**1. ISSUE DATE:** (MM/DD/YYYY)  
7/20/2022

**2a. FTCA DEEMING NOTICE NO.:**  
1-F0000096-22-01

**2b. Supersedes:** [ ]

**3. COVERAGE PERIOD:**  
*From:* 1/1/2023  *Through:* 12/31/2023

**4. NOTICE TYPE:**  
Renewal

**5. ENTITY NAME AND ADDRESS:**  
COMMUNITY HEALTH SERVICES, INC  
500 ALBANY AVE  
HARTFORD, CT 06120

**6. ENTITY TYPE:**  
Grantee

**7. EXECUTIVE DIRECTOR:**  
Gregory L Stanton

**8a. GRANTEE ORGANIZATION:**  
COMMUNITY HEALTH SERVICES, INC

**8b. GRANT NUMBER:**  
H80CS00612

**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 Tonya Bowers, Deputy Associate Administrator for Primary Health Care on: 7/20/2022 1:48:37 PM*