



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8024159
Federal Award Date: 03/17/2021

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**
6 H80CS24159-09-05
- 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**
Administrative
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

- 19. Budget Period Start Date 06/01/2020 - End Date 05/31/2021**
- 20. Total Amount of Federal Funds Obligated by this Action** \$0.00
 - 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** \$2,354,945.00
- 24. Total Approved Cost Sharing or Matching, where applicable** \$10,664,380.00
- 25. Total Federal and Non-Federal Approved this Budget Period** \$13,019,325.00
- 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** \$13,019,325.00

- 28. Authorized Treatment of Program Income**
Addition

- 29. Grants Management Officer – Signature**
Travis Wright on 03/17/2021

30. Remarks

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



Notice of Award
Award Number: 6 H80CS24159-09-05
Federal Award Date: 03/17/2021

Health Resources and Services Administration

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="0"> <tr> <td>a. Salaries and Wages:</td> <td>\$6,673,111.00</td> </tr> <tr> <td>b. Fringe Benefits:</td> <td>\$1,754,601.00</td> </tr> <tr> <td>c. Total Personnel Costs:</td> <td>\$8,427,712.00</td> </tr> <tr> <td>d. Consultant Costs:</td> <td>\$0.00</td> </tr> <tr> <td>e. Equipment:</td> <td>\$0.00</td> </tr> <tr> <td>f. Supplies:</td> <td>\$1,320,285.00</td> </tr> <tr> <td>g. Travel:</td> <td>\$70,700.00</td> </tr> <tr> <td>h. Construction/Alteration and Renovation:</td> <td>\$68,038.00</td> </tr> <tr> <td>i. Other:</td> <td>\$1,115,007.00</td> </tr> <tr> <td>j. Consortium/Contractual Costs:</td> <td>\$2,017,583.00</td> </tr> <tr> <td>k. Trainee Related Expenses:</td> <td>\$0.00</td> </tr> <tr> <td>l. Trainee Stipends:</td> <td>\$0.00</td> </tr> <tr> <td>m. Trainee Tuition and Fees:</td> <td>\$0.00</td> </tr> <tr> <td>n. Trainee Travel:</td> <td>\$0.00</td> </tr> <tr> <td>o. TOTAL DIRECT COSTS:</td> <td>\$13,019,325.00</td> </tr> <tr> <td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td> <td>\$0.00</td> </tr> <tr> <td>q. TOTAL APPROVED BUDGET:</td> <td>\$13,019,325.00</td> </tr> <tr> <td> i. Less Non-Federal Share:</td> <td>\$10,664,380.00</td> </tr> <tr> <td> ii. Federal Share:</td> <td>\$2,354,945.00</td> </tr> </table>		a. Salaries and Wages:	\$6,673,111.00	b. Fringe Benefits:	\$1,754,601.00	c. Total Personnel Costs:	\$8,427,712.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$1,320,285.00	g. Travel:	\$70,700.00	h. Construction/Alteration and Renovation:	\$68,038.00	i. Other:	\$1,115,007.00	j. Consortium/Contractual Costs:	\$2,017,583.00	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:	\$13,019,325.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	q. TOTAL APPROVED BUDGET:	\$13,019,325.00	i. Less Non-Federal Share:	\$10,664,380.00	ii. Federal Share:	\$2,354,945.00	<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>\$1,811,950.00</td> </tr> <tr> <td>11</td> <td>\$1,811,950.00</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	10	\$1,811,950.00	11	\$1,811,950.00
a. Salaries and Wages:	\$6,673,111.00																																														
b. Fringe Benefits:	\$1,754,601.00																																														
c. Total Personnel Costs:	\$8,427,712.00																																														
d. Consultant Costs:	\$0.00																																														
e. Equipment:	\$0.00																																														
f. Supplies:	\$1,320,285.00																																														
g. Travel:	\$70,700.00																																														
h. Construction/Alteration and Renovation:	\$68,038.00																																														
i. Other:	\$1,115,007.00																																														
j. Consortium/Contractual Costs:	\$2,017,583.00																																														
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:	\$13,019,325.00																																														
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00																																														
q. TOTAL APPROVED BUDGET:	\$13,019,325.00																																														
i. Less Non-Federal Share:	\$10,664,380.00																																														
ii. Federal Share:	\$2,354,945.00																																														
YEAR	TOTAL COSTS																																														
10	\$1,811,950.00																																														
11	\$1,811,950.00																																														
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:		34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)																																													
<table border="0"> <tr> <td>a. Authorized Financial Assistance This Period</td> <td>\$2,354,945.00</td> </tr> <tr> <td>b. Less Unobligated Balance from Prior Budget Periods</td> <td></td> </tr> <tr> <td> i. Additional Authority</td> <td>\$0.00</td> </tr> <tr> <td> ii. Offset</td> <td>\$0.00</td> </tr> <tr> <td>c. Unawarded Balance of Current Year's Funds</td> <td>\$0.00</td> </tr> <tr> <td>d. Less Cumulative Prior Award(s) This Budget Period</td> <td>\$2,354,945.00</td> </tr> <tr> <td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td> <td>\$0.00</td> </tr> </table>		a. Authorized Financial Assistance This Period	\$2,354,945.00	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 Award(s) This Budget Period	\$2,354,945.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00	<table border="0"> <tr> <td>a. Amount of Direct Assistance</td> <td>\$0.00</td> </tr> <tr> <td>b. Less Unawarded Balance of Current Year's Funds</td> <td>\$0.00</td> </tr> <tr> <td>c. Less Cumulative Prior Award(s) This Budget Period</td> <td>\$0.00</td> </tr> <tr> <td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td> <td>\$0.00</td> </tr> </table>		a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00																						
a. Authorized Financial Assistance This Period	\$2,354,945.00																																														
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 Award(s) This Budget Period	\$2,354,945.00																																														
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00																																														
a. Amount of Direct Assistance	\$0.00																																														
b. Less Unawarded Balance of Current Year's Funds	\$0.00																																														
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00																																														
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00																																														
35. FORMER GRANT NUMBER		36. OBJECT CLASS 41.51																																													
37. BHCMI# 03E00505																																															
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																																															
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE																																									
19 - 398160I	93.527	20H80CS24159	\$0.00	\$0.00	CH	HEALTHCARECENTERS_20																																									

