

 **Preview NDA**

Notice Email **NDA** NDA Letter

1. ISSUE DATE: (MM/DD/YYYY) 7/19/2021
2a. FTCA DEEMING NOTICE NO.: 1-F00000096-21-01
2b. Supersedes: []
3. COVERAGE PERIOD: From: 1/1/2022 Through: 12/31/2022
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

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 Tonya Bowers, Deputy Associate Administrator for Primary Health Care on: 7/19/2021 10:01:15 PM

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