



**Recipient Information**

- 1. Recipient Name**  
COUNTY OF VENTURA  
800 S Victoria Ave  
Ventura, CA 93009-0001
- 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**  
Lizeth Barretto  
Lizeth.Barretto@ventura.org  
(805)677-5291
- 8. Authorized Official**  
Lizeth Barretto  
Lizeth.Barretto@ventura.org

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Ernsley P Charles  
Health Resources and Services Administration  
ECharles@hrsa.gov  
(301) 443-8329
- 10. Program Official Contact Information**  
Jennifer Werner  
Health Resources and Services Administration  
JWerner@hrsa.gov  
(301) 594-4318

**Federal Award Information**

- 11. Award Number**  
6 C14CS39774-01-01
- 12. Unique Federal Award Identification Number (FAIN)**  
C1439774
- 13. Statutory Authority**  
?Authorized and appropriated under Title II of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019.  
Additional Supplemental Appropriations for Disaster Relief Act, 2019 (PL 116-20) Title XVIII, and section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)
- 14. Federal Award Project Title**  
Capital Assistance for Disaster Response and Recovery Efforts
- 15. Assistance Listing Number**  
93.224
- 16. Assistance Listing Program Title**  
Community Health Centers
- 17. Award Action Type**  
Administrative
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 09/01/2020 - End Date 08/31/2023</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$0.00</b>
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	\$100,000.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$100,000.00</b>
<b>26. Project Period Start Date 09/01/2020 - End Date 08/31/2023</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$100,000.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Shonda Gosnell on 10/14/2020

**30. Remarks**

GA Admin Batch Tracking Number 000058.



Notice of Award  
Award Number: 6 C14CS39774-01-01  
Federal Award Date: 10/14/2020

**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:	\$0.00
b. Fringe Benefits:	\$0.00
c. Total Personnel Costs:	\$0.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$100,000.00
f. Supplies:	\$0.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$0.00
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:	\$100,000.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$100,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$100,000.00

**32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	\$100,000.00
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	\$100,000.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

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

YEAR	TOTAL COSTS
	Not applicable

**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**  
41.60

**37. BHCMI#**

**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
20 - 398D160	93.224	20C14CS39774	\$0.00	\$0.00		20CADRE
20 - 398D879	93.224	20C14CS39774	\$0.00	\$0.00		20CADRE

## 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. "Prohibition on certain telecommunications and video surveillance services or equipment."

(a) 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.

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
Lizeth Barretto	Program Director, Authorizing Official	<a href="mailto:lizeth.barretto@ventura.org">lizeth.barretto@ventura.org</a>
Lizeth Barretto	Point of Contact	<a href="mailto:lizeth.barretto@ventura.org">lizeth.barretto@ventura.org</a>
Theresa Cho	Business Official	<a href="mailto:theresa.cho@ventura.org">theresa.cho@ventura.org</a>

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/>).