

**APPENDIX H – COMMITMENT OF MATCH DONATION FORMS
(FOR THE ENTIRE GRANT PERIOD)**

TO: (name of county) N/A
 FROM: (donor name) Pinellas County Human Services
 ADDRESS: 440 Court Street, 2nd Floor, Clearwater, FL 33756

The following space, equipment, goods or supplies, and X services, are provided by the County for the period 7/1/21 to 6/30/24.

Description and Basis for Valuation (See next page)

<u>Description</u>	<u>Value</u>
(1) <u>0.05 FTE Behavioral Health Data Scientist</u>	<u>\$ 22,915</u>
(2) <u>Healthcare for the Homeless (HCH) Program</u>	<u>\$ 5,334</u>
(3) <u>Cooperative Agreements to Benefit Homeless Individuals (CABHI)</u>	<u>\$ 24,431</u>
(4) <u>Other: SOAR services, permanent housing supports, workforce development, and staff time for additional, non-grant personnel who may assist with this project.</u>	<u>\$ 7,320</u>
	TOTAL VALUE: <u>\$60,000.00</u>

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

Karen B Yatchum

3-4-21

(Donor & County Designee Signature)

(Date)

Karen Yatchum
 Interim Director, Pinellas County Human Services

APPROVED AS TO FORM
 By: Matthew Tolmy
 Office of the County Attorney

APPENDIX H – COMMITMENT OF MATCH DONATION FORMS

(FOR THE ENTIRE GRANT PERIOD)

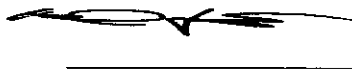
TO: (name of county) Pinellas County
 FROM: (donor name) Pinellas Ex-Offender Reentry Coalition
 ADDRESS: 12810 US Hwy 19 N. #1
Clearwater, FL 33764

The following X space, ___ equipment, ___ goods or supplies, and X services, are donated to the County _____ permanently (title passes to the County) X temporarily (title is retained by the donor), for the period 07/01/2021 to 06/30/2024

Description and Basis for Valuation (See next page)

Description	Value
(1) <u>Personnel costs including fringe</u>	\$ <u>118,263.00</u>
(2) <u>Data system build, maintance, tracking/report</u>	\$ <u>106,267.00</u>
(3) <u>Training funds for clients</u>	\$ <u>104,250.00</u>
(4) <u>Operational Expenses</u>	\$ <u>96,300.00</u>
(5) <u>Indirect Cost Rate \$11,826</u>	TOTAL VALUE \$ <u>436,906.00</u>

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(Donor Signature)

Michael Jalazo
 CEO & Executive Director
 Pinellas Ex-Offender Reentry Coalition

03/02/1970

(Date)

Karen B Yatchum 3/4/21

(County Designee Signature)

(Date)

Karen Yatchum
 Interim Director, Pinellas County Human Services

APPROVED AS TO FORM
 By: Matthew Tolnay
 Office of the County Attorney

APPENDIX H – COMMITMENT OF MATCH DONATION FORMS
(FOR THE ENTIRE GRANT PERIOD)

TO: (name of county) Pinellas County
FROM: (donor name) WestCare Gulfcoast-FL
ADDRESS: 5999 Central Ave, Suite 401
St. Petersburg, FL 33710


The following X space, _____ equipment, X goods or supplies, and X services, are donated to the County _____ permanently (title passes to the County) X temporarily (title is retained by the donor), for the period 7/1/21 to 6/30/24.

Description and Basis for Valuation (See next page)

Description	Value
(1) <u>Personnel Salaries & Fringe Benefits</u>	<u>\$ 75,910</u>
(2) <u>Drug & HIV Testing</u>	<u>\$ 4,050</u>
(3) <u>Electronic Health Record, Staff Training</u>	<u>\$ 150,612</u>
(4) <u>Volunteers 12 hours per week</u>	<u>\$ 44,104</u>
(5) <u>Facility Rent including utilities & Insurance</u>	<u>\$ 90,750</u>
(6) <u>Davis Bradley Facility Costs</u>	<u>\$ 273,750</u>
(7) <u>Management & Administrative Indirect Costs</u>	<u>\$ 63,918</u>

Total Value: \$ 703,094

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(Donor Signature)

3/3/2021
(Date)

 3/4/21
(County Designee Signature) (Date)

Larry McArthur
Vice President of Operations
WestCare Gulfcoast Florida, Inc.

Karen Yatchum
Interim Director, Pinellas County Human Services

APPROVED AS TO FORM

By: Matthew Tolnay
Office of the County Attorney