

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON**

RESOLUTION NO. 2016-037

Approving the North Portland Health Center (NPHC) FAC-1 Project and Design Proposal.

The Multnomah County Board of Commissioners Finds:

1. The NPHC facility, built in 2001, has a gross building floor area of 25,162 square feet. The facility is currently occupied by primary care and pharmacy staff and has no additional capacity to increase comprehensive primary care services.
2. The NPHC facility is centrally and strategically located to increase primary care access for the target population and provide comprehensive primary care to more individuals who would otherwise remain unserved. This project proposal is to remodel portions of the NPHC to achieve the following goals:
 - **Expand access to primary care services.** The Health Department will serve 2,400 additional visits annually at the NPHC with an additional 8 new exam rooms, 2 provider teams, and expanded Eligibility offices in the health center.
 - **Improve efficiency in providing pharmacy services.** The proposed remodel will relocate the pharmacy to the second floor and increase its size. The project will increase capacity, reception, waiting area, confidentiality, and safety for pharmacy clients.
 - **Add dental services, as funding is available.** NPHC is the largest county health center site without dental services. The program needs to expand services in areas of the county that are currently underserved, and NPHC has the ideal space to allow the dental program to add a clinic.
3. US HHS Health Resources & Services Administration (HRSA) awarded a grant of \$935,035 on 09/10/2015 under HRSA's health infrastructure investment program for the base scope of work.
4. The federal HRSA Capital Grant award for primary care and pharmacy remodels at NPHC provides an opportunity to leverage funding and co-locate medical, dental, and pharmacy services, thus increasing access to essential oral health care for patients in North Portland. Estimated additional visits with dental services at NPHC would be 5,500-6,000 once integrated with primary care.
5. To cover the cost of adding dental services, the Health Department will ask the Board of Commissioners to consider a FY2017 one-time-only budget offer for \$1,800,000 (40017B-17).

6. The Project Team has prepared a Project and Design Proposal, including a concept design, which was submitted and approved as part of the HRSA Grant application.

The Multnomah County Board of Commissioners Resolves:

1. Approval of the North Portland Health Center (NPHC) FAC-1 Project and Design Proposal.
2. Approval of \$300,000 (\$200,000 already received from the HRSA Program Grant and \$100,000 funded by the Health Department) for design of the Primary Care, Pharmacy and Dental Centers at NPHC.
3. Authorize the Project Team to complete Programming, Schematic Design, and Design Development of the NPHC remodel, in accordance with County Administrative Procedure FAC-1, and report back to the Board in Winter 2016 or Spring 2017 for review and approval of Construction Documents, updated budget, schedule, and funding sources.

ADOPTED this 5th day of May, 2016.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON



Deborah Kafoury

Deborah Kafoury, Chair

REVIEWED:
JENNY M. MADKOUR, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By *Kenneth M. Elliott*
Kenneth M. Elliott, Assistant County Attorney

SUBMITTED BY: Sherry Swackhamer, Director, Department of County Assets.



Multnomah County North Portland Health Center Remodel

FAC -1 Project and Design Proposal

Project Summary:

The overall goal of this project is to increase access to high quality health care services in our community. This project aims to remodel portions of Multnomah County's North Portland Health Center in order to:

1. Expand access to primary care services,
2. Improve efficiency in providing pharmacy services, and
3. Add dental services, as funding is available.

Date: May 5th, 2016

Sponsors and Stakeholders

Sponsors:

- Joanne Fuller, Health Department Director
- Vanetta Abdellatif, Integrated Clinical Services Director, Health Department

Stakeholders:

- Multnomah County Board of Commissioners
- Multnomah County Community Health Council
- Multnomah County Health Department
- Multnomah County Facilities and Property Management Division
- Patients and Community Members, North Portland and St. Johns Neighborhood
- Partner Clinics and Agencies

Background and Community Need

Multnomah County Health Department's Federally Qualified Health Center Program is housed within the department's Integrated Clinical Services Division. The program includes seven community health centers, six dental clinics, one HIV health services center, and 13 school--based health centers. The program provides comprehensive primary, preventive and oral health care services to persons living at or below 200% of the Federal Poverty Level (FPL) in Multnomah County. In 2016, a family of four people earning \$24,300 is at 100% FPL, while a family of four people earning \$48,600 is at 200% FPL.

The target population for this project consists of residents of the North Portland Health Center (NPHC) service area (ZIP codes 97203 and 97217) who meet the income service priority of 200% FPL or below. In total, the service area is home to 61,173 persons (8.2% of the county's population). Detailed examination of most recent demographic data shows that the population is 34.7% non--White, with the largest non-White populations being Latino and Black.

North Portland is Portland's historic home to populations of color, as it was the only area where people of color were allowed to purchase homes in the days of redlining. Many people of color remain, and these people continue to experience socioeconomic and health disparities characteristic of disadvantaged communities.

Over one-third (39.7%) of the service area's population (23,601) is within the target population of at or below 200% FPL, a larger proportion than countywide (35.5%). Over

half (52.1%) of the target population live below 100% of the FPL. The target population is approximately 3.4% Asian, 17.6% Black, 19.7% Latino, 5.8% multiracial, 1.0% Native American, 2.9% Pacific Islander, 10.4% some other race, and 39.1% White. In all, the target population has almost twice the proportion of people of color as Multnomah County overall.

Although populations of color are disproportionately impacted by low income and poverty across Multnomah County, disparities in median household income (MHI) for populations of color in North Portland are more severe than for the county overall. For the total North Portland population, MHI is 92% of MHI countywide. At \$18,489, Black people in North Portland earn only 68% of the income of Black people countywide. MHI for North Portland Native Americans (\$18,489) is 62% of that of Native American people countywide, and for North Portland multiracial individuals, MHI (\$31,997) is only 79% of what they earn countywide. Conversely, MHI for White people in North Portland is slightly higher than that of White people countywide.

