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## Disclosure of Lobbying Activities

 OMB Number: 4040-0013  
 Expiration Date: 02/28/2025
SFLLL v2.0 [Edit](#)[View Burden Statement](#)
 [Expand All](#) \* **Required field(s)**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

## 1. \* TYPE OF FEDERAL ACTION

[Contract](#) [Grant](#) [Cooperative Agreement](#) [Loan](#) [Loan Guarantee](#) [Loan Insurance](#)

## 2. \* STATUS OF FEDERAL ACTION

[Bid/Offer/Application](#) [Initial Award](#) [Post-Award](#)

## 3. \* REPORT TYPE

[Initial Filing](#) [Material Change](#)

## 4 / 5. NAME AND ADDRESS OF REPORTING ENTITY

 [Prime](#) [Subawardee](#)
**\* Name:** Pinellas County Board of Co  
unty Commissioners

**\* Street 1:** c/o Office of Management and Budget **Street 2:** 14 S. Ft. Harrison Ave, 5th Floor

**\* City:** Clearwater **State:** FL: Florida; **Zip:** 33756-5105

**Congressional District, if known:** FL-013

## 6. \* FEDERAL DEPARTMENT/AGENCY

**\* Federal Department/Agency:**

SAMHSA

## 7. FEDERAL PROGRAM NAME/DESCRIPTION

**Federal Program Name/Description:**

Substance Abuse and Mental Health Services Projects of Regional and National Significance

**CFDA Number, if applicable:**

## 8. FEDERAL ACTION NUMBER, IF KNOWN

**Federal Action Number, if known:**

## 9. AWARD AMOUNT, IF KNOWN

**Award Amount, if known:**

## 10. A. NAME AND ADDRESS OF LOBBYING REGISTRANT

Prefix:	* First Name:	N/A	Middle Name:	
* Last Name:	N/A			Suffix:
* Street 1:				Street 2:
* City:	State:	Zip:		

## 10. B. INDIVIDUAL PERFORMING SERVICES

Prefix:	* First Name:	N/A	Middle Name:	
* Last Name:	N/A			Suffix:
* Street 1:				Street 2:
* City:	N/A	State:	Zip:	

## 11. SIGNATURE

Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\* Signature: Completed on submission to Grants.gov  
 \* Name: Prefix: \* First Name: Karen Middle Name:  
 \* Last Name: Yatchum Suffix:  
 Title: Director, Human Services Telephone No.: Date: 03/18/2024