



Recipient Information

- 1. Recipient Name**
Susquehanna Community Health And Dental Clinic, Inc.
124 E Walnut St
Lock Haven, PA 17745-3522
- 2. Congressional District of Recipient**
12
- 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 Yoxtheimer
jimiy@rvhdc.org
(570)567-5414
- 8. Authorized Official**
Jacqueline L Oliva
Community Engagement and Grants Manager
jackieo@rvhdc.org
(570)567-5426

Federal Agency Information

- 9. Awarding Agency Contact Information**
Nelson Pinto
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
NPinto@hrsa.gov
(301) 443-8899
- 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**
6 C8ECS44693-01-04
- 12. Unique Federal Award Identification Number (FAIN)**
C8E44693
- 13. Statutory Authority**
American Rescue Plan Act (P.L. 117-2)
- 14. Federal Award Project Title**
Health Center Infrastructure Support
- 15. Assistance Listing Number**
93.526
- 16. Assistance Listing Program Title**
FIP Verification
- 17. Award Action Type**
Administrative
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/15/2021 - End Date 09/14/2024	
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	\$687,781.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$687,781.00
26. Project Period Start Date 09/15/2021 - End Date 09/14/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$687,781.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Stephannie Young on 04/01/2022

30. Remarks

This Notice of Award is issued to remove one or more Grant Conditions. Refer to the Terms and Conditions for additional information.



Notice of Award
Award Number: 6 C8ECS44693-01-04
Federal Award Date: 04/01/2022

Bureau of Primary Health Care (BPHC)

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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. The grant condition stated below on NoA 1 C8ECS44693-01-00 is hereby lifted. (192360-03)

Within 60 days of the Project Period Start Date, the award recipient must submit schematic drawings including floor plan(s) and, if applicable to the project, a site plan that provide clear and complete information on the project into HRSA's Electronic Handbook to support the requested funding amount for this project. Floor plans/site plans must be drawn to scale including proposed exam rooms, waiting area, etc. Documents must include rough dimensions for major project components. Drawings should clearly identify the project components that are being proposed, as well as distinguishing improved space from unaffected space. Contact the assigned Project Officer for additional information.

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

Contacts

NoA Email Address(es):

Name	Role	Email
James Yoxtheimer	Program Director	jimy@rvhdc.org
Jacqueline L Oliva	Authorizing Official, Point of Contact	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/>).



Recipient Information

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Stephanie Young on 04/24/2022

30. Remarks

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Federal Award Date: 04/24/2022

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<p>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:</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>39. ACCOUNTING CLASSIFICATION CODES</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>21 - 398A878</td> <td>93.526</td> <td>21C8ECS44693C6</td> <td>\$0.00</td> <td>\$0.00</td> <td>N/A</td> <td>21C8ECS44693C6</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	21 - 398A878	93.526	21C8ECS44693C6	\$0.00	\$0.00	N/A	21C8ECS44693C6																																				
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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)

- The grant condition stated below on NoA 6 C8ECS44693-01-02 is hereby lifted. (192360-03)
Within 30 days of this Notice of Award, the grantee must submit schematic drawings and a site plan into HRSA's Electronic Handbook.
- The grant condition stated below on NoA 6 C8ECS44693-01-02 is hereby lifted. (192360-03)
The grantee must initiate consultation under Section 106 of the National Historic Preservation Act with the State Historic Preservation Officer (SHPO) / Tribal Historic Preservation Officer (THPO) (and any other consulting parties if identified) for the proposed project. A copy of the outgoing letter and supporting documentation requesting consultation, along with the response with a finding of no adverse effect on a historic or cultural resource must be completed and submitted to HRSA for review and approval. This condition must be approved and lifted from the Notice of Award prior to initiating any physical site preparation, demolition, alteration and renovation, or construction related to the project. If no other restrictive conditions apply, funds may only be drawn down for non-construction activities, such as the purchase of moveable equipment, completion of architectural and engineering plans, licensing and permitting requirements, State Historic Preservation Office/Tribal Historic Preservation Office consultation, and preparation of the EA or related testing and surveys.
- The grant condition stated below on NoA 1 C8ECS44693-01-00 is hereby lifted. (192360-03)
Property Documentation is Required. Within 60 days of Project Period Start Date, the award recipient must submit documentation (deeds, titles, local land records, etc.) describing ownership of the property.

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

Contacts

NoA Email Address(es):

Name	Role	Email
James Yoxtheimer	Program Director	jimy@rvhdc.org
Jacqueline L Oliva	Authorizing Official, Point of Contact	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/>).