1. ISSUE DATE: (MM/DD/YYYY)
7/27/2026

2a. FTCA DEEMING NOTICE NO.:
1-F00001060-26-01

2b. Supersedes: [ ]

3. COVERAGE PERIOD:
From: 1/1/2027 **Through:** 12/31/2027

4. NOTICE TYPE:
Renewal

5. ENTITY NAME AND ADDRESS:
Macoupin, County Public Health Department
205 OAKLAND AVE
CARLINVILLE, IL 62626

6. ENTITY TYPE:
Grantee

7. EXECUTIVE DIRECTOR:
Christy Blank

8a. GRANTEE ORGANIZATION:
Macoupin, County Public Health Department

8b. GRANT NUMBER:
H80CS22690

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION

NOTICE OF DEEMING ACTION
FEDERAL TORT CLAIMS ACT AUTHORIZATION:
Federally Supported Health Centers Assistance Act(FSHCAA), as amended,
Sections 224(g)-(n) of the Public Health Service (PHS) Act, 42 U.S.C. § 233(g)-(n)

9. THIS ACTION IS BASED ON THE INFORMATION SUBMITTED TO, AND AS APPROVED BY HRSA, AS REQUIRED UNDER 42 U.S.C. § 233(h) FOR THE ABOVE TITLED ENTITY AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The authorizing program legislation cited above.
b. The program regulation cited above, and,
c. HRSA's FTCA-related policies and procedures.

In the event there are conflicting or otherwise inconsistent policies applicable to the program, the above order of precedence shall prevail.

10. Remarks:

The check box [x] in the supersedes field indicates that this notice supersedes any and all active NDAs and rescinds any and all future NDAs issued prior to this notice.

Electronically signed by Onyekachukwu Anaedozie, Deputy Associate Administrator for Primary Health Care on: **7/27/2026 5:26:15 PM**

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks in the FTCA Folder. If you need more information, please contact the BPHC Helpline at 877-974-BPHC (2742); Weekdays from 8:30 AM to 5:30 PM ET.