

1. DATE ISSUED: 07/31/2009		2. PROGRAM CFDA: 93.224		DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION  NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III, Section 330																																																					
3. SUPERCEDES AWARD NOTICE dated: 05/27/2009 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																									
4a. AWARD NO.: 3 H80CS01442-07-02		4b. GRANT NO.: H80CS01442	5. FORMER GRANT NO.:																																																						
6. PROJECT PERIOD: FROM: 09/01/2003 THROUGH: 05/31/2011																																																									
7. BUDGET PERIOD: FROM: 06/01/2009 THROUGH: 05/31/2010																																																									
8. TITLE OF PROJECT (OR PROGRAM): Health Center Cluster																																																									
9. GRANTEE NAME AND ADDRESS: Santa Clara Valley Health and Hospital System 2325 Enborg Ln STE 320 San Jose, CA 95128-2649 UDS # 0911810			10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Michael Lipman Santa Clara Valley Health and Hospital System 2325 Enborg Lane, Suite 3H320 San Jose, CA 95128-2659																																																						
11. APPROVED BUDGET: (Excludes Direct Assistance) [] Grant Funds Only [X] Total project costs including grant funds and all other financial participation <table border="0"> <tr><td>a. Salaries and Wages:</td><td>\$ 3,271,540.00</td></tr> <tr><td>b. Fringe Benefits:</td><td>\$ 1,145,039.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td>\$ 4,416,579.00</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>\$ 99,200.00</td></tr> <tr><td>g. Travel:</td><td>\$ 8,800.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td>\$ 0.00</td></tr> <tr><td>i. Other:</td><td>\$ 273,933.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td>\$ 60,000.00</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>\$ 4,858,512.00</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>\$ 4,858,512.00</td></tr> <tr><td> i. Less Non-Federal Resources:</td><td>\$ 3,355,245.00</td></tr> <tr><td> ii. Federal Share:</td><td>\$ 1,503,267.00</td></tr> </table>			a. Salaries and Wages:	\$ 3,271,540.00	b. Fringe Benefits:	\$ 1,145,039.00	c. Total Personnel Costs:	\$ 4,416,579.00	d. Consultant Costs:	\$ 0.00	e. Equipment:	\$ 0.00	f. Supplies:	\$ 99,200.00	g. Travel:	\$ 8,800.00	h. Construction/Alteration and Renovation:	\$ 0.00	i. Other:	\$ 273,933.00	j. Consortium/Contractual Costs:	\$ 60,000.00	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:	\$ 4,858,512.00	p. INDIRECT COSTS: (Rate: % of S&W/TADC)	\$ 0.00	q. TOTAL APPROVED BUDGET:	\$ 4,858,512.00	i. Less Non-Federal Resources:	\$ 3,355,245.00	ii. Federal Share:	\$ 1,503,267.00	12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE <table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td>\$ 1,503,267.00</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>\$ 1,315,767.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td>\$ 187,500.00</td></tr> </table>			a. Authorized Financial Assistance This Period	\$ 1,503,267.00	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	\$ 1,315,767.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$ 187,500.00
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13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table border="1"> <thead> <tr><th>YEAR</th><th>TOTAL COSTS</th></tr> </thead> <tbody> <tr><td>08</td><td>\$ 1,565,767.00</td></tr> </tbody> </table>						YEAR	TOTAL COSTS	08	\$ 1,565,767.00																																																
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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: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [D] Estimated Program Income: \$ 2,998,345.00																																																									
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: 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.																																																									
REMARKS: (Other Terms and Conditions Attached [X] Yes [] No) <i>Electronically signed by Lisa Ayoub, Grants Management Officer on: 07/31/2009</i>																																																									
17. OBJ. CLASS: 41.51		18. CRS-EIN: 1946000533A4		19. FUTURE RECOMMENDED FUNDING:																																																					
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUBPROGRAM CODE																																																				
09-3980879	93.224	H80CS01442B0	\$ 187,500.00	\$ 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. In order to bill for enhanced reimbursement under Medicaid as a Federally Qualified Health Center (FQHC) under the Prospective Payment System or other State-approved alternative payment methodology in your State, please contact your State Medicaid Office. Each State Medicaid Office has specific procedures that must be followed to obtain a Medicaid FQHC provider number. This number is required if you wish to bill Medicaid as an FQHC.
2. This supplemental Notice of Grant Award (NGA) is issued in support of your application for Oral Health Service Expansion that was originally submitted in response to HRSA-09-154. This application is approved effective September 1, 2009. This NGA provides \$187,500 for the period beginning September 1, 2009, and extending through the FY 2009 budget period. This will increase your future funding level by \$250,000.
3. Federal funding received under the Oral Health Service Expansion funding opportunity must be used to establish or expand oral health services as proposed. Federal funding under this opportunity cannot be used for the addition of a new target population.
4. In order for any new site(s) to be recognized by Medicare for FQHC reimbursement, a complete CMS 855A must be filed with the Fiscal Intermediary. The 855A, Regional Office forms (CMS Exhibit 177 and Exhibit 178) along with necessary accompanying documents must be filed with the Fiscal Intermediary for each new delivery site/access point that is opened/added to the official scope of project. Additional information and necessary certification documents are available below.

Fiscal Intermediary, CMS FQHC Provider Enrollment Application Contacts:

To pull a CMS 855A application down from the web, go to: <http://www.cms.hhs.gov/providers/enrollment/forms/>.

To view a tutorial on how to fill out the CMS 855A and what additional documentation is necessary, visit the web at http://www.ugsmedicare.com/providers/audit_reimbursement/newprov.asp

5. Your proposal to expand oral health services includes establishing new sites. Within 120 days of the award issue date, you are required to contact your Project Officer to document the specific addresses for the sites since they were not specified in the application. Additionally, all oral health services in the proposed new location must be initiated within 120 days of the award issue date.

Sites:

DMU Opportunity Clinic
DMU Georgia Travis

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

NGA Email Address(es):

Michael.Lipman@hhs.sccgov.org

Note: NGA emailed to these address(es)

Contacts:

Program Contact: For assistance on programmatic issues, please contact Trista Sims at:

16C-08

BPHC/Western Division/West Pacific Branch

5600 Fishers Ln

Rockville, MD 20852-1750

Phone: (301)594-2621

Email: tsims@hrsa.gov

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

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.