

## Application for Federal Assistance SF-424

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify):</b> <input type="text"/>	
<b>* 3. Date Received:</b> <input type="text"/> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> <input type="text"/>			
<b>5a. Federal Entity Identifier:</b> <input type="text"/>			<b>5b. Federal Award Identifier:</b> <input type="text"/> 59-6000800		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b> <input type="text"/>		<b>7. State Application Identifier:</b> <input type="text"/> FL			
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> <input type="text"/> County of Pinellas					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text"/> 59-6000800			<b>* c. UEI:</b> <input type="text"/> R37RMC63XKG1		
<b>d. Address:</b>					
<b>* Street1:</b>		<input type="text"/> c/o Office of Management and Budget			
<b>Street2:</b>		<input type="text"/> 400 S. Ft. Harrison Avenue, 3rd Floor			
<b>* City:</b>		<input type="text"/> Clearwater			
<b>County/Parish:</b>		<input type="text"/> Pinellas			
<b>* State:</b>		<input type="text"/> FL: Florida			
<b>Province:</b>		<input type="text"/>			
<b>* Country:</b>		<input type="text"/> USA: UNITED STATES			
<b>* Zip / Postal Code:</b>		<input type="text"/> 33756-5015			
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> <input type="text"/> Pinellas County Human Services			<b>Division Name:</b> <input type="text"/>		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> <input type="text"/> Ms.		<b>* First Name:</b> <input type="text"/> Elisa			
<b>Middle Name:</b>		<input type="text"/>			
<b>* Last Name:</b>		<input type="text"/> DeGregorio			
<b>Suffix:</b>		<input type="text"/>			
<b>Title:</b> <input type="text"/> Health Care Administrator					
<b>Organizational Affiliation:</b> <input type="text"/> Pinellas County Human Services					
<b>* Telephone Number:</b> <input type="text"/> 727-464-8434			<b>Fax Number:</b> <input type="text"/>		
<b>* Email:</b> <input type="text"/> edegregorio@pinellas.gov					

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

Health Resources and Services Administration

### 11. Assistance Listing Number:

93.224

Assistance Listing Title:

Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housin

### \* 12. Funding Opportunity Number:

HRSA-26-002

\* Title:

Service Area Competition

### 13. Competition Identification Number:

HRSA-26-002

Title:

Service Area Competition

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

Pinellas County Health Care for the Homeless Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

