this award are in a sub-account in the Payment Management System (PMS). 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. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**

You may use your existing PMS username and password to check your organizations' 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>. 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>.

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 (NoA) for assistance regarding Federal Interest in the property within 60 days of the release date of this NoA.
2. The non-federal share of the project budget includes all 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; and income generated from fundraising, and donations/contributions.

The description of "Authorized Treatment of Program Income" under the "Addition" alternative, as cited elsewhere in this Notice of Award, is superseded by the requirements in section 330(e)(5)(D) of the PHS Act relating to the use of nongrant funds. Under this statutory provision, health centers shall use nongrant funds, including funds in excess of those originally expected, "as permitted under [section 330]," and may use such funds "for such purposes as are not specifically prohibited under [section 330] if such use furthers the objectives of the project." Under 45 CFR 75.351(a), subrecipients (entities that receive a subaward from a pass-through entity for the purpose of carrying out a portion of a Federal award received by the pass-through entity) are responsible for adherence to applicable Federal program requirements specified in the Federal award.

3. Consistent with Departmental guidance, health centers 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 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 prior approval from the HRSA Division of Grants Management Operations (DGMO) and/or limits on eligibility to receive future supplemental funding.

5. This grant is governed by the post-award requirements cited in Subpart D-Post Federal Award Requirements, standards for program and fiscal management of 45 CFR Part 75 except when the Notice of Award indicates in the "Remarks" section that the grant is included under "Expanded Authority." These recipients may take the following action without prior approval of the Grant Management Officer:
Section 75.308 (d)(3) Carry forward unobligated balances to subsequent periods of performance: Except for funds restricted on a Notice of Award, recipients are authorized to carry over unobligated grant funds remaining at the end of that budget period up to 25% of the amount awarded for that budget period.
In all cases, the recipient must notify HRSA when it has elected to carry over unobligated balances (UOB) under Expanded Authority and indicate the amount to be carried over. This notification must be provided by the recipient under item 12, "Remarks," on the initial submission of the Federal Financial Report (FFR). In this section of the FFR, the recipient must also provide details regarding the source of the UOB for each type of funding received and to be carried over (e.g., the specific supplemental award(s), base operational funding). If the recipient wishes to carry over UOB in excess of 25% of the total amount awarded, the recipient must submit a prior approval request for carryover in the HRSA Electronic Handbooks (EHBs). Contact your Grants Management Specialist with any questions.
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).
7. You are required to submit an annual Budget Period Progress Report (BPR) non-competing continuation (NCC) to report on progress made from the beginning of your most recent budget period until the date of NCC submission, the expected progress for the remainder of the budget period, and any projected changes for the following budget period. HRSA approval of an NCC is required for the release of each subsequent year of funding, dependent on 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 NCC by the established deadline, or submission of an incomplete or non-responsive progress report, may result in a delay or a lapse in funding.
8. You must submit a separate Medicare Federally Qualified Health Centers (FQHC) enrollment application for each permanent site at which you provide services. This includes both permanent sites and seasonal sites under your HRSA scope of project (see <https://bphc.hrsa.gov/programrequirements/scope.html> for more information). Each permanent site must be individually enrolled in Medicare as an FQHC and submit for FQHC reimbursement using its unique FQHC Medicare billing number.
In order to enroll in Medicare, first obtain a National Provider Identifier (NPI) at <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 <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf>. To identify the address where the package should be mailed, refer to <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index?redirect=/MedicareProviderSupEnroll>. The appropriate Medicare contractor is listed next to the Fiscal Intermediary.
Contact your State Medicaid office to determine the process and timeline for becoming eligible for payment as an FQHC under Medicaid.
9. You must comply with all Health Center Program requirements. The Health Center Program Compliance Manual (<https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>) identifies Health Center Program requirements and provides guidance for health centers regarding ways that they may demonstrate compliance with these 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 you elect to respond to a condition by demonstrating compliance in a manner alternative to the guidance specified in the Compliance Manual, the response must: 1) explicitly indicate that the health center is proposing an alternative means of demonstrating compliance; and 2) 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. Your scope of project includes the approved service sites, services, providers, service area, and target population which are supported (wholly or in part) under your total approved health center budget. In addition, the scope of project serves as the basis for eligibility for associated programs such as Medicare and Medicaid Federally Qualified Health Center (FQHC) enrollment and 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.
You are responsible for maintaining the accuracy of your Health Center Program scope of project, including updating or requesting prior approval for significant changes to the scope of project when applicable. You must submit requests to change the approved scope of project for approval via the HRSA Electronic Handbooks (EHBs) Change in Scope Module. Refer to the Scope of Project webpage

(<http://www.bphc.hrsa.gov/programrequirements/scope.html>) for details pertaining to changes to sites, services, providers, service area zip codes, and target population(s).

Standard Term(s)

1. Your organization must comply with all HRSA [Standard Terms](#) unless otherwise specified on your Notice of Award.

Reporting Requirement(s)

1. **Due Date: Annually (Calendar Year) Beginning: 01/01/2021 Ending: 12/31/2021, 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 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 also inform Health Center programs, partners, and communities about the patients served by health centers. You must submit your UDS report annually on or before February 15. Contact the UDS Support Line at 1-866-837-4357 or udshelp330@bphcdata.net for additional instructions or for questions. Reporting technical assistance is available on the UDS Resources webpage (<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 recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access, should be directed to the Help Desk at PMSFFRSupport@psc.hhs.gov.

The FFR 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

3. **Due Date: Within 90 Days of Budget End Date**

Based on your receipt of the FY 2020 Quality Improvement Award (QIA) supplemental funding to support your efforts to continue to strengthen quality improvement activities, including maintaining or achieving patient centered medical home recognition, you must submit into HRSA's Electronic Handbook within 90 days of the end of your FY 2021 Budget Period a final detailed SF-424A and line-item narrative description of both Federal and non-Federal costs incurred for the completed activities supported with QIA funding. You must also submit a final equipment list (when applicable).

4. **Due Date: Within 90 Days of Budget End Date**

Based on your receipt of the FY 2019 Oral Health Infrastructure (OHI) supplemental funding for physical and/or organizational infrastructure enhancements that support new or enhance existing high quality, integrated oral health services, you must submit into HRSA's Electronic Handbook within 90 days of the end of your FY 2021 Budget Period a final detailed SF-424A and line-item narrative description of both Federal and non-Federal costs incurred for the completed activities supported with OHI funding. You must also submit a final equipment list (when applicable). The SF-424A, a sample narrative and a blank equipment list can be found at <https://bphc.hrsa.gov/program-opportunities/oral-health>.

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

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).