

The Designated Gifts Fund



October 3, 2003

Mr. Toby Douglas
San Mateo County Health Services Agency
225 37th Avenue
San Mateo, CA 94403

Dear Mr. Douglas,

At the recommendation of the United Way of the Bay Area, we are pleased to award the San Mateo County Health Services Agency a grant totaling \$13,860 from The Designated Gifts Fund at Peninsula Community Foundation.

This grant is to be distributed as follows: \$9,900 for the Community Access Program and \$3,960 to support "Covering the Uninsured Week". Please note that by accepting the enclosed check, your organization confirms that:

- This grant is fully tax deductible and individuals connected with this grant will receive no benefits, goods or services in exchange for this gift;
- The grant will not be used to satisfy the payment of a pre-existing pledge or other financial obligation;
- The grant will be used solely for the purpose specified in this letter.

On behalf of Peninsula Community Foundation's Board of Directors, we appreciate the work of your organization and are pleased to support your efforts.

Sincerely,



Laura Lau
Philanthropic Services Associate

Grant #: 2003-03917

1. DATE ISSUED: (MM/DD/YYYY) 09/25/2003		2. PROGRAM CFDA: 93.252		DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION  NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Section 340, as amended by the Health Care Safety Net Amendments of 2002, P.L. 107-251, Section 402					
3. SUPERCEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.									
4. GRANT NUMBER: 2 G92OA00029-03-00		5. FORMER GRANT NUMBER:							
6. PROJECT PERIOD: (MM/DD/YYYY) FROM: 03/01/2001 THROUGH: 08/31/2005									
7. BUDGET PERIOD: (MM/DD/YYYY) FROM: 09/01/2003 THROUGH: 08/31/2004									
8. TITLE OF PROJECT (OR PROGRAM): COMMUNITY ACCESS PROGRAM									
9. GRANTEE NAME AND ADDRESS: SAN MATEO COUNTY HEALTH SERVICES AGENCY 225 WEST 37TH AVENUE SAN MATEO, CA 94403-4364 UDS # 091140			10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Toby Douglas SAN MATEO COUNTY HEALTH SERVICES AGENCY 225 37th Ave San Mateo, CA 94403-4324						
11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation			12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE						
a. Salaries and Wages: \$ 0.00 b. Fringe Benefits: \$ 0.00 c. Total Personnel Costs: \$ 0.00 d. Consultant Costs: \$ 0.00 e. Equipment: \$ 0.00 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: \$ 2,031,022.00 p. INDIRECT COSTS: (Rate: % of S&W/TADC) \$ 0.00 q. TOTAL APPROVED BUDGET: \$ 2,031,022.00 i. Less Non-Federal Resources: \$ 1,591,113.00 ii. Federal Share: \$ 439,909.00			a. Authorized Financial Assistance This Period \$ 439,909.00 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 \$ 0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$ 439,909.00						
13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)									
<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>04</td> <td>\$ 439,909.00</td> </tr> </tbody> </table>						YEAR	TOTAL COSTS	04	\$ 439,909.00
YEAR	TOTAL COSTS								
04	\$ 439,909.00								
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 PART 74, SUBPART F OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Additional Cost B=Deduction C=Finance Non-Federal D=Cost Sharing or Matching E=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 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.									
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) 3rd Year CAP-\$439,909 <i>Electronically signed by Elizabeth Rosenfeld, Grants Management Officer on: 09/25/2003</i>									
17. OBJ. CLASS: 41.51		18. CRS-EIN: 1946000532A1		19. FUTURE RECOMMENDED FUNDING:					
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUBPROGRAM CODE				
03-3984114	93.252	G92OA00029B0	\$ 439,909.00	\$ 0.00	N/A				

ITEM NO.

SPECIAL CONDITIONS:

By December 1, 2003, submit a signed Memorandum of Agreement detailing roles and responsibilities with all partners.

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

SPECIAL REMARKS:

1. This Notice of Grant Award (NGA) is issued in support of your application submitted for the Healthy Community Access Program (HCAP). In all cases where programmatic contact is requested, you should direct responses to the HCAP Project Officer.
2. This NGA reflects acceptance of the budget breakdown by object class category as reflected on the Standard Form 424A submitted as part of the application.
3. Whenever a significant change to the budget, project plan, or collaborating partners is proposed, the HRSA Division of Grants Management Operations must be notified. This procedure is covered in the Grants Policy Statement, Chapter 8, Post Award Administration.
4. Most applications for new start funding under the HCAP program include a significant management information systems (MIS) component as a part of the proposal. As stewards of the Federal grant funds, the HRSA must assure that such expenditures are appropriate to achieve the objective of the project, and reasonable in cost. In some cases, the HRSA will be able to offer suggestions for modifying the approach based on experience gained from existing grantees. For this reason, the HCAP Project Officer must be contacted if your proposal includes an MIS component of \$50,000 or more. If deemed appropriate, that individual will arrange for an independent consultant to review the MIS proposal for appropriateness. Funds associated with the MIS proposal (if over \$50,000) should not be obligated without consultation with staff in the Health Care Systems Branch, DSCA, and written approval from your Project Officer.
5. Each grantee is expected to report on progress two times each year via the Six Month Project Update. Reports should be submitted to the Project Officer by April 1, 2004, and October 1, 2004. A format and time schedule for reporting progress, and additional details on plans for a national program evaluation will be sent by the Project Officer at a later date. All grantees are expected to comply with the requirements of this evaluation.
6. At least two representatives from your organization will be required to attend one grantee meeting in the Washington, D.C. area. You will be notified of the date, time, and location of this meeting.

