

## Civello, Jacquelin

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**From:** Burbridge, Katherine A  
**Sent:** Friday, April 19, 2019 3:42 PM  
**To:** Civello, Jacquelin  
**Cc:** Berry, Deborah; Rodriguez, Daisy M; Harmon Schaefer, Joshua; Ettel, Veronica E  
**Subject:** RE: Grants - New Intent to Apply Form Submitted - OJJDP FY 2019 Opioid Youth Initiative...

OMB has no objection to the department submitting a grant application to the US Department of Justice, Office of Juvenile Justice and Delinquency Prevention to obtain funding to expand and provide more resources for children and other family members in the Family Dependency Drug Treatment Court and Early Childhood Court programs operated by the Sixth Judicial Circuit Court.

Requested funding is \$1,000,000 from the FY19 Opioid Affected Youth Initiative program. A match is not required. The duration of the grant is 3 years. Total project cost is estimated to be \$1,000,000.

The Department Director can sign off on the application. Please include this email when you send a copy of the submitted application through Granicus to be placed on the County Administrator's Delegated log.

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

Thank you.  
Katherine

**Katherine Burbridge, AICP, LEED AP**  
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[www.pinellascounty.org/surveys/OMB](http://www.pinellascounty.org/surveys/OMB)

**From:** Grants Center of Excellence [mailto:no-reply@sharepointonline.com]  
**Sent:** Friday, April 19, 2019 9:10 AM  
**To:** Burbridge, Katherine A <kburbridge@co.pinellas.fl.us>  
**Subject:** Grants - New Intent to Apply Form Submitted - OJJDP FY 2019 Opioid Youth Initiative...

 OJJDP FY 2019 Opioid Youth Initiative... has been added



Civello, Jacquelin

4/19/2019 9:09 AM

**Program Manager:** Berry, Deborah

**Program Manager Phone #:** 727-464-6485

**County Department:** HS - Justice Coordination Section

**Director's Name:** Rodriguez, Daisy M

**OMB Analyst:** Harmon Schaefer, Joshua

**Granting Agency:** OJJDP

**CFDA/CSFA #:** 16.842

**Grant Funding Program Name:** OJJDP FY 2019 Opioid Youth Initiative Grant

**Grant Funding Type:** Project

**Grant Award Type:** Reimbursement

**Grant Funding Program Funding Cap (\$):** \$1,000,000.00

**Amount Requested:** \$1,000,000.00

**What fiscal year(s) will the award amount be made available?:** FY19-FY21

**Match Amount:** \$0.00

**Required Match Type:** None

**Anticipated Match Source (Fund/Center/Program):** NONE

**Is the Match in the Current Budget?:** No

**Will the Match need to be added to the Budget?:** No

**Total Cost of Project (including Grant, County match, and other Resources):** \$1,000,000.00

**Granting Agency Contact Name:** Grant Response Center

**Granting Agency Phone or Email:** 800-851-3420 [grants@ncjrs.gov](mailto:grants@ncjrs.gov)

**Granting Agency Address:**

**OPUS Project Title:**

**Duration:** Multi Year

**Proposed Abstract (Project Scope of Work):** This grant application requests funding for the Drug Treatment Courts Program operated by the Sixth Judicial Circuit Court. This project will focus on expanding and providing more resources for children and other family members of the Family Dependency Drug Treatment Court and Early Childhood Court. This would be a cooperative grant with OJJDP. The grant focus is opioid affected youth, but could also serve children whose parents have other substance use disorders. This project is expected to address issues with personnel to assist supervising visits and providing transportation, an opioid peer mentor, ensuring all necessary screening for trauma, expanding paid services currently available through the child welfare system and possible Child-Parent Psychotherapy.

**Benefit Summary (How will this benefit the County, Dept, etc?):** Drug Treatment Courts Program exist to provide participants support to overcome their substance abuse issues and the opportunities to become productive, drug-free members of the community. The participants of the Drug Treatment Courts Program will be parents and family members who have substance abuse issues of these opioid affected youth. This program strives to assist the youth with necessary services and resources while their parents are involved with the Drug Treatment Court Program.

**Director Approval (Attach):** No

**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:** 5/7/2019

**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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