Both unemployment and lower educational attainment are much higher for populations of color than White people in North Portland and, for most racial/ethnic groups, higher than countywide rates. Existing primary care services in the service area include NPHC, four MCHD school based health centers, a Concentra urgent care clinic, Providence Medical Group's North Portland clinic, Pacific Medical Group's North Portland clinic, and several private practices, mostly naturopathic.

Of the 8,502 individuals in the service area who access Health Centers, 1,284 (15.1%) access non-Multnomah County FQHCs outside of North Portland. A key gap in access in North Portland is inadequate primary care capacity: the majority of ZIP codes 97203 and the most populated portion of 97217 are Medically Underserved Areas. As the only FQHC in the service area, NPHC is the main primary care provider to low income people (currently 84.8% of the market share in 97203 and 75.9% in 97217). NPHC has experienced an average of 113 new patients monthly during fiscal year 2015, and NPHC clients tend to be high acuity and require more encounters than average. This combination has made available capacity for new patients incredibly scarce, leaving few options for the 15,009 low income North Portland residents who do not access FQHCs.

Public health data estimates that 21.2% of all adults in the area are without a usual source of health care. In addition, 13.3% of adults have delayed or not sought care due to high cost. However, while there is significant need, the number of Health Center patients in the area only increased by 2.1% from 2011 to 2013, suggesting there is not capacity to accommodate these un-served individuals at the existing facilities. In addition, there are 1,954 North Portland residents receiving primary care services at

Multnomah County health centers other than NPHC who may be better served at the local NPHC.

NPHC currently has three primary care teams who operate via a patient centered medical home model. NPHC primary care teams and clinical administrative staff are using all available space on the first floor of the facility. NPHC can only address community need if a fourth primary care team is added, and the facility has no open space for a new team. Also, the pharmacy, because of its location and small size, struggles to meet current demand, maintain patient confidentiality and safety, and provide medication management. The proposed project will move the pharmacy to the second floor of the building (increasing capacity, confidentiality, and safety) to add exam rooms for an additional provider team.

Multnomah County Health Department submitted a federal grant application to the Human Resources and Services Administration (HRSA) in May of 2015 and was awarded \$944,235 on September 15th, 2016. The scope of work in this application includes both Primary Care and Pharmacy Services but did not include Dental Services.

FAC-1 Process

The following is an outline of the FAC-1 process proposed for this project.

1. Approval Project and Design Proposal. April 7th, 2016. Complete Programming, Schematic Design, and Design Development of NPHC based on concept design from HRSA Grant application. Approval of \$300,000 (\$200,000 already received from HRSA funds, \$100,000 Health Department Funded) for Design of the Primary Care and Pharmacy while leaving room for possible future dental services at NPHC.
2. Project Construction Documents with updated budget, schedule, and funding sources for BCC approval in the winter of 2016 or spring of 2017.

Project Goals

The North Portland Health Center facility is centrally and strategically located to increase primary care access for the target population and provide comprehensive primary care to more individuals who would otherwise remain un-served.

- **Expand access to primary care services.** Multnomah County Health Department will serve 2,400 additional visits annually at the North Portland Health Center with an additional 8 new exam rooms, 2 provider teams, and expanded Eligibility offices in the health center.
- **Improve efficiency in providing pharmacy services.** Relocate the pharmacy to the second floor and increase its size. The proposed project will increase capacity, reception, waiting area, confidentiality, and safety for pharmacy clients.
- **Reserve space for future addition of dental services as funding is available.** NPHC is the largest county health center site without dental services. The program needs to expand services in areas of the county that are currently underserved, and NPHC has the ideal space to allow the dental program to add a clinic and co-locate medical, dental, and pharmacy services, thus increasing access to essential oral health care for patients in North Portland. Utilization of the space would allow additional visits with dental services at NPHC in the range of 5,500-6,000 once integrated with primary care. As such the Board of Commissioners has for its consideration a one-time-only budget offer for \$1,800,000 to cover the cost of adding dental services (40017B-17).

