

# Community Project Funding/Congressionally Directed Spending (CPF/CDS) Non-Construction & Construction Budget Overview

#### March 16, 2023

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Vision: Healthy Communities, Healthy People





- Project Overview
- Non-Construction Budget Overview
- Facilities and/or Equipment "Construction" Budget Overview
- Questions





# Community Project Funding/Congressionally Directed Spending (CPF/CDS) Non-Construction Projects (HRSA-23-118)





### **CPF/CDS Non-Construction Funding Overview**

Application Due Date: June 1, 2023 at 4:59 p.m. Eastern Time
Estimated Number of Awards: Based on Congressionally approved projects
Maximum Funding Amount: Varies, based on Congressionally approved project funding
Period of Performance: 1 year (on/around July 15, 2023 – July 14, 2024)

Non-competitive for CPF/CDS Nonconstruction Projects Funding is limited to the named entities and for the purposes identified in the FY 2023 Consolidated Appropriations Act (P.L. 117-328)

HRSA/OFAM staff will continue to verify contact information.





#### **Non-Construction Budget Documents**

#### Standard Form (SF) 424 A

- Section A Budget Summary
  - Include Fed + Non-Fed totals
- Section B Budget Categories
  - Object Class Categories include total amount requested for each cost line item
- Budget Narrative
  - Clearly stated for each year of project period
  - Describes complexity of activities and results
- Personnel Justification \*
- Equipment List (SF-428)\*
- Indirect Cost Rate Agreement\*



#### \* If applicable



# Standard Form (SF-424 A)

- Section A Budget
   Summary
  - Include Federal (+ Non-Federal if applicable)
- Section B Budget
   Categories
  - Object Class Categories

				Y	IMAR'	A - BUDGET SUM	ION	SECT			
	t	v or Revised Budge	New			ated Funds	blig	Estimated Und	Grant Program Catalog of Federal Estimat		
Total (g)		Non-Federal (f)		Federal (e)	11	Non-Federal (d)		Federal (c)	-	Number (b)	or Activity (a)
565,940.0	\$		\$	565,940.00	\$		\$		\$		Name of Grant
0.0	1										2.
0.0											3.
0.0											1.
565,940.0	\$	0.00	\$	565,940.00	\$	0.00	\$	0.00	\$		5. Totals
			-	ES	GORI	- BUDGET CATE	N B	SECTIO		1	
Total			_	ON OR ACTIVITY	_	GRANT PROGRAM, FU				ories	6. Object Class Catego
(5) 342,050.2	\$		\$		(3)			Cares Supplemental 342,050.29	(1) \$	C. A. Martin	a. Personnel
	-				-		-	Company and the second s			
97,997.4								97,997.41		nts	b. Fringe Benef
0.0											c. Travel
0.0											d. Equipment
0.0											e. Supplies
16,355.5								16,355.53			f. Contractual
0.0										0	g. Construction
0.0						1					h. Other
456,403.2		0.00	-	0.00	1	0.00	-	456,403.23	-	Charges (sum of 6a-6h)	i. Total Direct C
109,536.7								109,536.77		ges	j. Indirect Charg
565,940.0	\$	0.00	\$	0.00	\$	0.00	\$	565,940.00	\$	ım of 6i and 6j)	k. TOTALS (sui
0.0	\$		\$		\$		\$		\$		7. Program Income





# **Definitions: Allowable, Reasonable, & Allocable**

#### Allowable – Code of Federal Regulations (CFR) §75.403

Program legislation, grant or other regulations, and the specific terms and conditions of the award determine whether federal funds can be used to cover a particular cost

Based on the items noted, can Federal funds be used to cover a particular cost?

#### Reasonable – CFR §75.404

A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

Would you, as a reasonable person, be willing to spend the amount of money requested on the item requested?

#### Allocable – CFR §75.405

A cost is allocable to Federal award if the goods or services are chargeable or assignable to that Federal award.

Is this cost necessary and directly connected to carrying out the goals and objectives of the grant?





