

| <b>1. DATE ISSUED:</b><br>08/15/2008  |                 | <b>2. PROGRAM CFDA:</b> 93.224      |  | DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>HEALTH RESOURCES AND SERVICES ADMINISTRATION<br><br>NOTICE OF GRANT AWARD<br>AUTHORIZATION (Legislation/Regulation)<br>Public Health Service Act, Title III, Section 330 |                        |      |             |    |                 |    |                 |
|---|-----------------|-------------------------------------|--|---|------------------------|------|-------------|----|-----------------|----|-----------------|
| <b>3. SUPERCEDES AWARD NOTICE dated:</b> 05/22/2008<br>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.   |                 |                                     |  |   |                        |      |             |    |                 |    |                 |
| <b>4a. AWARD NO.:</b><br>3 H80CS01442-06-01   |                 | <b>4b. GRANT NO.:</b><br>H80CS01442 | <b>5. FORMER GRANT NO.:</b>  |   |                        |      |             |    |                 |    |                 |
| <b>6. PROJECT PERIOD:</b><br><b>FROM:</b> 09/01/2003 <b>THROUGH:</b> 05/31/2011   |                 |                                     |  |   |                        |      |             |    |                 |    |                 |
| <b>7. BUDGET PERIOD:</b><br><b>FROM:</b> 06/01/2008 <b>THROUGH:</b> 05/31/2009  |                 |                                     |  |   |                        |      |             |    |                 |    |                 |
| <b>8. TITLE OF PROJECT (OR PROGRAM):</b> Health Center Cluster  |                 |                                     |  |   |                        |      |             |    |                 |    |                 |
| <b>9. GRANTEE NAME AND ADDRESS:</b><br>Santa Clara Valley Health and Hospital System<br>2325 Enborg Ln STE 3H320<br>San Jose, CA 95128-2649<br>UDS # 0911810  |                 |                                     | <b>10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)</b><br>Michael Lipman<br>Santa Clara Valley Health and Hospital System<br>2325 Enborg Lane # 3H320<br>San Jose , CA 98128-2659  |   |                        |      |             |    |                 |    |                 |
| <b>11. APPROVED BUDGET: (Excludes Direct Assistance)</b><br>[ ] Grant Funds Only<br>[X] Total project costs including grant funds and all other financial participation<br><br>a. Salaries and Wages: \$ 2,881,498.00<br>b. Fringe Benefits: \$ 1,008,523.00<br>c. Total Personnel Costs: \$ 3,890,021.00<br>d. Consultant Costs: \$ 0.00<br>e. Equipment: \$ 0.00<br>f. Supplies: \$ 88,949.00<br>g. Travel: \$ 7,600.00<br>h. Construction/Alteration and Renovation: \$ 0.00<br>i. Other: \$ 560,788.00<br>j. Consortium/Contractual Costs: \$ 0.00<br>k. Trainee Related Expenses: \$ 0.00<br>l. Trainee Stipends: \$ 0.00<br>m. Trainee Tuition and Fees: \$ 0.00<br>n. Trainee Travel: \$ 0.00<br>o. TOTAL DIRECT COSTS: \$ 4,547,358.00<br>p. INDIRECT COSTS: (Rate: % of S&W/TADC) \$ 0.00<br>q. TOTAL APPROVED BUDGET: \$ 4,547,358.00<br>i. Less Non-Federal Resources: \$ 3,320,154.00<br>ii. Federal Share: \$ 1,227,204.00 |                 |                                     | <b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE</b><br>a. Authorized Financial Assistance This Period \$ 1,227,204.00<br>b. Less Unobligated Balance from Prior Budget Periods<br>i. Additional Authority \$ 0.00<br>ii. Offset \$ 0.00<br>c. Unawarded Balance of Current Year's Funds \$ 0.00<br>d. Less Cumulative Prior Award(s) This Budget Period \$ 1,058,454.00<br>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$ 168,750.00 |   |                        |      |             |    |                 |    |                 |
| <b>13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)</b>  |                 |                                     |  |   |                        |      |             |    |                 |    |                 |
| <table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>07</td> <td>\$ 1,283,454.00</td> </tr> <tr> <td>08</td> <td>\$ 1,283,454.00</td> </tr> </tbody> </table>   |                 |                                     |  |   |                        | YEAR | TOTAL COSTS | 07 | \$ 1,283,454.00 | 08 | \$ 1,283,454.00 |
| YEAR  | TOTAL COSTS     |                                     |  |   |                        |      |             |    |                 |    |                 |
| 07  | \$ 1,283,454.00 |                                     |  |   |                        |      |             |    |                 |    |                 |
| 08  | \$ 1,283,454.00 |                                     |  |   |                        |      |             |    |                 |    |                 |
| <b>14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b>   |                 |                                     |  |   |                        |      |             |    |                 |    |                 |
| a. Amount of Direct Assistance \$ 0.00  |                 |                                     |  |   |                        |      |             |    |                 |    |                 |
| b. Less Unawarded Balance of Current Year's Funds \$ 0.00   |                 |                                     |  |   |                        |      |             |    |                 |    |                 |
| c. Less Cumulative Prior Awards(s) This Budget Period \$ 0.00   |                 |                                     |  |   |                        |      |             |    |                 |    |                 |
| d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$ 0.00  |                 |                                     |  |   |                        |      |             |    |                 |    |                 |
| <b>15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b><br>A=Addition B=Deduction C=Cost Sharing or Matching D=Other [D]<br>Estimated Program Income: \$ 2,756,702.00  |                 |                                     |  |   |                        |      |             |    |                 |    |                 |
| <b>16. 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:</b><br>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 74 or 45 CFR Part 92 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.   |                 |                                     |  |   |                        |      |             |    |                 |    |                 |
| <b>REMARKS: (Other Terms and Conditions Attached [X] Yes [ ] No )</b>   |                 |                                     |  |   |                        |      |             |    |                 |    |                 |
| <i>Electronically signed by Helen Harpold, Grants Management Officer on: 08/15/2008</i>   |                 |                                     |  |   |                        |      |             |    |                 |    |                 |
| <b>17. OBJ. CLASS:</b> 41.51  |                 | <b>18. CRS-EIN:</b> 1946000533A4    |  | <b>19. FUTURE RECOMMENDED FUNDING:</b>  |                        |      |             |    |                 |    |                 |
| <b>FY-CAN</b>   | <b>CFDA</b>     | <b>DOCUMENT NO.</b>                 | <b>AMT. FIN. ASST.</b>   | <b>AMT. DIR. ASST.</b>  | <b>SUBPROGRAM CODE</b> |      |             |    |                 |    |                 |
| 08-3980879  | 93.224          | H80CS01442B0                        | \$ 168,750.00  | \$ 0.00   | HCH                    |      |             |    |                 |    |                 |