Existing Conditions

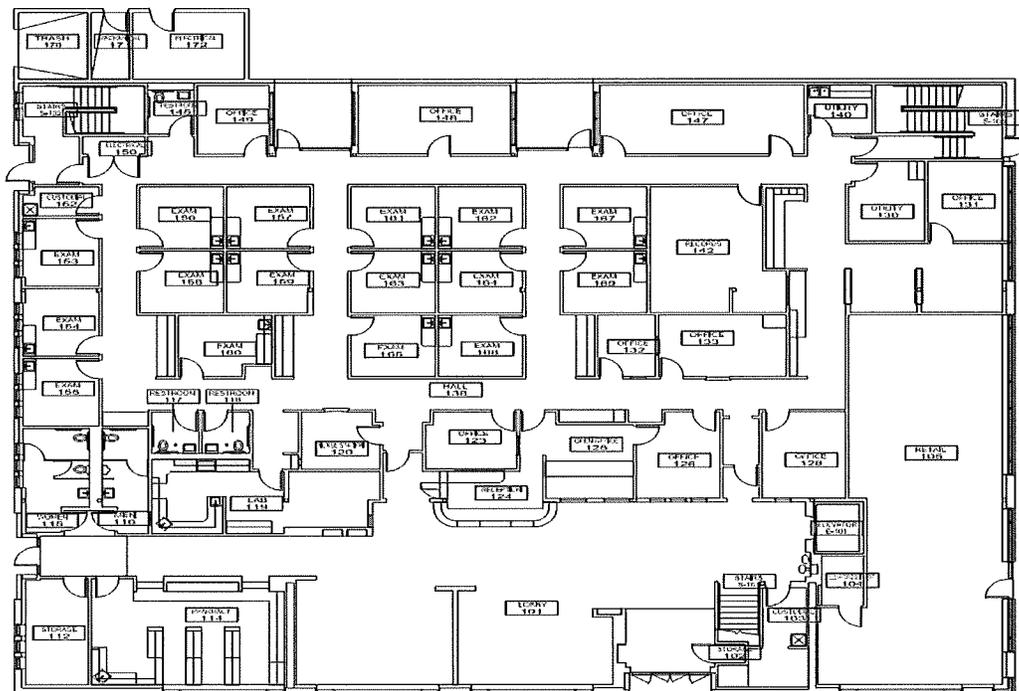
North Portland Health Center Building

The North Portland Health Center (NPHC) was built in 2001 with gross building square footage of 25,162. This facility is currently occupied by primary care and pharmacy staff from the Health Department's Integrated Clinical Services Division. In its present state, the primary care health center has no additional capacity to increase comprehensive primary care services. The proposed renovation will maximize the vacant space on the second floor of the facility to supply the capacity to offer a new dental clinic in addition to a new, larger pharmacy space. This will allow primary care to expand on the main floor of the facility into the existing pharmacy space.

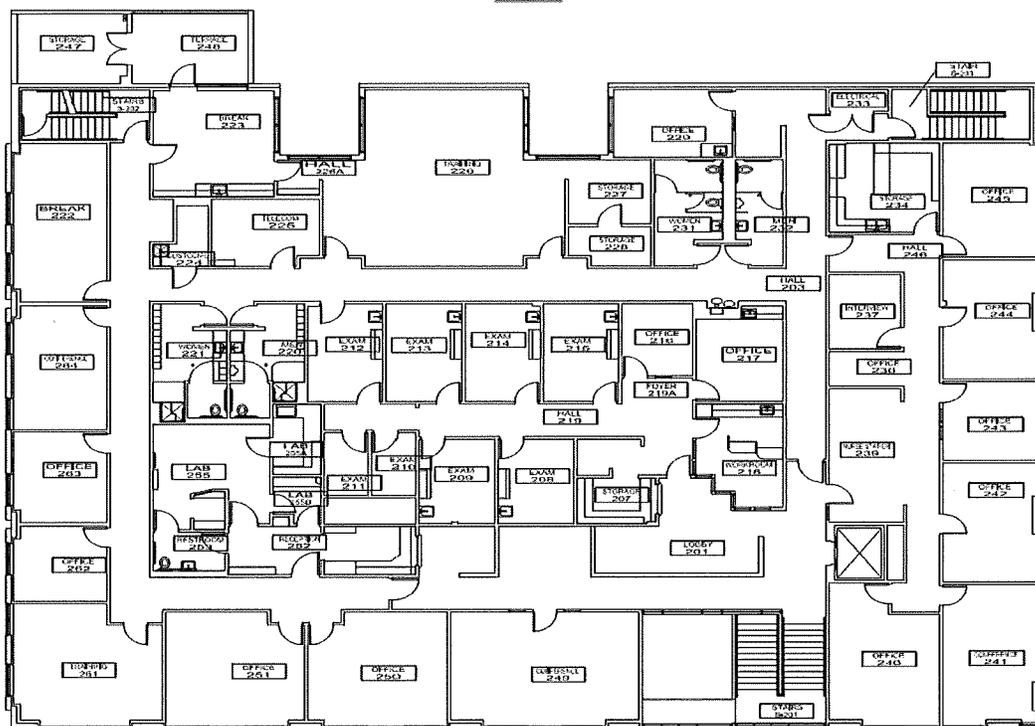
There are three main factors that make the proposed project appropriate given the current state of Multnomah County's seven community health centers. These include:

- **Capacity of the Health Center Program** – Existing health centers are at capacity or very close to capacity (due to the growth of the target population and increased demand for safety net services over the past few years) and do not have physical space left to expand services. This demand is expected to continue as a result of population growth and expanded access to Medicaid through health reform in Oregon.
- **Condition / Location of the NPHC Facility** – NPHC is a relatively new Multnomah County-owned facility. As such, County Facilities has detailed knowledge of the condition of the facility, including its structural soundness and the absence of hazardous materials. In addition, the exterior of the site is also in excellent condition. The facility is also centrally located in St. John's, in the North Portland service area, to provide access to the vulnerable neighborhoods that house the target population.
- **Capacity of the NPHC Facility** – The proposed renovations will maximize space on the main floor of the facility and allow the Health Department to supply the capacity to offer improved primary care, pharmacy, lab, behavioral health and enabling services, as well as a potential space for a new dental clinic.

Existing Floor Plans



325 - North Portland Health Clinic
FIRST FLOOR - BASE



325 - North Portland Health Clinic
SECOND FLOOR - BASE



Program Services

There are several existing services provided at NPHC:

Primary Care Services

The Primary Care Program serves low-income and uninsured people in our community. Clients have improved health outcomes through a team based approach that is proactive, client centered and relationship based. Delivery of care is coordinated and organized to promote and sustain this healing relationship. Access is centered on client needs. Staff members are supported and are full participants in continual learning and sustaining improvements.

Pharmacy Services

The Pharmacy Program dispenses medications to insured and uninsured patients of Multnomah County. The program also employs Clinical Pharmacists who focus on high-needs patients with complex health conditions.

Reserve space for future addition of dental services as funding is available:

Dental Services

The Dental program provides routine and urgent dental care for insured, uninsured and underinsured residents of Multnomah County. Dental services focus on increasing access for patients with chronic diseases, children and pregnant women. The Dental Program also offers outreach programs and Baby Day Dental Clinics to help young children form strong, trusting relationships with dental professionals.

Our Northeast Dental Clinic, located nearby, currently serves approximately 3,000 unique patients per year, and has over 11,000 clinic visits. There are long wait times, and the need for additional dental access is high in this community. The Affordable Care Act (ACA) has increased insured dental patients throughout the county, and we are experiencing a high need for dental services.