#### **Budget Narrative**

#### **Budget Narrative**

 Include details for each item of cost under the budget category

# Additional Documents (if applicable)

- Personnel Justification
   Table (*discussed later*)
- Equipment List (SF-428)

SUPPLIES	Federal Grant Year 1	Federal Grant Year 2	Non-Federal Resources (if applicable)	Total
4 laptop computers for staff @ \$X each				-
Office Supplies (\$X per month x 12 months)				-
Printing Costs (\$X.XX per brochure x 4 brochures x X,000 copies)				-
Medical Supplies (\$X.XX per visit x X,XXX visits)				-
Dental Supplies (\$X.XX per visit x X,XXX visits)				-
TOTAL SUPPLIES				-
Contractual - Include sufficient detail to justify costs.	Federal Grant Year 1	Federal Grant Year 2	Non-Federal Resources (if applicable)	Total
Pharmacy Services (\$X per contract)				-
Laboratory Services (\$X per sample x X,XXX samples)				-
Housekeeping Services (\$X per month x 12 months)				-
Ophthalmology Services (\$X per patient x XXX patients)				-
Waste Removal (\$X per month x 12 months)				-
TOTAL CONTRACTUAL				





#### **Personnel Justification**

J. Smith and the trainer position has an annual base salary of \$235,000 and \$218,400, respectively, which is above the federal maximum rate of \$212,100. The salary limitation rate also applies to independent contractors.

Name	Position Title	Base Salary	Adjusted Annual Salary*	FTE to Support ECV Project	Federal Amount Requested (6 months)
J. Smith	Physician	\$235,000	\$212,100	0.05	\$5,303
P. Jones	Patient/Community Education Specialist	\$50,000	N/A	0.50	\$12,500
A. Martinez	Community Health Worker	\$55,000	N/A	1.00	\$27,500
M. Moore	Nurse	\$71,000	N/A	1.00	\$35,500
unknown	Community Collaboration Coordinator (contractor)	\$60,000	N/A	0.50	\$15,000
unknown	Trainer	\$105/hour (\$218,400 annually)	\$101.97/hour (\$212,100)	50 hours	\$5,099





# **Equipment List (SF-428)**

#### EQUIPMENT LIST FORM (as applicable)

DEPARTMENT OF	HEALTH AND HUMAN SERVICES		FOR HRSA U	USE ONLY
	es and Services Administration ent List (as applicable)	Grant	Number	Application Tracking Number
Instructions				
of the Federa Narrative. • Equipment m useful life of	ipment costs entered here must equal I Object Class Category Form, and the means tangible personal property (inclu more than one year and a per-unit acq ization level established by the non-feo	federal equipn ding information uisition cost w	nent costs pr on technolog hich equals o	rovided in the Budget gy systems) having a pr exceeds the lesser
\$5,000. • Equipment the be entered of	nat does not meet the \$5,000 threshold n this form.	l should be cor	nsidered sup	plies and should not
Equipment the be entered of the entereed of the ente	n this form.	l should be cor	nsidered sup Quantity	plies and should not Total Price
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Equipment the be entered of Type     Clinical	n this form.			
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Equipment the entered of Type     Clinical     Clinical     Clinical     Clinical	n this form.			
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#### Indirect Costs Rate Agreements (IDCRAs) Uniform Guidance §75.414

#### Grantees may claim indirect costs with:

- Federally negotiated indirect cost rate agreement (IDCRA)
- De Minimis Cost Rate (10% of Modified Total Direct Cost)
- Cost Allocation Plan

IDCs must be applied uniformly across all HRSA awards.





# **Movable Equipment (Allowable)**

#### **Allowable:**

- Computer servers and IT cabling
- Portable generators (must be specified as portable)
- Portable Medical Equipment (Exam Table, Cardiac Monitoring Systems, Insulin Pumps)





# **Movable Equipment (Unallowable)**

#### **Unallowable:**

- Passenger vans and vehicles (other than Mobile Medical Van)
- Electronic Health Records initiation, ongoing operations and maintenance of this program
- Plumbing fixtures (toilets, sinks, tubs)
- HVAC units
- Transfer switch (this is an electrical service components and should be construction)
- Permanent Generators





