


<div>1. ISSUE DATE: (MM/DD/YYYY) 7/18/2023</div> <div>2a. FTCA DEEMING NOTICE NO.: 1-F00000425-23-01</div> <div>2b. Supersedes: []</div> <div>3. COVERAGE PERIOD: From: 1/1/2024 Through: 12/31/2024</div> <div>4. NOTICE TYPE: Renewal</div> <div>5. ENTITY NAME AND ADDRESS: CHARLES RIVER COMMUNITY HEALTH, INC. 495 WESTERN AVE BRIGHTON, MA 02135</div> <div>6. ENTITY TYPE: Grantee</div> <div>7. EXECUTIVE DIRECTOR: Elizabeth Browne</div> <div>8a. GRANTEE ORGANIZATION: CHARLES RIVER COMMUNITY HEALTH, INC.</div> <div>8b. GRANT NUMBER: H80CS00378</div>	<div>DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION</div> <div></div> <div>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)</div>
<div>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.</div> <div>In the event there are conflicting or otherwise inconsistent policies applicable to the program, the above order of precedence shall prevail.</div>	
<div>10. Remarks:</div>	
<div>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.</div>	
<div>Electronically signed by Tonya Bowers, Deputy Associate Administrator for Primary Health Care on: 7/18/2023 3:32:34 PM</div>	

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