



Recipient Information

- 1. Recipient Name**
Ventura County Health Services Agency
2240 E Gonzales Rd
Oxnard, CA 93036-8210
- 2. Congressional District of Recipient**
26
- 3. Payment System Identifier (ID)**
1956000944A1
- 4. Employer Identification Number (EIN)**
956000944
- 5. Data Universal Numbering System (DUNS)**
066691122
- 6. Recipient's Unique Entity Identifier**
- 7. Project Director or Principal Investigator**
Theresa Cho
Project Director
theresa.cho@ventura.org
(805)677-5290
- 8. Authorized Official**
Lizeth Barretto
Lizeth.Barretto@ventura.org
(805)677-5291

Federal Agency Information

- 9. Awarding Agency Contact Information**
Mona D. Thompson
Grants Management Specialist
Health Resources and Services Administration
mthompson@hrsa.gov
(301) 443-3429
- 10. Program Official Contact Information**
Kimberly Range
Public Health Analyst
Health Resources and Services Administration
KRange@hrsa.gov
(415) 437-8150

Federal Award Information

- 11. Award Number**
3 H80CS00247-18-07
- 12. Unique Federal Award Identification Number (FAIN)**
H8000247
- 13. Statutory Authority**
42 U.S.C. § 254b
- 14. Federal Award Project Title**
Health Center Program
- 15. Assistance Listing Number**
93.224
- 16. Assistance Listing Program Title**
Community Health Centers
- 17. Award Action Type**
Competing Supplement
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

| | |
|---|-------------------------|
| 19. Budget Period Start Date 03/01/2020 - End Date 02/28/2021 | |
| 20. Total Amount of Federal Funds Obligated by this Action | \$392,400.00 |
| 20a. Direct Cost Amount | |
| 20b. Indirect Cost Amount | |
| 21. Authorized Carryover | \$0.00 |
| 22. Offset | \$0.00 |
| 23. Total Amount of Federal Funds Obligated this budget period | \$2,722,108.00 |
| 24. Total Approved Cost Sharing or Matching, where applicable | \$124,969,221.00 |
| 25. Total Federal and Non-Federal Approved this Budget Period | \$127,701,759.00 |
| 26. Project Period Start Date 03/01/2018 - End Date 02/28/2022 | |
| 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period | \$420,731,223.00 |

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Sarah Hammond on 01/11/2021

30. Remarks



Notice of Award
Award Number: 3 H80CS00247-18-07
Federal Award Date: 01/11/2021

Health Resources and Services Administration

31. APPROVED BUDGET: (Excludes Direct Assistance)

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

| | |
|--|------------------|
| a. Salaries and Wages: | \$65,641,720.00 |
| b. Fringe Benefits: | \$25,376,820.00 |
| c. Total Personnel Costs: | \$91,018,540.00 |
| d. Consultant Costs: | \$0.00 |
| e. Equipment: | \$0.00 |
| f. Supplies: | \$5,949,815.00 |
| g. Travel: | \$148,732.00 |
| h. Construction/Alteration and Renovation: | \$0.00 |
| i. Other: | \$10,625,356.00 |
| j. Consortium/Contractual Costs: | \$19,959,316.00 |
| 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: | \$127,701,759.00 |
| p. INDIRECT COSTS (Rate: % of S&W/TADC): | \$0.00 |
| q. TOTAL APPROVED BUDGET: | \$127,701,759.00 |
| i. Less Non-Federal Share: | \$124,969,221.00 |
| ii. Federal Share: | \$2,732,538.00 |

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

| | |
|---|----------------|
| a. Authorized Financial Assistance This Period | \$2,732,538.00 |
| b. Less Unobligated Balance from Prior Budget Periods | |
| i. Additional Authority | \$0.00 |
| ii. Offset | \$10,430.00 |
| c. Unawarded Balance of Current Year's Funds | \$0.00 |
| d. Less Cumulative Prior Award(s) This Budget Period | \$2,329,708.00 |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$392,400.00 |

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

| YEAR | TOTAL COSTS |
|------|----------------|
| 19 | \$1,983,382.00 |

34. 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 Award(s) This Budget Period | \$0.00 |
| d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | \$0.00 |

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.51

37. BHCNIS#
098480

38. 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.