A new dental clinic could fill a gap in North Portland by allowing medical patients seen at our North Portland Health Center to have dental services in the same location with an estimate of 5,500-6,000 visits. This supports the Health Department's long-term strategy of integrating services and co-locating clinic services. This improves patient care and helps low-income families meet multiple health care needs at single locations.

Project Scope

To renovate 7,423 square feet of the two-floor 25,162 square foot facility. The project will renovate 2,358 square feet on the first floor for primary care expansion, 1,340 square feet on the second floor for pharmacy expansion, 1,200 square feet of common space, and 2,525 square feet on the second floor for the new dental clinic. In total, 7,423 square feet 30% of the facility will be renovated.

The scope of work includes demolition, construction, and moveable clinical/non-clinical equipment (e.g., instruments and furnishings for functioning exam rooms, dental, lab, pharmacy, and offices). Demolition will remove interior walls, electrical and cabling, interior doors and frames, ceilings and ceiling lights, and floorings. After demolition, construction activities will alter space on both the first and second floors of the facility.

On the first floor, the following types of space will be added:

- Nine exam rooms, eight of which will be new, as one large exam room in the current facility design is being divided into two exam rooms. The exam rooms will replace space currently occupied by storage, offices, and a hallway.
- Two provider team rooms to accommodate the new provider team and provide a more adequately sized room for an existing provider team. The team rooms will replace space currently occupied by offices, a utility closet, and a hallway.
- Three offices for the Psychiatric Nurse Practitioner focused on provided team-based behavioral health services, two Eligibility staff focused on insurance enrollment (this space will be ADA accessible), and the Operations Supervisor. These offices will replace the space currently occupied by the pharmacy.

On the second floor, the following types of space will be added:

- A pharmacy will be added to space that is currently comprised of vacant offices. The pharmacy will include a reception and waiting area, and facilities to dispense medications in a safe and confidential way, and an office for a Licensed Clinical Pharmacist to provide medication consultation and management.
- 5 -6 chair full service dental clinic, dental lab, and 2 provider teams with support staff.

The renovations will be staged so that primary care and pharmacy services can operate during renovation activities: the pharmacy renovation and dental clinic area are proposed to be completed first, followed by renovating the space vacated by pharmacy for offices, followed by renovating the space for exam rooms and team rooms. All work will be done in compliance with OSHA, HRSA and Joint Commission regulations.