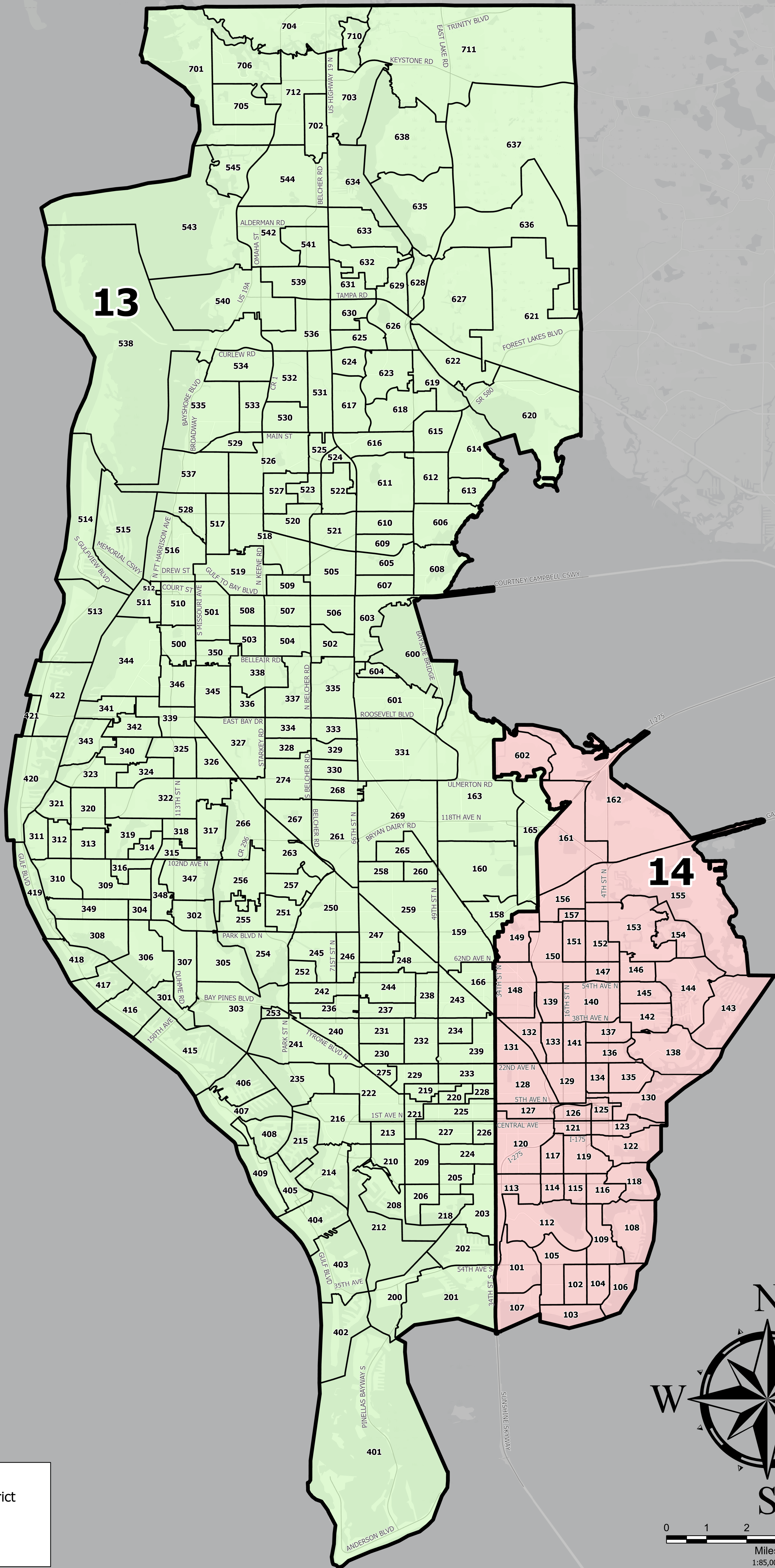
<b>Application for Federal Assistance SF-424</b>			
<b>16. Congressional Districts Of:</b>			
* a. Applicant	<input type="text" value="FL-013"/>	* b. Program/Project	<input type="text" value="FL-013"/>
Attach an additional list of Program/Project Congressional Districts if needed.			
<input type="text" value="2022WebMapCONGRESS .pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
<b>17. Proposed Project:</b>			
* a. Start Date:	<input type="text" value="03/01/2026"/>	* b. End Date:	<input type="text" value="02/28/2030"/>
<b>18. Estimated Funding (\$):</b>			
* a. Federal	<input type="text" value="1,926,977.00"/>		
* b. Applicant	<input type="text" value="4,237,136.00"/>		
* c. State	<input type="text" value="0.00"/>		
* d. Local	<input type="text" value="0.00"/>		
* e. Other	<input type="text" value="0.00"/>		
* f. Program Income	<input type="text" value="2,000.00"/>		
* g. TOTAL	<input type="text" value="6,166,113.00"/>		
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>			
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		<input type="text"/>	
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.			
<input type="checkbox"/> c. Program is not covered by E.O. 12372.			
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes", provide explanation and attach			
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b>			
<input checked="" type="checkbox"/> ** I AGREE			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
<b>Authorized Representative:</b>			
Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Karen"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Yatchum"/>		
Suffix:	<input type="text"/>		
* Title:	<input type="text" value="Human Services Department Director"/>		
* Telephone Number:	<input type="text" value="727-464-5045"/>	Fax Number:	<input type="text"/>
* Email:	<input type="text" value="kyatchum@pinellascounty.org"/>		
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed:	<input type="text" value="Completed by Grants.gov upon submission."/>





VOTER PRECINCTS AND CONGRESSIONAL DISTRICTS

Pinellas County, Florida  
Effective: May 24, 2022  
Supervisor of Elections  
Julie Marcus