39. ACCOUNTING CLASSIFICATION CODES

| FY-CAN | CFDA | DOCUMENT NO. | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE |
|--------------|--------|--------------|-----------------|-----------------|------------------|----------------------|
| 21 - 398160J | 93.527 | 18H80CS00247 | \$262,908.00 | \$0.00 | CH | HEALTHCARECENTERS_18 |
| 21 - 398879J | 93.527 | 18H80CS00247 | \$129,492.00 | \$0.00 | HCH | HEALTHCARECENTERS_18 |

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This funding is subject to the abortion funding restrictions contained in [Public Law 116–94 https://www.congress.gov/116/bills/hr1865/BILLS-116hr1865enr.pdf](https://www.congress.gov/116/bills/hr1865/BILLS-116hr1865enr.pdf) for funds for programs authorized under sections 330 Public Health Service Act (42 U.S.C. 254). Specifically, awardees 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).
2. You may rebudget these funds without prior approval except as noted below, and provided that the proposed use of funding aligns with the funding intent (expansion of in-scope activities to increase provider and clinician engagement in implementing evidence-based practices, including using advanced self-measured blood pressure technology, to increase the number of patients with controlled hypertension), avoids ineligible uses of funding as outlined in this notice of award, and complies with 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when under a grant where the federal share of the project exceeds the Simplified Acquisition Threshold and the 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.
3. This notice of award provides one-time funding to increase provider and staff engagement in implementing evidence-based practices, including using advanced self-measured blood pressure technology, to increase the number of adult patients with controlled hypertension in support of the National Hypertension Control Initiative: Addressing Disparities among Racial and Ethnic Minorities ([HTN Initiative](#)). Funding is awarded under the same subsection(s) and proportions as your H80 award, and may be utilized through the end of your fiscal year 2023 budget period, with HRSA-approved carryover.
4. You may not use this funding for: costs that are supported by other Health Center Program funds; purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology; new construction activities, including additions or expansions; minor alteration or renovation (A/R) projects; mobile units; purchase or installation of trailers and pre-fabricated modular units; facility or land purchases; or purchase of vehicles to transport patients or health center personnel.
5. A dedicated team of Bureau of Primary Health Care project officers will monitor the NHCI-HC awards. Contact them using the NHCI-HC Funding Support mailbox (NHCI-Support@hrsa.gov). For all questions not related to this award, continue to work with your current Bureau of Primary Health Care Project Officer listed on this Notice of Award.
6. You must submit a progress report semi-annually into the HRSA Electronic Handbooks on your progress implementing proposed activities. You will also submit an expenditure report and equipment list (if applicable) at the end of each of your H80 budget periods through FY 2023. Additional details about reporting requirements will be posted to the [NHCI-HC technical assistance webpage](#) when available. Additional information and progress updates may be requested by the HTN Initiative training and technical assistance provider.
7. This funding is to support an increase in the number of patients with controlled hypertension through the following required activity areas over a 3-year period:
 - Conduct outreach and engage patients with uncontrolled hypertension to participate in the HTN Initiative,
 - Participate in T/TA activities offered in support of this award,
 - Ensure access to Bluetooth or wireless-enabled self-measured blood pressure (SMBP) devices for a majority of your patients with hypertension, support use of provided SMBP devices, and use their data to inform hypertension treatment plans, and
 - Collect and share data to support participation in initiative evaluation and reporting activities.
8. You must update or request prior approval from HRSA as appropriate to ensure that your scope of project accurately reflects any changes

needed to implement activities supported by this award. This includes: (1) Form 5A: Services Provided, (2) Form 5B: Service Sites, and (3) Form 5C: Other Activities/Locations. For additional information, see the scope of project resources available at <https://bphc.hrsa.gov/programrequirements/scope.html>, and consult the NHCI-HC Funding Support mailbox (NHCI-Support@hrsa.gov) as needed.

9. As described in CFR 200.216, recipients and subrecipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:
- (1) Procure or obtain,
 - (2) Extend or renew a contract to procure or obtain; or
 - (3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
 - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

Reporting Requirement(s)

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

You must submit into HRSA's Electronic Handbooks within 90 days of the end of your current budget period a detailed SF-424A and line-item narrative description of Federal costs incurred for the completed activities supported with FY 2021 National Hypertension Control Initiative (NHCI-HC) supplemental funding and expensed in your current budget period. You must also submit an equipment list (when applicable) for all equipment purchased in your current budget period. The SF-424A, a sample narrative, and a blank equipment list can be found at the [NHCI-HC technical assistance webpage](#).

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

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

Contacts

NoA Email Address(es):

| Name | Role | Email |
|------------------|----------------------|--|
| Lizeth Barretto | Authorizing Official | lizeth.barretto@ventura.org |
| Theresa Cho | Program Director | theresa.cho@ventura.org |
| Elizabeth Galway | Employee | elizabeth.galway@ventura.org |

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).