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)

- The grant condition stated below on NoA 6 H80CS24159-09-03 is hereby lifted. Due Date: Within 120 Days of Award Release Date (CIS Tracking Number: CIS00105203 - Add Site – Conversion to Service Delivery Site: Susquehanna Community Health and Dental Clinic, Inc. Administrative Offices
431 Hepburn St, Williamsport, PA 17701-6122)
Within 120 days of the release date of this award (i.e., the date HRSA emailed you this Notice of Award), you **MUST** verify implementation of this CIS, as required via the related EHB submission deliverable.
To access the deliverable, go to your grant folder/handbook.
- This Notice of Award (NoA) confirms the CIS verification as follows:
Status: Service Delivery Site Addition (Conversion from Administrative-only Site) Confirmed
Operational Date: 03/17/2021
Verification Tracking No.: SCPV027713
CIS Tracking No.: CIS00105203
This site is now included as operational in the health center's scope of project:
Site ID: BPS-H80-027526
Site Name: Susquehanna Community Health and Dental Clinic, Inc. Administrative Offices
Site Address: 431 Hepburn St, Williamsport, PA 17701
The grant condition stated below on NoA 6 H80CS24159-09-03 is hereby **LIFTED**: Due Date: Within 120 Days of Award Release Date (CIS Tracking Number: CIS00105203 - Add Site – Conversion to Service Delivery Site: Susquehanna Community Health and Dental Clinic, Inc. Administrative Offices 431 Hepburn St, Williamsport, PA 17701-6122)
Within 120 days of the release date of this award (i.e., the date HRSA emailed you this Notice of Award), you **MUST** verify implementation of this CIS, as required via the related EHB submission deliverable.
To access the deliverable, go to your grant folder/handbook.