# Community Project Funding/Congressionally Directed Spending (CPF/CDS) Construction Projects (HRSA-23-117)

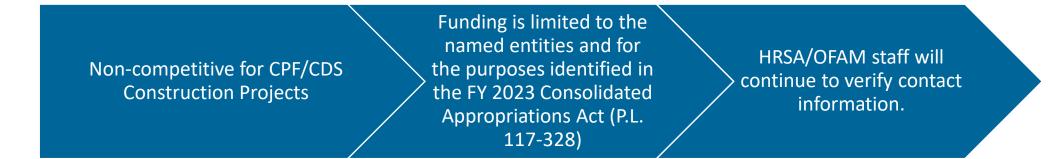




### **Construction Funding Overview**

Application Guidance Due Date: June 1, 2023 at 4:59 p.m. Eastern Time
Estimated Number of Awards: Based on Congressionally approved projects
Maximum Funding Amount: Varies, based on Congressionally approved project funding

**Period of Performance:** 3 years (on/around September 30, 2023 to September 29, 2026)







# **Construction Project Types**

Construction and Modernization projects with or w/o equipment

New building structure or facility Modernization – alteration, repair, remodeling and/or renovation of a building Examples – construction of a new standalone service delivery site; modernizing facility interior "Design-Only" planning portion of a construction project)

Funds limited to allowable design/planning related costs for an overall construction project. Example- Proposed site plan Moveable Equipment Only

Loose, moveable equipment not affixed to the physical building structure, and with a useful life of more than one year Examples – purchase of new clinical equipment; purchase of a mobile van





### **Budget Form SF-424C**

#### **SF-424 C Additional Categories**

- Land, Structural, Right-of-way, Appraisal
- Relocation Expenses
- Architectural and Engineering Fees
- Project Inspection Fees
- Site Work
- Demolition and Removal
- Construction
- Equipment
- Contingencies

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)	
Administrative and legal expenses	\$	\$	\$	
2. Land, structures, rights-of-way, appraisals, etc.	5	5	\$	
3. Relocation expenses and payments	5	\$	\$	
4. Architectural and engineering fees	\$	\$	\$	
5. Other architectural and engineering fees	s	\$	\$	
5. Project inspection fees	\$	s	\$	
7. Site work	\$	\$	s	
B. Demolition and removal	s	\$	\$	
9. Construction	5	5	5	
10. Equipment	\$	\$	\$	
11. Miscellaneous	\$	s	\$	
12. SUBTOTAL (sum of lines 1-11)	5	\$	s	
13. Contingencies	5	5	\$.	
14. SUBTOTAL	s	s	\$	
5. Project (program) income	5	\$	s	
16. TOTAL PROJECT COSTS (subtract #15 from #14)	s	s	5	





# **Budget Information**

- 10% for Administrative costs (allowable) to manage the project
- Equipment is loose, moveable equipment not affixed to the physical building structure, and with a useful life of more than one year.
   Examples: purchase of new clinical equipment; purchase of a mobile van
- 5% of lines 7,8, and 9 for Contingencies
- Other Sources of Funding *(if applicable)*
- Drawdown Percentage is calculated based on the amount we funded the awardee vs. the Total Allowable Costs





#### **SF-424C Budget**

This pa	ge is created by combining the budget pag	ges from all projects and therefore	cannot be edited. If edits to this form are desired, J	please go to individual budg
forms t	o make those changes.			
Serial Numbe	Cost Classification	Total Cost (a)	Costs Not Allowable for Participation (b)	Total Allowable Costs (c = a-b)
L	Administrative and legal expenses	\$20,000	\$0	\$20,000
2	Land, structures, rights-of-way, appraisals, etc.	\$1,600,000	\$0	\$1,600,000
3	Relocation expenses and payments	\$69,000	\$0	\$69,000
÷	Architectural and engineering fees	\$312,000	\$0	\$312,000
	Other architectural and engineering fees	\$0	\$0	\$0
5	Project inspection fees	\$0	\$0	\$0
	Site work	\$0	\$0	\$0
-	Demolition and removal	\$128,000	\$0	\$128,000
÷	Construction	\$5,832,800	\$0	\$5,832,800
0	Equipment	\$0	\$0	\$0
1	Miscellaneous	\$0	\$0	\$0
2	SUBTOTAL (sum of lines 1-11)	\$7,961,800	\$0	\$7,961,800
3	Contingencies	\$0	\$0	\$0
4	SUBTOTAL (sum of lines 12 and 13)	\$7,961,800	\$0	\$7,961,800
5	Project (program) income	\$0	\$0	\$0
6	TOTAL PROJECT COSTS	\$7,961,800	\$0 Total project costs,	\$7,961,800
17	Federal assistance requested		16c	\$1,120,565