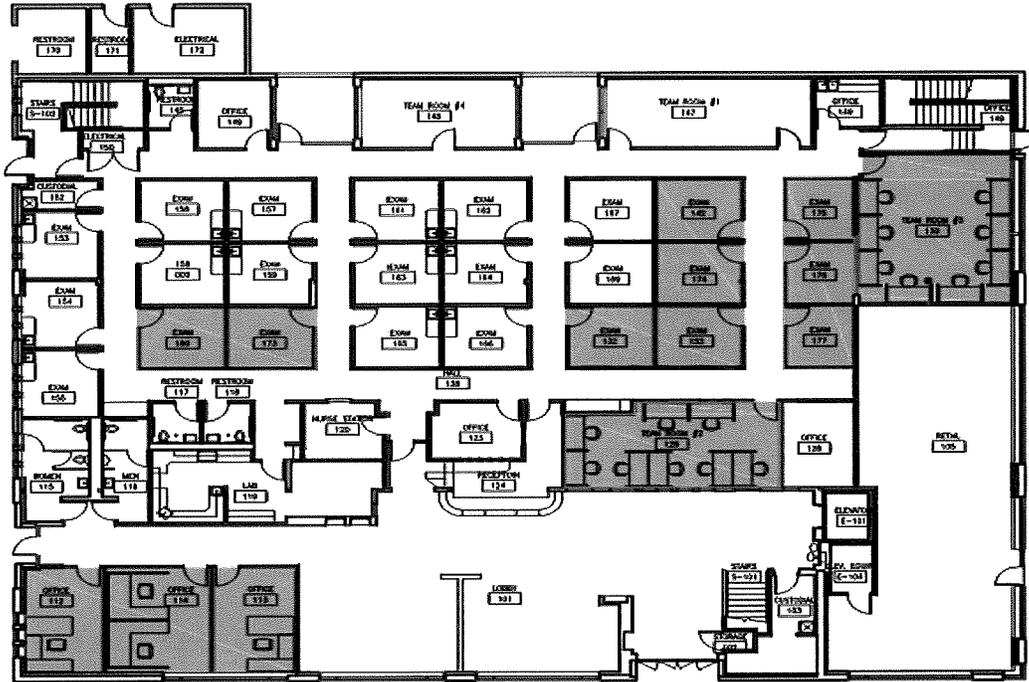
Project Site and Conceptual Designs

9000 North Lombard Avenue, Portland, OR 97203



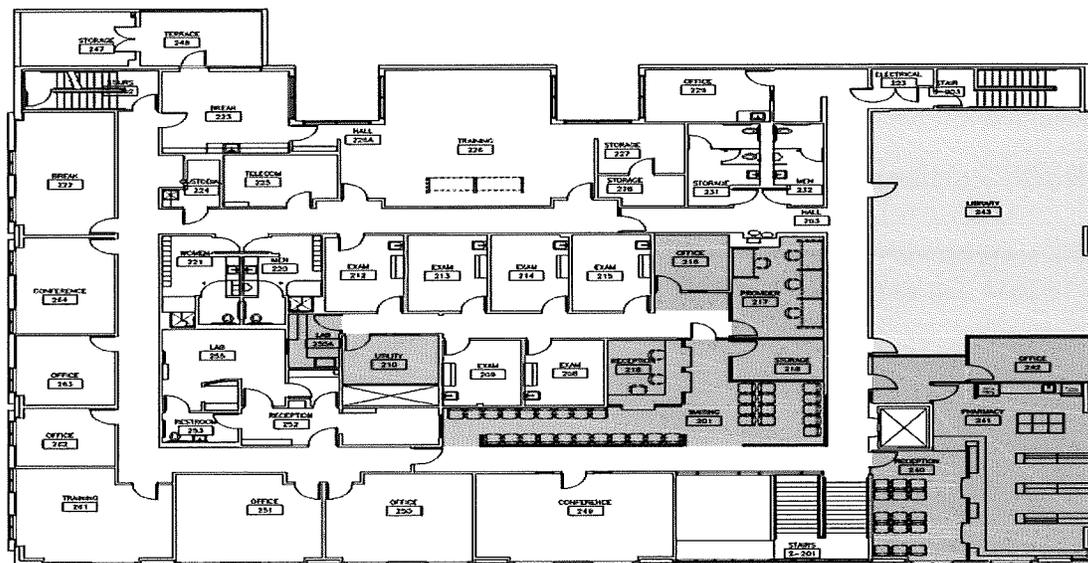
NPCH 1st Floor Concept Design

- DENTAL
- MEDICAL
- PHARMACY
- LIBRARY



First Floor - SCHEME A.1
1/8" = 1'-0"

NPCH 2nd Floor Concept Design



Second Floor - SCHEME A.1
1/8" = 1'-0"

Multnomah County Policies and Initiatives

This project will align with Multnomah County policies and initiatives for renovation projects, including the following requirements and/or aspirational goals:

1. High Performance Green Building Standards
2. Minority, Women, and Emerging Small Business Program
3. Solar Initiative
4. Architecture 2030
5. Regional Arts & Culture Council
6. BOLI Wages
7. Health Department facility requirements on Confidentiality and Protection of Surrounding areas during construction.

Project Budget

Preliminary Budget Estimate :

North Portland Health Center Renovation - Cost Estimate

Hard Costs: (Primary, Dental, Pharmacy)	\$1,210,000
Architectural & Permit Soft Costs:	\$503,755
Equipment and Administration Soft Costs:	\$650,000
Project Contingency: (~25%)	\$335,000
RACC Costs:	\$27,200
Indirect Costs:(Exterior improvements)	\$150,000
Non-Allowed Grant – Cost Estimate	\$9,140

Total North Portland Renovation Cost Estimate: \$2,885,095

* The hard costs estimate is based on a construction budget study completed by GBD Architects dated 5/18/2015 and additional information provided by Rider Levett Bucknall.

Funding Sources

The total North Portland Health Center project cost is \$2,885,095 and the Health Department has received a grant from the Health Resources and Services Administration (HRSA) for \$935,095 to support all allowable costs associated with the primary care and pharmacy phases of this project.

The following are funding sources for this project:

Primary Care and Pharmacy scope. On May 21, 2015, the Health Department submitted an application for a HRSA grant to complete the NPHC expansion and renovation. The grant was awarded on September 10, 2015.

- \$935,095– HRSA Grant Application # 93996 (Decision 9/15/2015)
- \$150,000- Capital Improvements Funding for exterior improvements (FY2016)

RACC fees will be funded by a mix of program income and county general funds. The county general funds would be already allocated within the health department operating budget. No new general funds are required.

- FOR DENTAL: As such the Board of Commissioners has for its consideration a one-time-only budget offer for \$1,800,000 to cover the cost of adding dental services (40017B-17).

Project Milestones

The operations timeline is based on the project not having started construction activities and/or issued a construction contract. These steps will occur in alignment with Multnomah County Administrative Procedure FAC-1, which requires the County Board of Commissioners to approve participant roles and milestones at key points throughout capital projects over \$1 million.

To date, the Board of County Commissioners has approved the grant application, but has taken no steps to approve a renovation timeline. At the point when this application was submitted, the only expenses related to the project were related to the work product to generate the grant application.

Project Timeline:

5/11/2015	Health Department Community Health Council approves the submission of the grant application to Health Resources and Services Administration (HRSA) for project.
5/14/2015	Board of County Commissioners approves submission of grant application to HRSA for project.
9/15/2015	Health Department notified of grant's success and award of \$935,095 for project's primary care and pharmacy phases.
March, 2016	Initiation of 12 months of programming and design.
Winter 2016/ Spring 2017	Board Update/Approval of Construction.
June, 2017	Proposed Construction initiation date.
December, 2017	Estimated Construction completion date.

Project Team

There will be a cross disciplinary project team assembled for the development of this project. Members of the immediately affected departments and agency partners will form this team. It is expected that the project team will provide regular updates on project status to project sponsors and stakeholders.

Multnomah County Health Department

- Vanetta Abdellatif, Integrated Clinical Services Director
- Dr. Len Barozzini, Dental Director
- Chris Carter, Pharmacy and Lab Services Director
- Michael Eaves, Senior Grants Management Specialist
- Joanne Fuller, Health Department Director
- Sami Jarrah, Integrated Clinical Services Deputy Director
- Christy Ward, Primary Care Services Director
- Nicola Winchester, Integrated Clinical Service Project Manager

Facilities and Property Management Division

- Greg Hockert, Capital Improvement Project Manager
- John Lindenthal, Capital Improvement Program Manager

Other County Partners

- Bernadette Nunley, County Attorney's Office
- Julie Sullivan-Springhetti, County Communications

Public Outreach

Multnomah County will assure affected clients and interested members of the public stay informed throughout this project. The goals of this public involvement effort are to:

- Provide clear communication to the clients and public seeking the services to be provided at this health center.
- Provide site neighbors with a clear understanding of what to expect during renovation.
- Provide clear communication about the renovation to affected staff, contractors, service providers and internal and external stakeholders.
- Build trust and support for the project through regular and timely communication with neighborhood and internal audiences
- Provide a point of contact for the project for internal and external audiences.

Point of Contact

For members of the media and community associations, neighbors and other audiences, the point of contact for this project is the Multnomah County Communications Office, Julie Sullivan-Springhetti, (503) 988-5766.