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

Contacts

NoA Email Address(es):

Name	Role	Email
James H Yoxtheimer	Program Director, Authorizing Official	jimmy@rvhdc.org
Jacqueline Oliva	Point of Contact	jackieo@rvhdc.org
Max Houseknecht	Business Official	maxh@rvhdc.org
James Yoxtheimer	Authorizing Official	jimmy@aimhealthy.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/>).



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8F40593
Federal Award Date: 03/26/2021

Recipient Information

- 1. Recipient Name**
Susquehanna Community Health And 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**
James Yoxtheimer
jimy@aimhealthy.org

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**
1 H8FCS40593-01-00
- 12. Unique Federal Award Identification Number (FAIN)**
H8F40593
- 13. Statutory Authority**
American Rescue Plan Act (P.L. 117-2)
- 14. Federal Award Project Title**
American Rescue Plan Act Funding for Health Centers
- 15. Assistance Listing Number**
93.224
- 16. Assistance Listing Program Title**
Community Health Centers
- 17. Award Action Type**
New
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

- 19. Budget Period Start Date 04/01/2021 - End Date 03/31/2023**
- 20. Total Amount of Federal Funds Obligated by this Action** \$2,979,875.00
 - 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** \$2,979,875.00
- 24. Total Approved Cost Sharing or Matching, where applicable** \$0.00
- 25. Total Federal and Non-Federal Approved this Budget Period** \$2,979,875.00
- 26. Project Period Start Date 04/01/2021 - End Date 03/31/2023**
- 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period** \$2,979,875.00

- 28. Authorized Treatment of Program Income**
Addition

- 29. Grants Management Officer – Signature**
Elvera Messina on 03/26/2021

30. Remarks



Notice of Award
Award Number: 1 H8FCS40593-01-00
Federal Award Date: 03/26/2021

Health Resources and Services Administration

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

a. Salaries and Wages:	\$0.00
b. Fringe Benefits:	\$0.00
c. Total Personnel Costs:	\$0.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$0.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$2,979,875.00
j. Consortium/Contractual Costs:	\$0.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$2,979,875.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$2,979,875.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$2,979,875.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$2,979,875.00
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 Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$2,979,875.00

33. RECOMMENDED FUTURE SUPPORT:

(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
	Not applicable

34. 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 Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER**36. OBJECT CLASS**

41.51

37. BHCMI#

03E00505

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

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
21 - 398A160	93.224	21H8FCS40593C6	\$2,979,875.00	\$0.00	CH	21H8FCS40593C6

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. 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>.
2. 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. This notice of award provides one-time funding for a 2-year period of performance to health centers funded under the Health Center Program to: (1) Plan, prepare for, promote, distribute, administer, and track COVID–19 vaccines, and carry out other vaccine-related activities; (2) Detect, diagnose, trace, and monitor COVID–19 infections and related activities necessary to mitigate the spread of COVID–19, including activities related to, and equipment or supplies purchased for, testing, contact tracing, surveillance, mitigation, and treatment of COVID–19; (3) Purchase equipment and supplies to conduct mobile testing or vaccinations for COVID–19, purchase and maintain mobile vehicles and equipment to conduct such testing or vaccinations, and hire and train laboratory personnel and other staff to conduct such mobile testing or vaccinations, particularly in medically underserved areas; (4) Establish, expand, and sustain the health care workforce to prevent, prepare for, and respond to COVID–19, and to carry out other health work force-related activities; (5) Modify, enhance, and expand health care services and infrastructure; and (6) Conduct community outreach and education activities related to COVID–19.

HRSA authorizes you to charge allowable pre-award costs of carrying out activities described above that were incurred before the effective date of this award, dating back to January 31, 2020. Funds have been made available for this purpose by the American Rescue Plan Act (P.L. 117-2), available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>.

