

From: [Burbridge, Katherine A](#)
To: [DeGregorio, Elisa N](#)
Cc: [Rodriguez, Daisy M](#); [Harmon Schaefer, Joshua](#); [Ettel, Veronica E](#); [Magyar, Emily M](#); [Vizandiou, Keri R](#); [Collins, Fredricka](#)
Subject: RE: Grants - Intent to Apply Submitted to OMB - Service Area Competition - Health...
Date: Thursday, June 28, 2018 2:52:06 PM

OMB has no objection to the department submitting a grant application to the US Department of Health & Human Services, Health Resources & Services Administration (HRSA) to continue access to comprehensive, culturally competent, and quality primary health care services via the County's Health Care for the Homeless program.

Requested funding is \$1,456,815 from the Service Area Competition – Health Center program. A match is not required. Total project cost is estimated to be \$1,456,815 in the first year of the program which spans two County fiscal years, FY19 and FY20.

The County Administrator signs off on this application package. Please include this email when you send the application through Granicus for signature. The completed application will be a delegated item on the County Administrator's Delegated Authority log.

If you have any questions, please do not hesitate to contact me.

Katherine Burbridge, AICP, LEED AP
Pinellas County Office of Management and Budget
(727) 453-3457
kburbridge@pinellascounty.org

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Your opinion matters to us! Please take a moment to answer a brief survey about our service:
www.pinellascounty.org/surveys/OMB

From: Grants Center of Excellence [mailto:no-reply@sharepointonline.com]
Sent: Wednesday, June 27, 2018 9:02 AM
To: Burbridge, Katherine A <kburbridge@co.pinellas.fl.us>
Subject: Grants - Intent to Apply Submitted to OMB - Service Area Competition - Health...

 [Service Area Competition - Health...](#) has been added



DeGregorio, Elisa N

6/27/2018 9:01 AM

Program Manager: Rodriguez, Daisy M

Program Manager Phone #: 727-464-4206

County Department: HS - Human Services

Director's Name: Rodriguez, Daisy M

OMB Analyst:

Granting Agency: HHS | HRSA

CFDA/CSFA #: 93.224

Grant Funding Program Name: Service Area Competition - Health Center Program

Grant Funding Type: Project

Grant Award Type: Reimbursement

Grant Funding Program Funding Cap (\$): \$1,456,815.00

Amount Requested: \$1,456,815.00

What fiscal year(s) will the award amount be made available?: FY19

Match Amount: \$0.00

Required Match Type: None

Anticipated Match Source (Fund/Center/Program):

Is the Match in the Current Budget?:

Will the Match need to be added to the Budget?:

Total Cost of Project (including Grant, County match, and other Resources):

Granting Agency Contact Name: Beth Hartmayer

Granting Agency Phone or Email: 301-594-4300

Granting Agency Address: N/A

OPUS Project Title: Health Care for the Homeless

Duration: Single Year

Proposed Abstract (Project Scope of Work): This application for federal funding supports the County's Health Care for the Homeless program for a three-year project period starting March 1, 2019 through February 28, 2022. Funding in the amount of \$1,456,815.00 is for the first budget year starting March 1, 2019 through February 28, 2020.

The purpose of this grant program is to improve the health of the Nation's underserved communities and vulnerable populations by assuring continued access to comprehensive, culturally competent, quality primary health care services. In 2017, the program provided basic health care services on the Mobile Medical Unit (MMU) and at Bayside Health Clinic to 2,799 homeless patients whose income was 100% below the Federal Poverty Level.

Benefit Summary (How will this benefit the County, Dept, etc?): Ensure Public Health, Safety, and Welfare
2.2 Be a facilitator, convener and purchaser of services for those in need

Deliver First Class Services to the Public and our Customers

5.1 Maximize partner relationship and public outreach

5.2 Be responsible stewards of the public's resources

Director Approval (Attach):

Is the proposal submitted for a different Department?: No

If submitting for a different department, what is that department name?:

Concept Paper Deadline (if applicable):

Grant Application Due Date: 8/20/2018

Source of Notification of Grant Solicitation: Administering Agency

If Other, provide source:

FOR OMB USE ONLY BELOW THIS LINE: **PLEASE DO NOT ENTER DATA BELOW THIS LINE**

Assigned To:

Priority: (2) Normal

Task Status: Not Started

OPUS Project #:

Grant Contract #:

Award Amount:

Grant Status: Submitted to OMB

Grant Start Date:

Grant End Date:

OMB Comments:

Granicus #:

Description:

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