Communication Stakeholders

The following stakeholders have been identified as central to our outreach efforts:

- Multnomah County Health Department Clients
- Multnomah County Community Health Council
- Health Department Partners and Contracted Organizations
- Adjacent Neighbors and Neighboring Businesses
- Other Governmental Partners
- Neighborhood Service Providers

- Multnomah County Health Department Employees
- AFSCME Local 88
- Oregon Nurses Association

Outreach Tools

The main tools Multnomah County may use to communicate and seek input are:

- One-on-one meetings with key stakeholders early in the process.
- Community meetings with neighborhood association and business groups to share information about the proposal, answer questions, and share opportunities for public involvement.
- Throughout the development, Multnomah County will host meetings with project representatives with adequate time for one-on-one discussions before and after meetings.
- Regular updates to organizations that have an ongoing interest in the project.
- Regular website updates as the project achieves major milestones.
- Email list serve of interested parties.

Media Relations

The main tools Multnomah County may use to foster strong media relations are:

- Regular press releases
- Create and distribute media kit
- Invite press to community meetings
- Place feature stories
- Foster relationships with key media contacts

Talking Points

Multnomah County's North Portland Health Center is located in the heart of the St. Johns neighborhood. Primary care and pharmacy services are currently provided at this site for people with low incomes or who lack health insurance. The health center is expanding to meet the community's growing needs. We will be adding more medical providers and staff to help more patients, and we will expand our pharmacy services. We will reserve space for a potential, future dental clinic to meet this community's oral health care needs.

We will continue to provide comprehensive, culturally competent health care services which include treatment of acute and chronic illnesses, behavioral health, family

planning, oral health care, and prenatal and preventive services. This health center also supports the community by providing Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

Appendix

- **Appendix A:** HRSA Grant # 93996 Notice of Award and Support letters.

1. DATE ISSUED: 09/10/2015		2. PROGRAM CFDA: 93.526	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 1 C8DCS29230-01-00		4b. GRANT NO.: C8DCS29230	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 09/30/2015 THROUGH: 09/29/2018			
7. BUDGET PERIOD: FROM: 09/30/2015 THROUGH: 09/29/2018			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
 Section 330(e)(3) of the Public Health Service Act, 42 U.S.C. 254b(e)(3); Section 10503(b) of the Patient Protection and Affordable Care Act of 2010, P.L. 111-148; and Division G, Title II, p. 2466, Consolidated and Further Continuing Appropriations

8. TITLE OF PROJECT (OR PROGRAM): HEALTH INFRASTRUCTURE INVESTMENT PROGRAM

9. GRANTEE NAME AND ADDRESS:
 MULTNOMAH, COUNTY OF
 426 SW Stark Street
 Portland, OR 97204-2303
DUNS NUMBER:
 030784888

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Christy Ward
 MULTNOMAH, COUNTY OF
 426 SW Stark Street
 Portland, OR 97204-3501

11. APPROVED BUDGET:(Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages :	\$0.00
b. Fringe Benefits :	\$0.00
c. Total Personnel Costs :	\$0.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$154,458.00
f. Supplies :	\$0.00
g. Travel :	\$0.00
h. Construction/Alteration and Renovation :	\$720,147.00
i. Other :	\$60,490.00
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 :	\$935,095.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$935,095.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$935,095.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$935,095.00
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 Awards(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$935,095.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
Not applicable	

14. APPROVED DIRECT ASSISTANCE BUDGET:(In lieu of cash)

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

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A]
 Estimated Program Income: \$0.00

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 75 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 Yes No)

Electronically signed by Shonda Gosnell, Grants Management Officer on : 09/10/2015

17. OBJ. CLASS: 41.11 | **18. CRS-EIN:** 1936002309A7 | **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
15 - 398160E	93.527	15C8DCS29230	\$728,065.00	\$0.00		15CFCAA-HIIP
15 - 398879E	93.527	15C8DCS29230	\$207,030.00	\$0.00		15CFCAA-HIIP

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.

Program Specific Condition(s)

1. Due Date: Within 120 Days of Award Issue Date

(128956-01)

The grantee must consult with the HRSA Project Officer and environmental reviewer to determine if other environmental compliance reviews are required for the proposed project. Additional information will be provided within 120 days of award to identify the extent of the information that will be needed for this specific project. This information may include an Environmental Assessment (EA) under NEPA, 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), a hazardous materials survey, Coastal Zone Consistency Determination, Floodplain Management, Environmental Justice, etc. The documentation 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. Funds may only be drawn down for pre-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. Additional information is available at: <http://bphc.hrsa.gov/about/healthcentersaca/acacapital/capitaidevelopment.html>

2. Due Date: Within 120 Days of Award Issue Date

(128956-01)

BEFORE CONSTRUCTION/EXPANSION OR ALTERATION/RENOVATION BEGINS on the project, the grantee must record a Notice of Federal Interest (NFI) in the appropriate official records of the jurisdiction in which the property is located. A notarized and recorded copy of the NFI must be submitted into HRSA's Electronic Handbook. A sample NFI is available at: <http://bphc.hrsa.gov/policiesregulations/capital/postaward/samplenoticeoffederalinterest.pdf>

Grant Specific Term(s)

1. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. 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. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.

You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://www.dpm.psc.gov/contacts/contacts.aspx>.

2. The requirements of 48 CFR section 3.908 (found at <http://www.ecfr.gov>) implementing section 828 of the National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections" apply to this award. This notice requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce. The details of 41 U.S.C. 4712 can be found at <http://uscode.house.gov/browse.xhtml>. (regarding 48 CFR section 3.908, note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term, should read as "grant," "grantee," "subgrant," or "subgrantee").