As provided for in OMB Memorandum M-21-20: *Promoting Public Trust in the Federal Government through Effective Implementation of the American Rescue Plan Act and Stewardship of the Taxpayer Resources*, available at https://www.whitehouse.gov/wp-content/uploads/2021/03/M_21_20.pdf, HRSA may waive the procurement requirements contained in 45 CFR § 75.328(a) (2 CFR § 200.319(b)) regarding geographical preferences and 45 CFR § 75.330 (2 CFR § 200.321) regarding contracting small and minority businesses, women's business enterprises, and labor surplus area firms. Recipients must maintain appropriate records and documentation to support the charges against the Federal awards. HRSA approved this waiver on March 23, 2021.

HRSA determined your award amount using the following formula: (1) \$500,000, plus, (2) \$125 per patient reported in the 2019 Uniform Data System (UDS), and (3) \$250 per uninsured patient reported in the 2019 UDS.

2. This award must be used in alignment with your Health Center Program operational grant (H80) scope of project. Funding must be used for the purposes described above, as set forth in the applicable law, and may support a wide range of in-scope activities in the following categories consistent with those purposes:
 - **COVID-19 Vaccination Capacity** — Support to plan, prepare for, promote, distribute, administer, and track COVID-19 vaccines, and to carry out other vaccine-related activities, including outreach and education.
 - **COVID-19 Response and Treatment Capacity** — Support to detect, diagnose, trace, monitor, and treat COVID-19 infections and related activities necessary to mitigate the spread of COVID-19, including outreach and education.
 - **Maintaining and Increasing Capacity** — Support to establish, modify, enhance, expand, and sustain the accessibility and availability of comprehensive primary care services to meet the ongoing and evolving needs of the service area and vulnerable patient populations.
 - **Recovery and Stabilization** — Support for ongoing recovery and stabilization, including enhancing and expanding the health care workforce and services to meet pent up demand due to delays in patients seeking preventive and routine care; address the behavioral health, chronic conditions, and other needs of those who have been out of care; and support the well-being of personnel who have been on the front lines of the pandemic.
 - **Infrastructure: Minor Alteration/Renovation (A/R), Mobile Units, and Vehicles** — Modify and improve physical infrastructure, including minor A/R and purchase of mobile units and vehicles, to enhance or expand access to comprehensive primary care services, including costs associated with facilitating access to mobile testing and vaccinations, as well as other primary care activities. As noted under H8F ineligible costs, for purposes of this award, "infrastructure" does not include construction and capital improvement costs in excess of the minor alteration and renovation threshold.For additional information, see the [H8F Award Submission Guidance](#) and the complete list of [example activities](#) at the [H8F technical assistance webpage](#).
3. You must update or request prior approval from HRSA, as appropriate, to ensure that your Health Center Program operational grant (H80) scope of project accurately reflects any changes needed to implement your H8F activities. This includes: (1) Form 5A: Services provided, (2) Form 5B: Service Sites, and (3) Form 5C: Other Activities/Locations. For additional information, see the scope of project resources available at <https://bphc.hrsa.gov/programrequirements/scope.html>, COVID scope of project-related FAQs at <https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-scope-project>, and consult the program official listed on this notice of award as needed.
4. Funding provided under this award is restricted and, except as described in this paragraph, may not be drawn down from the Payment Management System until the required H8F Award Submission has been approved by HRSA. Funds may be draw down prior to the approval of your H8F Award Submission to meet immediate cash needs to prepare for, promote, distribute, administer, and track COVID-19 vaccines, and activities necessary to mitigate the spread of COVID-19. If you draw down funds before your H8F Award Submission (including budget) is approved, your submitted budget must include costs that were drawn down from the date of award until submission of the budget to HRSA.
5. You may not use this funding for: purchasing or upgrading an electronic health record that is not certified by the Office of the National Coordinator for Health Information Technology; new construction activities, including additions or expansions; major alteration and renovation (A/R) projects valued at \$500,000 or greater in total federal and non-federal costs (excluding the cost of allowable moveable equipment); installation of a permanently affixed modular or prefabricated building; facility or land purchases; or significant exterior site work such as new parking lots or storm water structures. Additionally, these funds may not be used for costs already paid for by other state or federal programs (e.g., COVID-19 vaccine), your Health Center Program operational grant (H80), or COVID-19 (H8C), CARES (H8D), or ECT (H8E) funding. You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including, but not limited to, statutory restrictions on use of funds for lobbying, executive salaries, gun control, and abortion. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.
6. You may rebudget H8F funding without prior approval except as noted in this paragraph. You do not need prior approval to rebudget H8F funds if the proposed use of funding aligns with the H8F funding intent and Health Center Program operational grant (H80) scope of project, avoids ineligible uses of funding as outlined in this notice of award, and complies with 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. If the amount of the costs to be rebudgeted exceeds 25% of the total federal award or shifts funds to a line item in your approved budget that previously had no federal funds, you must submit a prior approval rebudgeting request for review and approval by HRSA.
7. You must submit a quarterly progress report into the HRSA Electronic Handbooks (EHBs). Reports will describe the status of the activities and use of H8F funds, and include submissions related to minor A/R-related activities, if applicable. Details about progress reporting will be posted to the [H8F technical assistance webpage](#) when available.
8. If you cannot use all or part the funding provided under this award for the approved activities noted, you should relinquish all or part of the

