1. DATE ISSUED:

02/18/2020

2. PROGRAM CFDA: 93.224

3. SUPERSEDES AWARD NOTICE dated: 04/29/2019

except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4a. AWARD NO.: 4b. GRANT NO.: 5. FORMER GRANT 6 C13CS32072-01-06 C13CS32072 NO.:

6. PROJECT PERIOD:

FROM: 09/01/2018 THROUGH: 08/31/2020



NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulation)

Title VIII of the Secretary PHS Services Emergency Fund for activities authorized under section 319(a) of the Public Health Service Act, and Section 330 of the Public Health Service Act (42)

d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION

7. BUDGET PERIOD: FROM: 09/01/2018 THROUGH: 08/31/2020	U.S.C. 254b, as amended). Bipartisan Budget Act of 2018 (BBA		
8. TITLE OF PROJECT (OR PROGRAM): FY 2018 Capita	 al Assistance for Hurrica	I ane Response and Recovery Efforts	
9. GRANTEE NAME AND ADDRESS: PINELLAS, COUNTY OF 14 S. Fort Harrison OMB 5th Floor Clearwater, FL 33756-5105 DUNS NUMBER: 055200216		10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Daisy Rodriguez PINELLAS, COUNTY OF Division Line: Pinellas County Human Services 440 Court St Clearwater, FL 33756-5139	_
11.APPROVED BUDGET:(Excludes Direct Assistance)	12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:		
[X] Grant Funds Only		a. Authorized Financial Assistance This Period \$12	
[] Total project costs including grant funds and all other f		b. Less Unobligated Balance from Prior Budget Periods	
a . Salaries and Wages :	\$0.00	i. Additional Authority	\$0.00
b . Fringe Benefits :	\$0.00	ii. Offset	\$0.00
c . Total Personnel Costs :	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00
d . Consultant Costs :	\$0.00		
e . Equipment :	\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period	\$129,025.00
f. Supplies:	\$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS	\$0.00
g . Travel :	\$0.00	ACTION	
h . Construction/Alteration and Renovation :	\$125,500.00	13. RECOMMENDED FUTURE SUPPORT: (Subject availability of funds and satisfactory progress of project	
i. Other:	\$3,525.00	YEAR TOTAL COSTS	
j . Consortium/Contractual Costs :	\$0.00	Not applicable	
k . Trainee Related Expenses :	\$0.00	AA ABBROVED BIREOT AQQIOTANGE SUBGET	
I. Trainee Stipends:	\$0.00	14. APPROVED DIRECT ASSISTANCE BUDGET: (I a. Amount of Direct Assistance	n lieu of cash) \$0.00
m Trainee Tuition and Fees :	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00
n Trainee Travel	90.00	c. Less Cumulative Prior Awards(s) This Budget Perio	od \$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

\$0.00

\$0.00

\$0.00

\$129,025.00

\$129,025.00

\$129,025.00

A=Addition B=Deduction C=Cost Sharing or Matching D=Other

Estimated Program Income: \$0.00

q . TOTAL APPROVED BUDGET :

i. Less Non-Federal Share:

n . Trainee Travel :

o. TOTAL DIRECT COSTS:

ii. Federal Share:

p. INDIRECT COSTS (Rate: % of S&W/TADC):

[A]

\$0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached [X]Yes []No)

Prior Approval Request Tracking Number PA-00085166

Electronically signed by Janene Dyson, Grants Management Officer on: 02/18/2020

17 OR I CLASS: 41 11 18. CRS-EIN: 1596000800A2 19. FUTURE RECOMMENDED FUNDING: \$0.00

17. OBS. CLASS. 41.11			13.1 OTOKE RECOMMENDED I GRADING: \$0.00			
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
18 - 398H879	93.224	18C13CS32072	\$0.00	\$0.00		18CARE

Date Issued: 2/18/2020 2:50:14 PM Award Number: 6 C13CS32072-01-06

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit

https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

 This revised Notice of Award (NOA) is issued to reflect HRSA's approval of a Capital Update, as requested via Prior Approval tracking PA-00085166 sent 12/30/19 via EHB. This update approves changes to the scope of the project and supersedes the previously approved Capital Update #PA-00076475. The budget breakdown and Federal share percentage remains the same.

Approval of this revised NOA allows the deletion of the existing enclosure installation project and to perform installation of a new 77kW, @ 0.8 PF, 60 Hz, 3 Phase, UL 2200, 120/208 Volt generator with protective hurricane rated housing at the site located at 14808 49th Street N., Clearwater, FL 33762.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email	
Daisy Rodriguez	Program Director	darodriguez@pinellascounty.org	

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Miguel Greer at:

Fishers Lane

Rockville, MD, 20857-Email: mgreer@hrsa.gov Phone: (301) 443-4629

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Janene Dyson at:

MailStop Code: 10N190A HRSA, OFAM, DGMO, MCHSB

5600 Fishers Ln

Rockville, MD, 20852-1750 Email: jdyson@hrsa.gov Phone: (301) 443-8325 Fax: (301) 443-6343