

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	HRSA-19-049
Opportunity Title:	Healthy Start Initiative: Eliminating Disparities in Perinatal Health
Opportunity Package ID:	PKG00245324
CFDA Number:	93.926
CFDA Description:	Healthy Start Initiative
Competition ID:	HRSA-19-049
Competition Title:	Healthy Start Initiative: Eliminating Disparities in Perinatal Health
Opening Date:	
Closing Date:	11/27/2018
Agency:	Health Resources and Services Administration
Contact Information:	Contact Benita Baker, MS at (301)443-0543 or email MCHBHealthyStart@hrsa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00220665
Application Filing Name:	Fresno DPH Healthy Start 2019-24
DUNS:	5561976550000
Organization:	FRESNO, COUNTY OF
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	2.1
Requirement:	Mandatory
Download Date/Time:	Nov 26, 2018 07:59:36 PM EST
Form State:	No Errors

FORM ACTIONS:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

H49MC00150

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

County of Fresno

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

*** c. Organizational DUNS:**

5561976550000

d. Address:

*** Street1:**

PO Box 11867

Street2:

*** City:**

Fresno

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

93775-1867

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

*** First Name:**

Ah

Middle Name:

*** Last Name:**

Vang

Suffix:

Title:

Health Educator

Organizational Affiliation:

Fresno County Department of Public Health

*** Telephone Number:**

5596003330

Fax Number:

5594554705

*** Email:**

ahvang@fresnocountyca.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Health Resources and Services Administration

11. Catalog of Federal Domestic Assistance Number:

93.926

CFDA Title:

Healthy Start Initiative

*** 12. Funding Opportunity Number:**

HRSA-19-049

* Title:

Healthy Start Initiative: Eliminating Disparities in Perinatal Health

13. Competition Identification Number:

HRSA-19-049

Title:

Healthy Start Initiative: Eliminating Disparities in Perinatal Health

14. Areas Affected by Project (Cities, Counties, States, etc.):

HSmep2019-2024.pdf

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Babies First: Eliminating Disparities in Perinatal Health

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-016

* b. Program/Project CA-016

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 04/01/2019

* b. End Date: 03/30/2024

18. Estimated Funding (\$):

* a. Federal	950,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	479,252.00
* e. Other	2,019,099.00
* f. Program Income	0.00
* g. TOTAL	3,448,351.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

a. This application was made available to the State under the Executive Order 12372 Process for review on 11/26/2018 .
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: David
Middle Name:
* Last Name: Pomaville
Suffix:

* Title: Director

* Telephone Number: 5596003200 Fax Number: 5596007687

* Email: dpomaville@fresnocountyca.gov

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

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APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00220665
Application Filing Name:	Fresno DPH Healthy Start 2019-24
DUNS:	5561976550000
Organization:	FRESNO, COUNTY OF
Form Name:	Budget Information for Non-Construction Programs (SF-424A)
Form Version:	1.0
Requirement:	Mandatory
Download Date/Time:	Nov 27, 2018 06:09:25 PM EST
Form State:	No Errors

FORM ACTIONS:

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 01/31/2019

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Eliminating Disparities in Perinatal Health	93.926	\$ 0.00	\$ 0.00	\$ 950,000.00		\$ 950,000.00
2. N/A	93.926			980,000.00		980,000.00
3. N/A	93.926			980,000.00		980,000.00
4. N/A	93.926			980,000.00		980,000.00
5. Totals		\$	\$	\$	\$	\$

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Eliminating Disparities in Perinatal Health	N/A	N/A	N/A	
a. Personnel	\$ 353,537.00	\$ 362,691.00	\$ 362,691.00	\$ 362,691.00	\$ 1,441,610.00
b. Fringe Benefits	259,331.00	264,787.00	264,787.00	264,787.00	1,053,692.00
c. Travel	19,610.00	19,230.00	19,230.00	19,230.00	77,300.00
d. Equipment		926.00	926.00	926.00	2,778.00
e. Supplies	7,753.00	10,182.00	10,182.00	10,182.00	38,299.00
f. Contractual	226,700.00	233,400.00	233,400.00	233,400.00	926,900.00
g. Construction					
h. Other	3,396.00	7,211.00	7,211.00	7,211.00	25,029.00
i. Total Direct Charges (sum of 6a-6h)	870,327.00	898,427.00	898,427.00	898,427.00	\$ 3,565,608.00
j. Indirect Charges	79,673.00	81,573.00	81,573.00	81,573.00	\$ 324,392.00
k. TOTALS (sum of 6i and 6j)	\$ 950,000.00	\$ 980,000.00	\$ 980,000.00	\$ 980,000.00	\$ 3,890,000.00
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Eliminating Disparities in Perinatal Health	\$ 479,252.00	\$	\$ 2,019,099.00	\$ 2,498,351.00	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$ 479,252.00	\$	\$ 2,019,099.00	\$ 2,498,351.00	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 950,000.00	\$ 237,500.00	\$ 237,500.00	\$ 237,500.00	\$ 237,500.00
14. Non-Federal	\$ 2,498,351.00	\$ 624,588.00	\$ 624,588.00	\$ 624,588.00	\$ 624,587.00
15. TOTAL (sum of lines 13 and 14)	\$ 3,448,351.00	\$ 862,088.00	\$ 862,088.00	\$ 862,088.00	\$ 862,087.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. Eliminating Disparities in Perinatal Health	\$ 950,000.00	\$ 980,000.00	\$ 980,000.00	\$ 980,000.00	
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$ 950,000.00	\$ 980,000.00	\$ 980,000.00	\$ 980,000.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

Agreement Between the County of Fresno and U.S. Department of Health and Human Services

Agreement Name: U.S. Department of Health and Human Services – Healthy Start Initiative: Eliminating Disparities in Perinatal Health

Fund/Subclass: 0001/10000
Organization: 56201748
Revenue Account #: 4380