award back to HRSA. If this is the case, you should contact the program and grants management contacts noted on page 1 of this notice of award regarding the process to relinquish your award within 90 days of award release date.

9. You are expected to monitor and use available resources (e.g., guidance, technical assistance webinars, tip sheets, shared promising practices), such as those available from the Centers for Disease Control and Prevention (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>). Health center-specific resources and more information are available at the following webpages: Emergency Preparedness and Recovery Resources for Health Centers (<https://bphc.hrsa.gov/emergency-response>), Health Center Resource Clearinghouse COVID-19 (<https://www.healthcenterinfo.org/priority-topics/covid-19>), and through Health Center Program Strategic Partners (<https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/index.html>).
10. Under 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).
11. 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. Health centers that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audits regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa.
12. 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.

13. With receipt of this notice of award, you acknowledge that a federal interest exists in real property and equipment which will be maintained in accordance with 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. You must maintain adequate documentation to track and protect the federal interest. For real property, adequate documentation includes communications between the lessor and the lessee related to protecting such interest, in accordance with the standard award terms and conditions. Such documentation should be available for subsequent review by HRSA.
14. Up to \$500,000 of the funding included in this notice of award may be used for minor alteration/renovation (A/R) activities. Minor A/R activities must occur at an in-scope Health Center Program operational grant (H80) site(s) and the total site-specific project cost must be less than \$500,000. You must submit the required minor A/R information to HRSA before drawing down funds for minor A/R activities. See the [H8F technical assistance webpage](#) for details regarding required minor A/R project information.
15. New and/or improved space resulting from minor A/R activities may only be used for in-scope activities consistent with Section 330 of the Public Health Service Act (42 U.S.C. § 254b).
16. The availability of the H8F funds for use through the 2-year period of performance is dependent on continued status as a current Health Center Program (H80) award recipient.

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: Within 60 Days of Award Release Date

Within 60 days of award release date, you must submit the following in EHBs: (1) SF-424A Budget Form, (2) Budget Narrative, (3) Federal Object Class Categories Form, (4) H8F Project Overview Form, (5) Equipment List Form (if applicable), and (5) Minor A/R Project Information (if applicable). Instructions to support your submission, as well as technical assistance resources to address your submission questions, are available at the [H8F technical assistance webpage](#).

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 Project End Date

Within 90 days after the project end date, submit the SF-428 (Tangible Personal Property Report) with the SF-428B (Final Report Attachment) and, if applicable, the SF-428S (Supplemental Sheet). These documents must be completed using the HRSA Electronic Handbooks (EHBs). You must report federally-owned property, acquired equipment with an acquisition cost of \$5,000 or more for which HRSA has reserved the right to transfer title, and residual unused supplies with total aggregate fair market value exceeding \$5,000. Records for equipment acquired with federal funds shall be retained for three years after final disposal.

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