



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# C8E44693
Federal Award Date: 11/29/2021

Recipient Information

1. **Recipient Name**
Susquehanna Community Health And Dental Clinic, Inc.
471 Hepburn St
WILLIAMSPORT, PA 17701-6122
2. **Congressional District of Recipient**
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
jimy@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 C8ECS44693-01-01
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 11/29/2021

30. Remarks

Prior Approval Request Tracking Number PA-00101542. Prior Approval Request Type: Project Director(PD) Change



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Bureau of Primary Health Care (BPHC)

<div><div>31. APPROVED BUDGET: (Excludes Direct Assistance)</div><div><div><input checked="" type="checkbox"/> Grant Funds Only</div><div><input type="checkbox"/> Total project costs including grant funds and all other financial participation</div></div><table><tr><td>a. Salaries and Wages:</td><td>\$0.00</td></tr><tr><td>b. Fringe Benefits:</td><td>\$0.00</td></tr><tr><td>c. Total Personnel Costs:</td><td>\$0.00</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>\$0.00</td></tr><tr><td>g. Travel:</td><td>\$0.00</td></tr><tr><td>h. Construction/Alteration and Renovation:</td><td>\$685,100.00</td></tr><tr><td>i. Other:</td><td>\$2,681.00</td></tr><tr><td>j. Consortium/Contractual Costs:</td><td>\$0.00</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>\$687,781.00</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>\$687,781.00</td></tr><tr><td> i. Less Non-Federal Share:</td><td>\$0.00</td></tr><tr><td> ii. Federal Share:</td><td>\$687,781.00</td></tr></table></div>	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:	\$685,100.00	i. Other:	\$2,681.00	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:	\$687,781.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	q. TOTAL APPROVED BUDGET:	\$687,781.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$687,781.00	<div><div>33. RECOMMENDED FUTURE SUPPORT:</div><div>(Subject to the availability of funds and satisfactory progress of project)</div><table><tr><th>YEAR</th><th>TOTAL COSTS</th></tr><tr><td colspan="2">Not applicable</td></tr></table><div>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</div><table><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><div>35. FORMER GRANT NUMBER</div><div>36. OBJECT CLASS</div><div>41.11</div><div>37. BHCNIS#</div></div>	YEAR	TOTAL COSTS	Not applicable		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
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<div>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</div> <table><tr><td>a. Authorized Financial Assistance This Period</td><td>\$687,781.00</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>\$687,781.00</td></tr><tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td>\$0.00</td></tr></table>		a. Authorized Financial Assistance This Period	\$687,781.00	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	\$687,781.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00																																				
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<div>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:</div> <div>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.</div>																																																			
<div>39. ACCOUNTING CLASSIFICATION CODES</div> <table><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><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></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)

1. This revised Notice of Award is issued to change the Program Director in accordance with your Prior Approval request.

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	Point of Contact, 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/>).