ITEM NO.

STANDARD REMARKS:

1. This award is based on an application submitted to, and as approved by, the HRSA 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, attached to this notice; d) PHS Grants Policy Statement including addenda in effect as of the beginning budget period; e) 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment management system.
2. The HHS Appropriations Act requires that to the greatest extent practicable, all equipment and products purchased with funds made available under this award should be American-made.
3. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
4. Requests that require prior approval from the awarding office (Chapter 8, Grants Policy Statement) must be submitted in writing to the Grants Management Officer. Only responses signed by the Grants Management Officer are to be 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 Bureau of Primary Health Care/Health Resources Services Administration.
5. Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is operated by the Division of Payment Management (DPM), Financial Management Services (FMS), Program Support Center (PSC), Assistant Secretary for Administration and Management (ASAM), HHS. Inquiries regarding payment should be directed to: Division of Payment Management, DPM/FMS/PSC/ASAM/HHS, P.O. Box 6021, Rockville, MD 20852, Telephone Number: 301-443-1660.
6. The HHS 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. Inquiries regarding the Hotline should be directed to: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 300 Independence Ave., SW, Washington, DC 20201, E-Mail: HTips@os.dhhs.gov, 1-800-447-8477 (1-800-HHS-TIPS).

ITEM NO.

REPORTING REQUIREMENTS:

1. Financial Status Report SF-269/long form (attached) (<https://www.psc.gov/forms/sf>) is due within 90 days after expiration of the budget period. This report should NOT reflect cumulative reporting from budget period to budget period. It should be submitted directly to the Division of Grants Management Operations, 4350 East-West Highway, 11th Floor, Bethesda, MD 20814.
2. An A-133 audit reporting package including the compliance supplement, if applicable, as required by OMB Circular A-133, must be mailed to the following: Federal Audit Clearinghouse, Bureau of the Census, 1201 E. 10th Street, Jeffersonville, IN 47132 and Division of Grants Management Operations, 4350 East-West Highway, 11th Floor, Bethesda, MD 20814.

The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. Submission of audit reports in accordance with the procedures established in OMB Circular A-133 is required by the Single Audit Act Amendments of 1996 (P.L. 104-156).

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

CONTACTS:

For assistance on grants administration issues, please contact, Carol Odum, Grants Management Specialist, at (301) 594-4254, Fax (301) 594-4073, Internet: codum@hrsa.gov; or mailing address: Division of Grants Management Operations, 4350 East-West Highway, 11th Floor, Bethesda, MD 20814.

For assistance on programmatic issues, please contact, Sheri Downing-Futrell, Project Officer (301) 594-4468, FAX (301) 594-7833, Internet, sdowning-futrell@hrsa.gov; or mailing address: Bureau of Primary Health Care, Division of State and Community Assistance, Health Systems Branch, 4350 East-West Highway, 9th Floor, Bethesda, MD 20814.

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

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned By Federal Agency		OMB Approval No. 0348-0039	Page	of pages
3. Recipient Organization (Name and complete address, including ZIP code)						
4. Employer Identification Number		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)		To: (Month, Day, Year)
10. Transactions:				I Previously Reported	II This Period	III Cumulative
a. Total outlays				X	X	X
b. Refunds, rebates, etc.						
c. Program income used in accordance with the deduction alternative						
d. Net outlays (Line a, less the sum of lines b and c)						
Recipient's share of net outlays, consisting of:						
e. Third party (in-kind) contributions						
f. Other Federal awards authorized to be used to match this award						
g. Program income used in accordance with the matching or cost sharing alternative						
h. All other recipient outlays not shown on lines e, f or g						
i. Total recipient share of net outlays (Sum of lines e, f, g and h)						
j. Federal share of net outlays (line d less line i)						
k. Total unliquidated obligations						
l. Recipient's share of unliquidated obligations						
m. Federal share of unliquidated obligations						
n. Total federal share (sum of lines j and m)						
o. Total federal funds authorized for this funding period						
p. Unobligated balance of federal funds (Line o minus line n)						
Program income, consisting of:						
q. Disbursed program income shown on lines c and/or g above						
r. Disbursed program income using the addition alternative						
s. Undisbursed program income						
t. Total program income realized (Sum of lines q, r and s)						
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title					Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official					Date Report Submitted	