

## Magyar, Emily M

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**From:** Lloyd, Abigail  
**Sent:** Monday, October 19, 2020 2:55 PM  
**To:** Grants Center Of Excellence Distribution  
**Cc:** Magyar, Emily M; Fogarty, Jim; Miller, Jason P  
**Subject:** Grants - Intent to Apply Form Submitted to OMB - CARES Act Provider Relief Fund

Hello!

OMB has no objection to the department of Safety and Emergency Services submitting a grant application to Health & Human Services for the "CARES Act Provider Relief Fund" to provide relief funds to hospitals and other healthcare providers on the front lines of the coronavirus response.

This is a single year reimbursement grant project that impacts FY21. The requested funding is \$21,406 with no expected department match. The total project is estimated to cost \$21,406.

The County Administrator does *not* need to sign the application for the County. Please include this email when you send the application through Granicus. The review shall include the Director, and Assistant County Administrator along with any others as defined in Granicus/Legistar standard operating procedures.

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

### Abigail Lloyd

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Pinellas County Office of Management & Budget  
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**From:** Grants Center of Excellence <[no-reply@sharepointonline.com](mailto:no-reply@sharepointonline.com)>

**Sent:** Tuesday, October 13, 2020 10:49 AM

**To:** Collins, Fredricka <[fcollins@co.pinellas.fl.us](mailto:fcollins@co.pinellas.fl.us)>

**Subject:** Grants - Intent to Apply Form Submitted to OMB - CARES Act Provider Relief Fund

📄 CARES Act Provider Relief Fund has been added



Magyar, Emily M

10/13/2020 10:47 AM

**Program Manager:** Magyar, Emily M

**Program Manager Phone #:** 727-251-5181

**County Department:** Safety and Emergency Services (911, EMS, Fire, and Radio & Technology)

**Director's Name:** Fogarty, Jim

**OMB Analyst:** Miller, Jason P

**Granting Agency:** Health & Human Services

**CFDA/CSFA #:** 93.498

**Grant Funding Program Name:** CARES Act Provider Relief Fund

**Grant Funding Type:** Other

**Grant Award Type:** Advance

**Grant Funding Program Funding Cap (\$):** \$20,000,000,000.00

**Amount Requested:** \$21,406.00

**What fiscal year(s) will the award amount be made available?:** FY21

**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):** \$21,406.00

**Granting Agency Contact Name:** None

**Granting Agency Phone or Email:** 1-866-569-3522

**Granting Agency Address:** P.O. Box 31376

Attn: CARES Act Provider Relief Fund

Salt Lake City, UT 84131-0376

**OPUS Project Title:** COVID-19 CARES Act Provider Relief Fund-HHS

**Duration:** Single Year

**Proposed Abstract (Project Scope of Work):** Provides relief funds to hospitals and other healthcare providers on the front lines of the coronavirus response.

**Benefit Summary (How will this benefit the County, Dept, etc?):** This funding is for health care providers to prevent, prepare for, and respond to coronavirus. The funding supports healthcare-related expenses or lost revenue attributable to COVID-19 and to ensure uninsured citizens in Pinellas County can get treatment for COVID-19.

**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:** 11/6/2020

**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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