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) 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 NGA. 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://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 1-877-464-4772.

### Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

#### Grant Specific Terms:

##### 1. EMC Funding Action:

1. This supplemental Notice of Grant Award (NGA) is issued in support of your approved application for Expanded Medical Capacity (EMC), effective September 1, 2008. This NGA provides \$168,750 for the period beginning September 1, 2008, and extending through your current budget period, which is a 9-month period. Please be aware that operational funds not used for this EMC activity should be reported as unobligated balances on the Financial Status Report (FSR) for the current budget period and will be used to offset a future award.

This decision increases your FY 2009 target funding level by \$225,000. As you are aware, UDS data from CY 2007 through CY 2010, in addition to progress reporting as defined in a remark in this NGA, will be reviewed to assess whether the projected number of patients has been attained. If your commitment to increase patients by 900 by the end of Year 2 of your EMC project is not demonstrated, the funding increase associated with this EMC award effective in FY 2011 may be reduced.

##### 2. Progress Report Submission:

Formal reporting is required through the annual UDS Report submitted for your health center and two annual EMC Progress Reports that specifically address your project. Each Progress Report should summarize progress in fully implementing the specific goals and objectives presented in your EMC application, including facility replacement or renovation, staff hiring, and increases in total organization patients and visits at the end of Year 1 and Year 2 of the project. A format for the EMC Progress Reports is attached. The initial Progress Report summarizing activity from September 1, 2008, through August 31, 2009, is due October 1, 2009; a final Report summarizing activity from September 1, 2009, through August 31, 2010, is due October 1, 2010. They should be mailed to your Project Officer (see contact information on the most recent NGA at the time of submission).

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

#### Contacts:

**Program Contact:** For assistance on programmatic issues, please contact Kathy Cummings at:  
HRSA/BPHC/DHCM  
5600 Fishers Ln RM 16C-20  
Rockville, MD 20857-0001  
Phone: (301)594-0823  
Email: [kcummings@hrsa.gov](mailto:kcummings@hrsa.gov)

**Division of Grants Management Operations:** For assistance on grants administration issues, please contact Joi

|                                  |                         |
|----------------------------------|-------------------------|
| Page 3                           | Date Issued: 08/15/2008 |
| Award Number: 3 H80CS01442-06-01 |                         |

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Grymes at:  
HRSA/OFAM/DGMO/HSB  
5600 Fishers Ln RM 11-A-02  
Rockville, MD 20857-0001  
Phone: (301)443-2632  
Email: jgrymes@hrsa.gov

Responses to reporting requirements, conditions, and requests for post award amendments must be mailed to the attention of the Office of Grants Management contact indicated above. All correspondence should include the Federal grant number (item 4 on the award document) and program title (item 8 on the award document). Failure to follow this guidance will result in a delay in responding to your request.