



Department of Health and Human Services
 Health Resources and Services Administration

Notice of Award
 FAIN# H8N53985
 Federal Award Date: 09/18/2024

Recipient Information

- 1. Recipient Name**
 COUNTY OF SANTA BARBARA
 300 N San Antonio Rd BLDG 1
 Santa Barbara, CA 93110
- 2. Congressional District of Recipient**
 24
- 3. Payment System Identifier (ID)**
 1956002833A1
- 4. Employer Identification Number (EIN)**
 956002833
- 5. Data Universal Numbering System (DUNS)**
 131851250
- 6. Recipient's Unique Entity Identifier**
 DTDJDKNXQ4Y7
- 7. Project Director or Principal Investigator**
 Dana Gamble
 Deputy Director Primary Care Family Health
 dgamble@sbcphd.org
 (805)681-5171
- 8. Authorized Official**
 Paola Hurtado
 Assistant Deputy Director
 PHurtado@sbcphd.org
 (805)698-2418

Federal Agency Information

- 9. Awarding Agency Contact Information**
 Mona D. Thompson
 Grants Management Specialist
 Office of Federal Assistance Management (OFAM)
 Division of Grants Management Office (DGMO)
 mthompson@hrsa.gov
 (301) 443-3429
- 10. Program Official Contact Information**
 Israel Garcia
 Investment Oversight Advisor
 Bureau of Primary Health Care (BPHC)
 IGarcia@hrsa.gov
 (301) 443-8893

Federal Award Information

- 11. Award Number**
 1 H8NCS53985-01-00
- 12. Unique Federal Award Identification Number (FAIN)**
 H8N53985
- 13. Statutory Authority**
 42 U.S.C. § 254b
- 14. Federal Award Project Title**
 FY 2024 Behavioral Health Service Expansion
- 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 09/01/2024 - End Date 08/31/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$600,000.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$600,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$600,000.00
26. Project Period Start Date 09/01/2024 - End Date 08/31/2026	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$600,000.00

- 28. Authorized Treatment of Program Income**
 Addition
- 29. Grants Management Officer – Signature**
 Leonora Fleming on 09/18/2024

30. Remarks

This grant is included under Expanded Authority



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Award Number: 1 H8NCS53985-01-00
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Bureau of Primary Health Care (BPHC)

<p>31. APPROVED BUDGET: (Excludes Direct Assistance)</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. Other:</td><td style="text-align: right;">\$600,000.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$600,000.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> i. Indirect Cost Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Indirect Cost Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$600,000.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$600,000.00</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. Travel:	\$0.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$600,000.00	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:	\$600,000.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	i. Indirect Cost Federal Share:	\$0.00	ii. Indirect Cost Non-Federal Share:	\$0.00	q. TOTAL APPROVED BUDGET:	\$600,000.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$600,000.00	<p>33. RECOMMENDED FUTURE SUPPORT: (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: #e0e0e0;"> <th style="width: 20%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">02</td> <td style="text-align: right;">\$500,000.00</td> </tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</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;">\$0.00</td></tr> </table> <p>35. FORMER GRANT NUMBER</p> <p>36. OBJECT CLASS 41.51</p> <p>37. BHCNIS#</p>	YEAR	TOTAL COSTS	02	\$500,000.00	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
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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: #e0e0e0;"> <th style="width: 15%;">FY-CAN</th> <th style="width: 10%;">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>24 - 398160N</td> <td>93.224</td> <td>24H8NCS53985</td> <td style="text-align: right;">\$101,340.00</td> <td style="text-align: right;">\$0.00</td> <td>CH</td> <td>24H8NCS53985</td> </tr> <tr> <td>24 - 398879N</td> <td>93.224</td> <td>24H8NCS53985</td> <td style="text-align: right;">\$498,660.00</td> <td style="text-align: right;">\$0.00</td> <td>HCH</td> <td>24H8NCS53985</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	24 - 398160N	93.224	24H8NCS53985	\$101,340.00	\$0.00	CH	24H8NCS53985	24 - 398879N	93.224	24H8NCS53985	\$498,660.00	\$0.00	HCH	24H8NCS53985																																	
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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 Condition(s)

1. Due Date: Within 30 Days of Award Issue Date

Submit a revised SF 424A, Line Item Budget, and Budget Narrative Justification for the Federal award amount noted on line 32a., Authorized Financial Assistance This Period on this Notice of Award (NoA). The Federal amount refers to only this grant funding, not all Federal grant funding that an applicant receives. Also include the budget breakdown for non-Federal resources. The budget justification must detail the costs of each line item within each object class category.

For the Personnel line item, you must include the following for each employee supported by funds from this award: name of employee; base salary; % FTE on the grant; and amount of Federal funds (wages and % of fringe benefits) to be paid for the budget year. This personnel information requirement also applies to subawards/subcontracts supported by Federal funds from this grant.