Federal Percentage Share : 14.07 %

### **Budget Reminders**

#### There are three portions to budget submission:

- SF-424 C Budget Page This form is where the line-by-line costs per categories relating to the administration, construction activities and equipment costs are indicated. Allowable costs and unallowable costs are separated out to give us a Total Allowable Project Cost. Also shown is the Federal Share Percentage. This is the rate at which funds may be drawn down and the Federal Percentage in the project as it relates to the Federal Interest.
- **Budget Narrative** This is a narrative detailing the costs, allowable or unallowable, in each category on the SF-424 C. The costs for site work, demolition and construction must be broken out so the PO can determine if they are appropriate.
- Equipment SF-428 If applicable, this will list each item, unit costs, quantity and total costs.





#### **Budget Reminders**

	ustification nat with PO	These are the only costs to be listed in Column "b" on the SF-424 C			
	ALLOWABLE COSTS—HIIP	OTHER ALLOWAB LE COSTS	UNALLOWABLE COSTS		
Line 1— Administrative and legal expenses	No administrative and legal expenses will be allocated to this project.				
Line 9— continued	General Requirements total \$104,569: General (Requirements that cover the full scope of the project work). - Field Supervision \$82,000 • Safety • Overhead and Profit - Use of Utilities \$3,000 - Environmental controls, safety- \$19,569 Facility Construction total \$275,775: for material and labor - Rough Carpentry - \$35,000 - Finish Carpentry - \$35,000 - Dry Wall -\$22,000 - Insulation - \$15,500 - Tile - \$30,700 - Doors/Hardware - \$30,700 - Glass -\$2,100 - Acoustical Ceilings - \$17,750 - Resilient Flooring - \$17,400 - Carpets - \$13,625 - Painting - \$18,000 - Cabinets - \$30,000 - Blinds/Drapes - \$4,800 - Masonry - \$5,200		Non allowable construction costs for \$416,289 This includes costs for: Gypcrete for sound reduction, fire ratings, radiant heating and floor leveling @ \$59,800). H/VAC system@\$95,500), new electrical wiring @\$95,600) and IT wiring@\$48,580. Builder's profit, permits, use of utilities @\$116,809 Grand Total Construction = \$416,289 (unallowable costs)		

Break out of construction costs

21

# **Equipment Listing**

#### **Equipment List**

Health Resources and Services Administration EQUIPMENT LIST		Grant Number		Application Tracking #	
		Project #		Project Type	A/R
		Project Title	Health Infrastructure I	nvestment Pro	oject
Туре	Desci	Description		Quantity	Total Price
Clinical	X-Ray Unit		21337	1	21337
Clinical	Hand Piece Sets with	couplers – dental	2995	4	11980
Non-Clinical	Computer workstation mouse, monitor, mour		2980	5	14900
Clinical	Dental Vacuum Syste	3838	1	3838	
Clinical	Medical Exam Tables	1500	2	3000	
Non-Clinical	Waiting Room and Pa (including oversized a seats)	ch 369	20	7380	
Non-Clinical	Wayfinding Signage F Compliant), Indoor (3 (3ea)	12429	1	1242	
Non-Clinical	Barrier-free electric w	1384	1	138	
Non-Clinical	Workstation tables wit	th filing cabinet base	1500	30	4500
			TOTAL		\$231,40

# **Equipment List (if applicable)**

- If you propose to use CPF/CDS funds for equipment, complete an Equipment List (consistent with your Budget Narrative).
- Include all loose, moveable equipment not affixed to the physical building structure, and with a useful life of more than one year. Examples: purchase of new clinical equipment; purchase of a mobile van:
  - Movable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space.
  - Any equipment purchased with CDS funds must be procured, maintained, tracked, and disposed of in accordance with <u>45 CFR part 75</u>.
- A Notice of Federal Interest is not required for equipment only projects