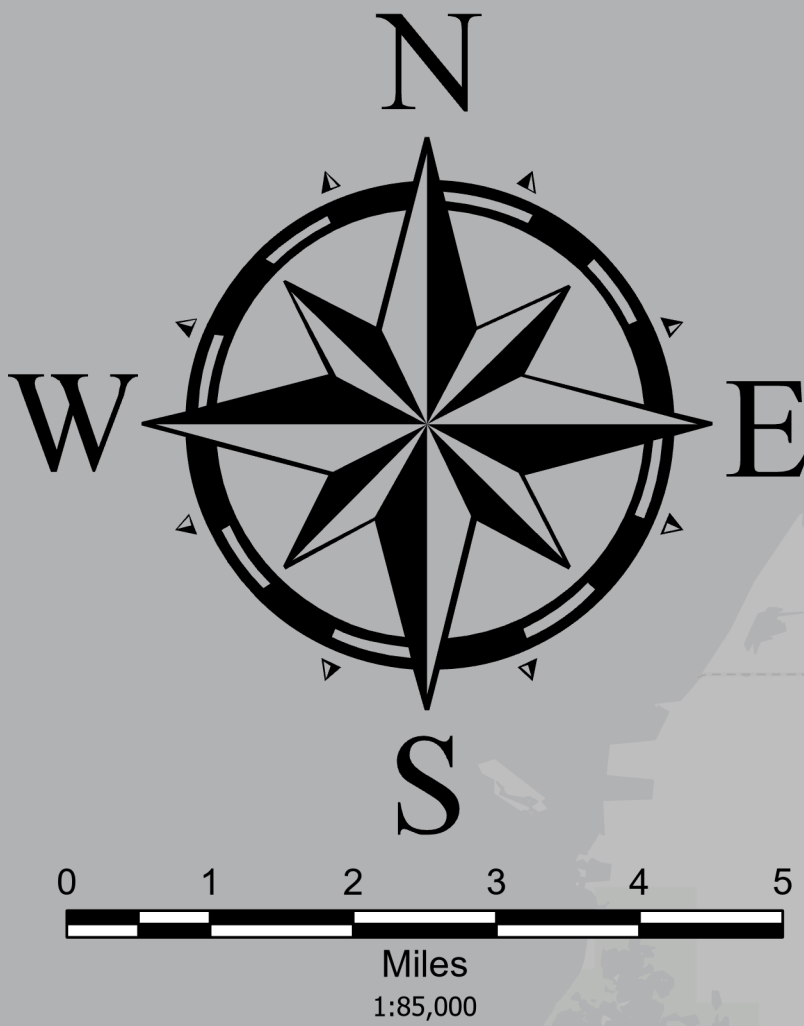


Voter Precinct

Congressional District Boundary

13

14





## Project/Performance Site Location(s)

### Project/Performance Site Primary Location

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:	County of Pinellas		
UEI:			
* Street1:	440 Court Street		
Street2:	2nd Floor		
* City:	Clearwater	County:	Pinellas
* State:	FL: Florida		
Province:			
* Country:	USA: UNITED STATES		
* ZIP / Postal Code:	33756-5065	* Project/ Performance Site Congressional District:	FL-013

### Project/Performance Site Location 1

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:	County of Pinellas		
UEI:			
* Street1:	14808 49th Street N.		
Street2:			
* City:	Clearwater	County:	Pinellas
* State:	FL: Florida		
Province:			
* Country:	USA: UNITED STATES		
* ZIP / Postal Code:	33762-2835	* Project/ Performance Site Congressional District:	FL-013

### Project/Performance Site Location 2

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:	County of Pinellas		
UEI:			
* Street1:	647 1st Ave. North		
Street2:			
* City:	St. Petersburg	County:	Pinellas
* State:	FL: Florida		
Province:			
* Country:	USA: UNITED STATES		
* ZIP / Postal Code:	33701-3601	* Project/ Performance Site Congressional District:	FL-014

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

## CERTIFICATION REGARDING LOBBYING

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### \* APPLICANT'S ORGANIZATION

County of Pinellas

#### \* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix:  \* First Name:  Middle Name:   
\* Last Name:  Suffix:   
\* Title:

\* SIGNATURE:

\* DATE:

## Key Contacts Form

**\* Applicant Organization Name:**

County of Pinellas

Enter the individual's role on the project (e.g., project manager, fiscal contact).

**\* Contact 1 Project Role:** Project Director

Prefix:

Ms.

**\* First Name:**

Elisa

Middle Name:

**\* Last Name:**

DeGregorio

Suffix:

Title:

Health Care Administrator

Organizational Affiliation:

Pinellas County Human Services

**\* Street1:**

440 Court Street

Street2:

2nd Floor

**\* City:**

Clearwater

County:

Pinellas

**\* State:**

FL: Florida

Province:

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

33756-5065

**\* Telephone Number:**

727-464-8434

Fax:

**\* Email:**

edegregorio@pinellas.gov

# Project Abstract Summary

*This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.*

Funding Opportunity Number

HRSA-26-002

Assistance Listing Number(s):

93.224

Applicant Name

County of Pinellas

Descriptive Title of Applicant's Project

Pinellas County Health Care for the Homeless Program

Project Abstract

Authorized by Pinellas County Board of County Commissioners (BCC) and the Health Care for the Homeless Co-Applicant Board, Pinellas County Human Services' Health Care for the Homeless (HCH) program provides basic medical care and related services. The health center program, Service Area ID 023, is targeted to serve 2,311 homeless individuals in Pinellas County, FL by 2027.

Medical Services include: primary care, including the treatment of illness or injury as well as preventive care, education, limited prescription coverage and referrals for lab work, specialty care, dental assistance, behavioral-mental health assistance and substance use disorder services. The HCH Program has two service sites including the Bayside Health Clinic located at 14808 49th Street North in Clearwater and the use of a Mobile Medical Unit (MMU) van in varied locations throughout the county where the homeless congregate. The County contracts with the Florida Department of Health (DOH) in Pinellas County to provide primary care clinical services. DOH contracts with various providers in the County for additional medical and supportive care services as needed by the program.