Federal grant funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the Federal Executive Pay scale (currently \$221,900). This amount reflects an individual's base salary exclusive of fringe benefits and income that an individual may be permitted to earn outside of the duties to the applicant organization (i.e., rate limitation only limits the amount that may be awarded and charged to HRSA grants.) Please contact your Grants Management Specialist for specific submission instructions. Failure to submit the Federal Budget within 30 days will result in denial of access to funds in the PMS account related to this Grant.

Grant Specific Term(s)

1. Applicants that are not required to file a Notice of Federal Interest, acknowledge with the receipt of the Notice of Award that the Federal interest exists in real property and equipment and will be maintained in accordance with 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. The recipient shall maintain adequate documentation to track and protect the Federal Interest. For real property, adequate documentation will also include 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.
2. 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 \$30,000 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.fsr.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>.
3. The preferred method for accomplishing construction development is by soliciting for competitive bids and then selecting the lowest responsive and responsible bid (where the contractor has adequately responded to the terms, conditions, and specification of the bid and has the capability to satisfactorily perform the contract). However, some award recipients may wish to accomplish construction using their own work force (force account). The award recipient must justify the use of force account by demonstrating that it would be more cost effective and that qualified personnel are available to accomplish the work. Consultation with the Project Officer is needed to determine if force account labor will be permitted.
4. Funds in this award associated with the alteration/renovation project are restricted and may not be drawn down until all program- and grant-specific conditions of this award have been met. The only exceptions to this restriction on drawdown are limited pre-construction activities related to meeting one of these conditions, such as expenses for completing architectural and engineering plans, meeting licensing and permitting requirements, historic preservation consultation with the State Historic Preservation Office/Tribal Historic Preservation Office, and preparing the Environmental Assessment.

5. Proposed minor A/R activities not identified in the application may not be initiated without prior approval. If this occurs, please contact HRSA to discuss.
6. Pre-award costs such as architect's and consultant's fees necessary to the planning and design of the project may be considered for funding as long as they are included in the application, are allowable costs under the authorizing legislation and were not incurred more than 90 days prior to award issue date. It should be noted that such pre-award costs are undertaken at the applicant's risk. Consultation with the Grants Management Specialist is needed to determine if such costs will be permitted.
7. New and/or improved space resulting from the minor A/R project may only be used for purposes consistent with Section 330 of the Public Health Service (PHS) Act (42 U.S.C. §254b).
8. 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: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.
9. 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://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:

<http://pms.psc.gov/find-pms-liaison-accountant.html>

Program Specific Term(s)

1. This Notice of Award provides Behavioral Health Service Expansion (BHSE) funding. The purpose of BHSE funding is to support health centers to increase access to behavioral health services through starting or expanding mental health and substance use disorder (SUD) services.
This Notice of Award establishes a 2-year period of performance and provides 12 months of funding.
BHSE funding should support progress toward two objectives: increasing the number of patients receiving mental health services and increasing the number of patients receiving SUD services, including treatment with medications for opioid use disorder (MOUD).
We will use 2025 Uniform Data System (UDS) data demonstrating increases in the number of visits and patients receiving mental health and SUD services, including patients receiving treatment with MOUD, to determine funding beyond year 2. We will use the following:
 - Table 5: Staffing and Utilization, Line 20, for mental health services.
 - Table 5: Staffing and Utilization, Line 21, and Appendix E: Other Data Elements, Question 1b, for SUD services.

We anticipate that funding beyond the 2-year period of performance will be based on the year 2 funding amount. If we continue your funding, we may supplement this initial award and/or make further funding available under your H80 award.

2. You must conduct at least one treatment-focused activity to increase the number of patients receiving mental health services and increase the number of patients receiving SUD services, including treatment with medications for opioid use disorder (MOUD).
You may change your activities as the needs of your organization, patients, or community evolve over the course of the period of performance as long as your new activities meet both of the Behavioral Health Service Expansion (BHSE) objectives. Your activities must comply with all Health Center Program requirements as described in the [Health Center Program Compliance Manual](#), and applicable law and regulations.
3. Under existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed. This includes all funds awarded under this notice and is consistent with past practice and long-standing requirements applicable to awards to health centers.
4. You must be a Health Center Program award recipient with an active H80 grant award to continue to receive Behavioral Health Service Expansion (BHSE) funds through the 2-year period of performance.
5. Approximately five months before the end of your first budget period, you must submit a non-competing continuation (NCC). We will decide if you receive year 2 funding based on congressional appropriation, satisfactory progress, timely submission and approval of your NCC, and a determination that continued funding would be in the government's best interest. If you do not submit a complete NCC, we may delay or not award year 2 funding.

