1. ISSUE DATE: (MM/DD/YYYY) 8/17/2023
2a. FTCA DEEMING NOTICE NO.: 1-F00001060-23-01
2b. Supersedes: []
3. COVERAGE PERIOD: From: 1/1/2024 Through: 12/31/2024
4. NOTICE TYPE: Renewal
5. ENTITY NAME AND ADDRESS: Macoupin, County Public Health Department 805 N BROAD ST CARLINVILLE, IL 62626
6. ENTITY TYPE: Grantee
7. EXECUTIVE DIRECTOR: Christy Blank

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,

Macoupin, County Public Health Department

8a. GRANTEE ORGANIZATION:

8b. GRANT NUMBER: H80CS22690

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 Tonya Bowers, Deputy Associate Administrator for Primary Health Care on: 8/17/2023 12:56:50 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.