3. Effective December 26, 2014, all references to OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.
4. 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 \$25,000 or more in Federal funds and executive total compensation as outlined in Appendix A to 2 CFR Part 170 (<http://www.hrsa.gov/grants/ffata.html>). 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.
5. 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: <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>
6. Based on total project costs, the draw down percentage for this project is 100%. Grant funds can only be drawn down from the Payment Management System (PMS) as allowable costs are incurred. Unless otherwise authorized, draw down should be done in the same proportion as the grant is to total project costs. For example, for a project with a total cost of \$100,000, and a federal contribution of \$75,000, the federal share is 75 percent. If \$100 in allowable costs are incurred, then \$75 of grant funds would be drawn down from PMS to pay this incurred cost, while the other \$25 will be paid by other sources of funds. The draw down percentage may be re-evaluated based on any modifications to the project that have received Prior Approval from HRSA.

Program Specific Term(s)

1. On September 15, 2010, the United States Department of Justice published revised Americans with Disabilities Act (ADA) regulations in the Federal Register that update and amend some of the provisions in the original 1991 ADA regulations (see <http://www.ada.gov/>). These changes include revised accessibility standards, called the 2010 Standards for Accessible Design (2010 Standards), which establish minimum criteria for accessibility in design and construction (http://www.ada.gov/2010ADAstandards_index.htm).
2. Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).
3. Funds in this award are for the following approved project(s): 128956-01 - Alteration / Renovation (A/R) - North Portland Community Health Center A/R
4. If a Notice of Federal Interest (NFI) is required, HRSA's Federal interest is subordinate to all pre-existing mortgages or obligations recorded against the property. HRSA's Federal interest is also subordinate to loans and obligations identified in the PCMH-FI application as sources of financing for the project. Future modifications and new mortgages and obligations will require prior approval.
5. Applicants that are NOT required to file a Notice of Federal Interest, still 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 FOR AWARDS AND SUBAWARDS TO INSTITUTIONS OF HIGHER EDUCATION, HOSPITALS, OTHER NONPROFIT ORGANIZATIONS, or 45 CFR Part 75 UNIFORM ADMINISTRATIVE REQUIREMENTS FOR GRANTS AND COOPERATIVE AGREEMENTS TO STATE AND LOCAL GOVERNMENTS, as applicable. 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.

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 and require Prior Approval. Consultation with the Project Officer is needed to determine if such costs will be permitted.
7. This Notice of Award (NoA) is issued to inform your organization that the application submitted through the Health Infrastructure Investment Program (HIIP) funding opportunity (HRSA-15-129) has been selected for funding. The HIIP Program, as authorized by the Section 330(e)(3) of the Public Health Service Act, 42 U.S.C. 254b(e)(3); Section 10503(b) of the Patient Protection and Affordable Care Act of 2010, P.L. 111-148; and Division G, Title II, p. 2466, Consolidated and Further Continuing Appropriations Act, 2015, P.L. 113-235, included funds for Health Center Program grantees to make facility enhancements through alteration and renovation or construction/expansion to increase their patient capacity and to provide additional comprehensive primary and preventive health services to medically underserved populations through the alteration/renovation, expansion, or construction of a facility.
8. 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 grantees may wish to accomplish construction using their own work force (force account). The grantee 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.
9. New and/or improved space resulting from the funded project, may only be used for purposes consistent with Section 330 of the Public Health Service (PHS) Act (42 U.S.C. §254b). Use of improved space for other purposes inconsistent with the Health Center Program requires Prior Approval.
10. A grantee may acquire a variety of commercially available goods or services in connection with a grant-supported project or program. Grantees may use their own procurement procedures that reflect applicable state and local laws and regulations, as long as those procedures conform to the following applicable U.S. Department of Health and Human Services (HHS) regulations: HHS regulations at 45 Code of Federal Regulations (CFR) 75 UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS. States must follow the requirements at Title 45 CFR 75. Generally, States must follow the same policies and procedures they use for procurements from non-Federal funds. Local and Tribal governments must follow the requirements at 45 CFR 75.
11. The grantee must submit an annual Federal Financial Report with expense data for the first twelve (12) months of the Budget Period. This report must be submitted using the Electronic Handbooks (EHB).
12. The grantee does not have expanded authority under this program. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75. HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75, or the HHS Grants Policy Statement Prior-Approval Requirements, must be submitted in through the Electronic Handbook. Only responses to prior approval requests signed by the GMO and authorized under a Notice of Award are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.

HRSA requires grantees to seek prior approval through the Electronic Handbook for: (a) all pre-award costs, (b) rebudgeting of funds between construction and nonconstruction work; (c) rebudgeting of project costs exceeding 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$150,000, whichever is less; (d) changes in project scope, which occurs when the recipient proposes to change (or changes) the objectives, aims, or purposes identified in the approved application, including changing location, changing the approved design under a construction grant, eliminating a primary care delivery site, or making budget changes that cause a project to change substantially from that which was approved. Approval of a prior approval request may be conditioned by new terms and conditions that must be met and lifted from the Notice of Award prior to implementing work.
13. Funds in this award associated with the proposed construction or alteration/renovation project are restricted and may not be drawn down until all program- and grant-specific conditions of this award have been met and lifted from the Notice of Award. 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.
14. Although this NoA approves funds for the project, identified in the submitted application, HRSA may take action to withdraw the approval and funds for the project if subsequent events lead HRSA to conclude that a project as originally proposed is ineligibility or cannot be completed. Subsequent events could include, but are not limited to, non-compliance with the implementation of the project (such as excessive drawdown, improper procurement, conflicts of interests, etc.), significant changes to the location or physical scope of the project without prior approval, or the identification of previously undocumented environmental or historic preservation issues that lead the HRSA to

conclude that the proposed project cannot be carried out consistent with the eligibility and program requirements. If this occurs, please contact the assigned Project Officer to discuss.

15. This Notice of Award (NoA) is issued based on approval of an FY 2015 competitive application submitted in response to HRSA-15-129: Health Infrastructure Investment Program (HIIP). Additional terms conditions, and/or additional actions may be applied to this NoA if outstanding programmatic compliance issues are identified by HRSA.

Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. HRSA requires grantees to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:
"This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."
Grantees are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or itemFor which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.
In addition to the prior approval requirements identified in Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 75, this requirement is in lieu of that in 45 CFR 75 which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Part 75 unless HRSA has specifically exempted the grantee from the requirement(s).]
6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining

- payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at www.DPM.PSC.GOV.
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551(310) 457-1551, (800)253-0696(800)253-0696 toll free <http://harvester.census.gov/sac/facconta.htm>
9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/reviselep.html>.
10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Consolidated Appropriations and Further Continuing Appropriations 2015 (P.L. 113-235) enacted December 16, 2014, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. HRSA funds may not be used to pay the salary of an individual at a rate in excess of \$183,300 - The Executive Level II of the Federal Executive Pay Scale salary is currently set at \$183,300, effective January 11, 2015. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts for substantive work under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with institutional policy. Your award amount will not necessarily be recalculated to adjust for necessary reductions in salaries included in your proposal. However, none of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the salary limitation. [It is important to note that an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.]
12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/reviselep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov>.
- It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.

14.

In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia,

or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.

Reporting Requirement(s)

1. Due Date: Within 90 Days of Project End Date

The grantee must submit within 90 days after the project end date 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 Electronic Handbooks (EHBs). The grantee is required to 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.

2. Due Date: Within 270 Days of Award Issue Date

The grantee will submit the selected contract, certified by its Architect/Engineer, and its formal recommendation of award. The recommendation should also include a statement of determination that the selected contractor has no active exclusions on the System for Award Management found at www.sam.gov. If you award the contract to any qualified bidder other than the lowest bidder, provide proper documentation for your decision. Subsequently, a copy of your award letter(s) to the successful contractor(s) must also be through HRSA's Electronic Handbook. The selected contract, certification by A/E, award recommendation, debarred list determination, and award letter must be submitted into the HRSA's Electronic Handbook for the approved project(s) by the established deadline. If the established deadline is not feasible, contact your Project Officer to request an extension.

3. Due Date: Within 120 Days of Award Issue Date

It is expected that the grantee will engage the services of an architect/engineer (A/E) to develop the pertinent construction documents as well as to administer the construction phase of the project(s). Accordingly, the grantee will submit a statement attesting to the involvement of the A/E in the approved project. If the established deadline is not feasible, contact your Project Officer to request an extension. Be certain to use the template provided at <http://bphc.hrsa.gov/policiesregulations/capital/> when completing this requirement. Please upload the required documentation for the approved project into the HRSA Electronic Handbooks.

4. Due Date: Within 90 Days of Project End Date

The grantee must scan and upload photographs, with brief descriptions, of the project prior to initiating work, during renovation/construction, and of the completed project, including exterior shots (front, rear of building) and major rooms into the EHB for the approved project within 90 days of the project period end date.

5. Due Date: Within 270 Days of Award Issue Date

The grantee must design the project in accordance with the mandatory requirements imposed on federally-assisted construction projects as well as all applicable program standards, State codes, and local codes and ordinances. Accordingly, the architect/engineer must certify (before construction bidding and contract award) that the final working drawings and final technical specifications were so developed. If the established deadline is not feasible, contact your Project Officer to request an extension. Be certain to use the template provided at <http://bphc.hrsa.gov/policiesregulations/capital/> when completing this requirement. Please upload the required documentation for the approved project(s) into the HRSA Electronic Handbooks.

6. Due Date: Within 90 Days of Project End Date

Within 90 days of project completion, the grantee must submit into HRSA's Electronic Handbook a final SF-424C budget page, budget justification, and equipment list (if applicable), with detailed line-item identification of both Federal and non-Federal (if applicable) funds, for the completed project.

Be certain to use the templates provided at these locations when completing this requirement.

SF-424C budget - <http://www.bphc.hrsa.gov/policiesregulations/capital/application/sf424c.xls> Budget Justification

[hrsa.gov/grants/apply/assistance/sbhcc/samplebudgetjust.doc](http://www.bphc.hrsa.gov/grants/apply/assistance/sbhcc/samplebudgetjust.doc)

Equipment List - <http://www.bphc.hrsa.gov/policiesregulations/equipmentlist.xls>

Please upload the required documentation for the approved project into the HRSA Electronic Handbooks.

7. Due Date: Within 90 Days of Project End Date

Within 90 days of project completion, the grantee will submit documentation for the approved project certifying that the project 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 template provided at <http://bphc.hrsa.gov/policiesregulations/capital/> when completing this requirement. Please upload the required documentation for the approved project into the HRSA Electronic Handbooks.

8. Due Date: Quarterly (Budget Period) Beginning: Award Issue Date Ending: Project End Date, due 30 days after end of reporting period.

The grantee will submit a Quarterly Progress Report (QPR) for the approved project into the HRSA Electronic Handbook (EHB). Instructions for preparing and submitting the QPR is available at: <http://bphc.hrsa.gov/policiesregulations/capital/>

9. Due Date: Within 270 Days of Award Issue Date

The funded project must have performance and payment bonds for each construction or renovation related contract over \$150,000. The grantee must certify that the bonding requirements for the federally-assisted construction project will be met. If the established deadline is not feasible, contact your Project Officer to request an extension. Be certain to use the template provided at <http://bphc.hrsa.gov/policiesregulations/capital/> when completing this requirement. Please upload the required documentation for the approved project(s) into the HRSA Electronic Handbooks.

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

The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

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
Marc Harris	Authorizing Official	marc.harris@multco.us
Christy Ward	Point of Contact, Program Director	christy.ward@multco.us

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Vesnier Lugo at:
MailStop Code: 17C-05
OPPD/Capital Branch
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: vlugo@hrsa.gov
Phone: (301) 443-8394

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Marc Horner at:
MailStop Code: 5600 Fishers Lane
OFAM
5600 Fishers Lane
Rockville, MD, 20857-
Email: mhorner@hrsa.gov
Phone: (301) 443-4888