### **Unconventional Equipment**

#### Allowable

- Mobile Medical Vans (Unit)
- Modular casework
- Computer servers and IT cabling
- Portable generators (must be specified as portable)
- Sales Tax





# **Unconventional Equipment (cont.)**

#### Unallowable

- Passenger vans and vehicles (other than Mobile Medical Van)
- Electronic Health Records initiation, ongoing operations, and maintenance of this program
- Plumbing fixtures (toilets, sinks, tubs)
- HVAC units
- Transfer switch (this is an electrical service components and should be construction)
- Generators should not be included on an equipment list and on Line 10 Equipment, they need to be on Line 9 Construction





# **Other Sources of Funding**

- When the amount of the federal funds being used for a given project is less than the total allowable costs, other sources of funding will be required to complete the project.
- The proposed source of these funds should be included in the narrative portion of the budget justification.
- These funds are to be secured, not pending or forthcoming.
- Examples of Secured Funds:
  - Cash on hand, reserve funds
  - Commitment letters from banks
  - Commitment letters from donors





#### **Federal Interest**

- The Federal Government retains a reversionary interest in real property constructed, acquired, or improved with Federal funds.
- For alteration/renovation (A/R) projects, Federal interest exists for the useful life attributable to the alteration/renovation funded under this award.
- For all construction/expansion (C/E) projects, regardless of award amount, you are required to file a Notice of Federal Interest (NFI).
- Lessors/Property Owners must acknowledge Federal interest in the project, and file a an NFI against the property title in the local jurisdiction before the project begins.
- The NFI is required for all projects categorized as new construction/or expansion, and for any major renovation with project costs totaling more than \$500,000 (minus movable equipment).





# **Leasehold Improvements**

- Leasehold improvements are allowed under this funding opportunity.
- Lessors/Property Owners must provide a Landlord Letter of Consent.
- HRSA will determine if the term of the lease is long enough for the full value of the awardsupported improvements to benefit the award activity. HRSA will consider the purpose and duration of the award, expected life of the facility, and use of the facility for award-supported purposes.
- Lease agreement must provide the applicant reasonable control of the property.
- Funds may not be used to pay lease costs.
- Funds for a leased property cannot address needs that are part of the terms of the lease (i.e., the responsibility of the lessor/property owner).
- Landlord Letter of Consent is required that shows that the landlord is in agreement of the proposed improvements to their property.
- Modifications of the lease may also be required to include clauses that protect our Federal Interest.





### **Landlord Letter of Consent**

Applicants proposing a project on a leased property must provide a Landlord Letter of Consent (LLOC) and agree in writing to the following:

- Permit the recipient to undertake the proposed alteration/renovation project;
- Acknowledge Federal interest in the project, but no Notice of Federal Interest will be filed against the property; and
- Modify the lease with additional terms that indicate the continued rights of the recipient/Federal Government in the event that the lessor of record changes.

(There are two versions of the LLOC. A long version that includes six clauses to be included in the lease for C/E and Major A/R projects. The short version without the clauses may be used for Minor A/R, under \$500,000.)





#### Example of Landlord Letter of Consent (Minor A/R under \$500,000)

#### Landlord Letter of Consent

(Insert owner), is/(are) the owner(s) of the property located at (insert facility name and address). The property is currently leased by (insert recipient/lessee). (Insert owner) currently has/will have a lease agreement with (insert recipient/lessee), for a period of \_\_\_\_\_years that will expire on (insert date).

(Insert owner) is/(are) in full agreement of the proposed improvements to the aforementioned leased property as part of the Health Resources and Services Administration (HRSA) (insert name of funding opportunity) funding opportunity, and grant permission to (insert recipient/lessee) to undertake proposed improvements.

(Insert owner) also acknowledge that there will be a <u>Federal</u> interest in the property as a result of the proposed improvements even though filing the Notice of Federal Interest is not required for alteration/renovation projects with a total cost less than \$500,000.