6. **You may use Behavioral Health Service Expansion (BHSE) funds to support contingency management activities and expenses related to substance use disorder treatment if:**
- You included them in your BHSE budget,
 - **Your organization has policies and procedures for contingency management,**
 - **You follow all rules and regulations related to incentives, and**
 - **You ensure that each contingency management incentive is valued at \$15 or less and that the maximum annual amount per patient does not exceed \$75.**

You must submit a prior approval request to your Grants Management Specialist before you start your contingency management activity or program.

7. If you did not request funds to support equipment or minor A/R costs in your Behavioral Health Service Expansion (BHSE) application, you cannot re-budget operational BHSE funds for equipment or minor A/R activities.
8. You may not use Behavioral Health Service Expansion (BHSE) funds for the following: Costs already paid for by other Health Center Program funds; costs not aligned with the BHSE purpose; activities inconsistent with the scope of project requirements; costs for services and activities not provided directly by or on behalf of the health center and health center project; purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology's Health IT Certification Program; new construction activities, including additions or expansions; major alteration or renovation (A/R) projects valued at \$1,000,000 or greater in total federal and non-federal costs (excluding the cost of moveable equipment); purchase or installation of trailers and prefabricated modular units; concrete or asphalt paving of new areas outside of a building; facility or land purchases; purchase of vehicles or opening new sites (other than mobile units); needles and syringes for illegal drug injection; and devices solely used for illegal drug injection.
9. All uses of Behavioral Health Service Expansion (BHSE) funds must align with your H80 scope of project. You must evaluate the accuracy of your current scope of project in light of your BHSE proposal. Use the technical assistance materials on our [Scope of Project webpage](#) and contact your H80 program specialist to determine if a scope adjustment or change in scope is necessary. For example, you may need to request a change in scope if you will start providing SUD services for the first time with this funding. Obtain approval from HRSA before adding a new service, service delivery method, or mobile site. Include in your request that it is related to your BHSE award and allow 60 days for HRSA to review it. If you plan to submit a change in scope request, alert the BHSE Investment Team using the [BPHC Contact Form](#). Under Funding, select Supplemental Grant Award.
10. You must submit periodic progress reports to describe accomplishments and barriers in carrying out your Behavioral Health Service Expansion (BHSE) project. Your work plan will inform these reports. See the BHSE technical assistance webpage for the reporting schedule.
11. **You may use Behavioral Health Service Expansion (BHSE) funds 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 and engagement in care through telemedicine. If you choose to use HRSA funds to purchase supplies for these purposes, be aware that you may not use funds 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.**
- [Office of Inspector General Safe Harbor Regulations](#)
[Office of Inspector General Fraud and Abuse Laws](#)
[Final Rule: Safe Harbor for Federally Qualified Health Centers Arrangements Under the Anti-Kickback Statute](#)
12. If you identify technical assistance needs or encounter implementation challenges that may affect your ability to demonstrate progress toward the Behavioral Health Service Expansion (BHSE) objectives, alert the BHSE Investment Team using the [BPHC Contact Form](#). Under Funding, select Supplemental Grant Award. Refer to the behavioral health information and resources available at <https://bphc.hrsa.gov/technical-assistance/clinical-quality-improvement/behavioral-health-primary-care-integration>. See Appendix C: Example Partners and Resources of the BHSE Notice of Funding Opportunity for other resources that may support your BHSE project.
13. Health centers that purchase, receive reimbursement for, or provide reimbursement to other entities for outpatient prescription drugs must 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. You may find the 340B Program requirements, including eligibility, at www.hrsa.gov/opa.

14. 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 C.F.R. 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 listed on this notice of award with any questions.

15. **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 Public Health Service 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.

Standard Term(s)

1. Your organization must have policies, procedures, and financial controls to follow all the [General Terms and Conditions](#). HRSA awards are based on the application submitted and approved by HRSA. All awards are subject to the General Terms and Conditions, in addition to those included in the Notice of Award or referenced in documents and attachments.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

2. **Due Date: Within 30 Days of Project End Date**

The award recipient will submit documentation for the approved project(s) certifying that the project(s) have been completed in accordance with the previously provided certified documents and in accordance with all mandatory requirements imposed on federally-assisted projects by specific laws enacted by Congress, Presidential Executive Orders, or Departmental Policy, as well as all applicable program standards, State codes, and local codes and ordinances. Be certain to use the provided template when completing this requirement. Please upload the required documentation for the approved project(s) into the HRSA Electronic Handbooks.

3. **Due Date: Within 120 Days of Project End Date**

Within 120 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
Paola Hurtado	Authorizing Official	phurtado@sbcphd.org
Dana Gamble	Program Director	dgamble@sbcphd.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/>).