



**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**  
HZN8MP592GU6
- 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  
(570)567-5414

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Travis J Wright  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
twright@hrsa.gov  
(301) 443-0676
- 10. Program Official Contact Information**  
Evan Spencer  
Bureau of Primary Health Care (BPHC)  
espencer@hrsa.gov  
(301) 443-6569

**Federal Award Information**

- 11. Award Number**  
3 H8FCS40593-01-01
- 12. Unique Federal Award Identification Number (FAIN)**  
H8F40593
- 13. Statutory Authority**  
American Rescue Plan Act of 2021 (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**  
Competing Supplement
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 04/01/2021 - End Date 03/31/2023</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$65,500.00</b>
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	\$3,045,375.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$3,045,375.00</b>
<b>26. Project Period Start Date 04/01/2021 - End Date 03/31/2023</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$3,045,375.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Elvera Messina on 08/02/2022

**30. Remarks**



Notice of Award  
Award Number: 3 H8FCS40593-01-01  
Federal Award Date: 08/02/2022

**Bureau of Primary Health Care (BPHC)**

<p><b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b></p> <p><input checked="" type="checkbox"/> Grant Funds Only</p> <p><input type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$0.00</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;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. 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AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;"><b>\$3,045,375.00</b></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 Award(s) This Budget Period</td><td style="text-align: right;">\$2,979,875.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$65,500.00</b></td></tr> </table>	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. 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RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width:20%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">Not applicable</td> </tr> </tbody> </table> <p><b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$0.00</b></td></tr> </table> <p><b>35. 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<p><b>38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:</b></p> <p>a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.</p>																																																																	
<p><b>39. ACCOUNTING CLASSIFICATION CODES</b></p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="width:15%;">FY-CAN</th> <th style="width:15%;">CFDA</th> <th style="width:15%;">DOCUMENT NUMBER</th> <th style="width:15%;">AMT. FIN. ASST.</th> <th style="width:15%;">AMT. DIR. ASST.</th> <th style="width:15%;">SUB PROGRAM CODE</th> <th style="width:15%;">SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>22 - 398A160</td> <td>93.224</td> <td>21H8FCS40593C6</td> <td>\$65,500.00</td> <td>\$0.00</td> <td>CH</td> <td>21H8FCS40593C6</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	22 - 398A160	93.224	21H8FCS40593C6	\$65,500.00	\$0.00	CH	21H8FCS40593C6																																																		
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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 Notice of Award provides one-time funding for use during your ARP H8F period of performance (until March 31, 2023). Funding must be used for the purposes described in the FY 2022 American Rescue Plan Uniform Data System Patient-Level Submission (ARP-UDS+) Notice of Funding Opportunity, as set forth in the applicable law, and may support a wide range of in-scope activities consistent with these 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, including expanding analytics and/or reporting capacity needed to support primary care services.
  - 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 – Modify and improve physical infrastructure, including 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 ARP-UDS+ ineligible costs, for purposes of this supplemental award, “infrastructure” does not include minor or major alteration and renovation, construction, and capital improvement costs.

This award includes additional funding beyond what was requested in your application. This additional funding was added to the Other object class category of your approved budget. You must use these additional funds to implement activities aligned with your ARP-UDS+ application, including the ARP-UDS+ budget request, or revisions, if applicable, understanding that activities may change as the needs of your organization, patients, or community evolve over the course of the period of performance. You must request prior approval from HRSA if any of the additional funds will be used to purchase equipment. Equipment is defined as tangible property (including information technology systems) that have a useful life of more than one year and a per-unit acquisition cost of at least \$5,000. Contact the grants management specialist listed on this Notice of Award with questions about prior approval requests.

2. ARP-UDS+ funds may be used to purchase supplies necessary for use by health center patients to access in-scope services via telehealth or virtual care or to support such services via remote monitoring technology. Items may include health and wellness-related technology hardware and software, computer and mobile phone applications, and devices that support patient participation in virtual appointments, remote home monitoring, and engagement in care through telemedicine. If you choose to use HRSA funds to purchase supplies for these purposes, be aware that funds may not be used to provide these items as incentives to individuals to induce them to select the health center as their provider. Additionally, you must ensure such purchases align with your organization's policies and procedures, and maintain appropriate records and cost documentation as required by [45 CFR §75.302](#). HRSA encourages you to review the following guidance on the federal anti-kickback and physician self-referral law. In particular, you cannot provide incentives conditioned on an individual's past or anticipated future use of services that are reimbursable in whole or in part by federal health care programs. For specific inquiries, please contact [OIGComplianceSuggestions@oig.hhs.gov](mailto:OIGComplianceSuggestions@oig.hhs.gov).
  - [Office of Inspector General Safe Harbor Regulations](#)
  - [Final Rule: Safe Harbor for Federally Qualified Health Centers Arrangements Under the Anti-Kickback Statute](#)

- [Office of Inspector General Fraud and Abuse Laws](#)

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

## Contacts

### NoA Email Address(es):

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