Landlord/Corporation Signature:	
Typed Name:	Title:
Date:	

Applicant Signature: \_\_\_\_\_\_ Typed Name: \_\_\_\_\_\_Title: \_\_\_\_\_ Date: \_\_\_\_\_





#### **Example of Landlord Letter Consent (Long Version)**

#### Landlord Letter of Consent

(Insert owner) is/are the owner(s) of the property located at (insert facility name and address). The property is currently leased by (insert recipient/lessee). (Insert owner) currently has/will have a lease agreement with (insert recipient/lessee), for a period of \_\_\_\_\_\_ years that will expire on (insert date).

(Insert owner) is/are in full agreement of the proposed improvements to the aforementioned leased property as part of the Health Resources and Services Administration (HRSA) (insert name of funding opportunity) funding opportunity, and grant permission to (insert recipient/lessee) to undertake proposed improvements.

(Insert owner) agrees to either modify the existing lease, or include in the new lease, the following restrictive terms, which will be signed by both (insert owner) and (insert recipient/lessee):

a) The recipient agrees not to sublease, assign, or otherwise transfer the property, or use the property for a non-grant-related purpose(s) without the written approval from HRSA (at any time during the term of the lease/agreement, whether or not grant support has ended).

b) The property owner will inform HRSA of any default by the recipient under the lease/agreement.

c) HRSA shall have 60 days from the date of receipt of the property owner's notice of default in which to attempt to eliminate the default, and that the property owner will delay exercising remedies until the end of the 60-day period.

 d) HRSA may intervene to ensure that the default is eliminated by the <u>recipient</u> or another recipient named by HRSA.

e) The property owner shall accept payment of money or performance of any other obligation by the HRSA's designee, for the recipient, as if such payment of money or performance had been made by the recipient.

f) In the event that the recipient defaults, the grant is terminated, or the recipient vacates the property before the end of the lease term, HRSA shall have the right to designate a replacement for the recipient for the balance of the lease term, subject to approval by the property owner, which will not be withheld except for good reason.

(Insert owner) also acknowledge that there will be a <u>Federal</u> interest in the property as a result of the proposed improvements and that (insert owner) agrees to file a Notice of Federal Interest prior to work commencing, if required by HRSA.

Landlord/Corporation Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title:

Date:





#### **Pre-Award Costs**

Recipients may request reimbursement of eligible pre-award costs. Incurred costs include expenditures (services rendered/received), as well as obligations. Costs incurred more than 90-days prior to the enactment of the Consolidated Appropriations Act, 2023 (P.L. 117-328) (enacted December 29, 2022), are not eligible for reimbursement.

- Methods to request HRSA approval for pre-award costs:
  - Include pre-award costs in the application budget: An organization may delineate within the application budget narrative all pre-award costs, clearly justifying the expenditure and providing a date for which the cost(s) were incurred, or
  - Submit pre-award costs to HRSA after receiving the award: An organization may submit a pre-award prior approval request in the HRSA Electronic Handbooks once the award has been made.
- NOTE: To ensure compliance with NEPA/NHPA requirements, physical construction activities cannot start before HRSA approval is granted. 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, are typically allowed for pre-award cost requests. HRSA approval is not guaranteed, and recipients incur pre-award costs at their own risk.

Requests for pre-award costs, whether included in the application budget or by way of prior approval in the Electronic Handbooks after the award is received, must include the following information:

- Cover letter explaining the nature of the request. The letter needs to be signed by an authorized official of the recipient institution.
- Budget Narrative for pre-award costs. Please ensure the budget shows:
  - ✓ Date the pre-award cost(s) were incurred.
  - Each cost is described well enough to determine whether reasonable, allocable, and allowable.
- SF 424C (reflecting the pre-award costs).





# Information contained on the NoA includes, but is not limited to:

- Terms of award
- Conditions of award
  - Conditions may require the submission of revised application documents
  - Project(s) cannot begin until all conditions have been lifted
- Reporting requirements
- Amount of federal funds awarded
- HRSA contact information





### Questions





#### **Contact Information**

#### **Construction Projects**

Hazel N. Booker Grants Management Specialist Maternal Child Health Systems Branch Division of Grants Management Operations, OFAM

<u>nbooker@hrsa.gov</u> **Phone:** (301) 443-4236

#### **Non-Construction Projects**

#### Terry Hatchett Grants Management Specialist Health Center Branch Division of Grants Management Operations, OFAM

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