

**Notifications of Project Commencement**

<b>Subaward Number</b>	<b>049</b>
<b>Sub-Recipient:</b>	<b>Karen Yatchum</b>
<b>Project Title:</b>	<b>The Pinellas County Homeless Overdose Mitigation &amp; Engagement (HOME) Program</b>
<b>Implementing Agency</b>	<b>Pinellas County Human Services</b>
<b>Award Period:</b>	<b>12/2/2019 – 11/30/2020</b>

The verification section of this form must be completed. Additionally, this form must be signed by the project director and submitted via email within thirty (30) calendar days after receiving your subaward packet.

No Requests for Funds will be processed until this notification of Project Commencement has been signed and received.

**Authorized Official** Name: BARRY BURTON, COUNTY ADMINISTRATOR  
Phone:  
Email: grantscoe@PinellasCounty.org

**Program Director** Karen Yatchum  
Phone: 727-464-5045  
Email: kyatchum@pinellascounty.org

**Fiscal Officer** Clark Scott  
Phone: 727-464-8440  
Email: cscott@pinellascounty.org

**Award Information Verification – Please Initial Appropriate Selections:**

KY All information on this form is correct and project will commence on time. **Project Director signs below.**

KY If the contact information for all the staff on this form is not correct. **You must submit a Subaward Modification** that provides a justification and indicated all changes/revisions.

KY If the project will not commence within forty-five (45) calendar days of the beginning of the award period, December 2, 2019, **you must submit a Subaward Modification.** Subaward Modification must provide justification and indicate all changes.

Signed: Karen Yatchum Date: 12/17/19  
Project Director (Program Director is Preferred, Fiscal Officer or Authorized Official if Project Director is unavailable)

Printed Name: Karen Yatchum Phone: 727-464-5045