



CABHI  
Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration

Center for Mental Health Services

**Grant Number:** 5H79SM063331-02  
**FAIN:** SM063331  
**Program Director:** Daisy Rodriguez

**Project Title:** Pinellas County Cooperative Agreement to Benefit Homeless Individuals

Grantee Address	Business Address
PINELLAS COUNTY BOARD OF CNTY COMMISS Human Services c/o Office of Management and Budget 14 S. Ft. Harrison Ave. - 5th Floor Clearwater, FL 337565105	Pinellas County County Administrator 14 S. Ft. Harrison Ave. Clearwater, FL 337565105

**Budget Period:** 09/30/2017 – 09/29/2018  
**Project Period:** 09/30/2016 – 09/29/2019

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$800,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to PINELLAS COUNTY BOARD OF CNTY COMMISS in support of the above referenced project. This award is pursuant to the authority of Sections 506, 509 & 520A of the PHS Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at [www.samhsa.gov](http://www.samhsa.gov) (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,  
Eileen Bermudez  
Grants Management Officer  
Division of Grants Management

See additional information below

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**SECTION I – AWARD DATA – 5H79SM063331-02****Award Calculation (U.S. Dollars)**

<b>Consortium/Contractual Cost</b>	\$800,000
<b>Direct Cost</b>	\$800,000
<b>Approved Budget</b>	\$800,000
<b>Federal Share</b>	\$800,000
<b>Cumulative Prior Awards for this Budget Period</b>	\$0
<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	\$800,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
2	\$800,000
3	\$800,000

\*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

**Fiscal Information:**

**CFDA Number:** 93.243  
**EIN:** 1596000800A5  
**Document Number:** 16SM63331A  
**Fiscal Year:** 2017

IC	CAN	Amount
SM	C96J338	\$400,000
TI	C96N212	\$400,000

IC	CAN	2017	2018
SM	C96J338	\$400,000	\$800,000
TI	C96N212	\$400,000	

**SM Administrative Data:**

**PCC:** CABHICOM / **OC:** 4145

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**SECTION II – PAYMENT/HOTLINE INFORMATION – 5H79SM063331-02**

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

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**SECTION III – TERMS AND CONDITIONS – 5H79SM063331-02**

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

**Treatment of Program Income:**

**Additional Costs**

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

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**SECTION IV – SM Special Terms and Conditions – 5H79SM063331-02**

**REMARKS:**

1. This Notice of Award (NoA) is issued to inform your organization that the application submitted through the **FY 2016 Cooperative Agreements to Benefit Homeless Individuals - (CABHICOM)** is being continued.
2. This award reflects approval of the budget submitted January 20, 2017 by your Organization, in response to the continuation application request.
3. **Register Program Director/Project Director (PD) in eRA Commons**  
If you have not already done so, you must register the PD listed on the HHS Checklist in eRA Commons to assign a Commons ID. Once the PD has received their Commons ID, please send this information to your Grants Management Specialist. You can find additional information about the eRA Commons registration process at [https://era.nih.gov/reg\\_accounts/register\\_commons.cfm](https://era.nih.gov/reg_accounts/register_commons.cfm).
4. Recipients are expected to plan their work to ensure that funds are expended within the 12-month budget period reflected on this Notice of Award. If activities proposed in the approved budget cannot be completed within the current budget period, SAMSHA cannot guarantee the approval of any request for carryover of remaining unobligated funding.

**SPECIAL CONDITIONS OF AWARD:**

**SAM.gov Exclusion(s)**

**SAM Exclusions - Due within 30 days of the award issue date to the Grants Management Specialist identified on this award.**

SAMHSA has conducted a review of one or more of the key staff for this award (Authorized

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Organization Representative (AOR)), Project Director, Business Official, and Key Personnel identified on the SF-424, PHS 5161, or required by the Funding Opportunity Announcement and included in the submitted application. A SAMHSA review of the General Services Administration System for Award Management (SAM) (<http://sam.gov>) has identified Mark Woodard that is potentially excluded from participation in Federal programs or activities per 2 CFR Part 180.

Your organization must review and certify the identified person identified in the "RESPONSE REGARDING POTENTIAL EXCLUDED INDIVIDUAL" attachments. If the individual is the same person, a prior approval request for a change in key personnel must be submitted because excluded individuals are not permitted to be involved with or receive payments under federal grant awards.

### **Revised Budget**

**By October 30, 2017, submit to the Program Official and Grants Management Specialist**

Identify key staff and include level of effort even if position is in-kind

**Failure to comply with this Special Condition of Award may result in SAMHSA initiating additional actions in accordance with 45 CFR §75.371, Remedies for noncompliance.**

### **STANDARD TERMS OF AWARD (Cooperative Agreement):**

Refer to the following SAMHSA website for Standard Terms for All Awards for FY 2017: [Standard Terms and Conditions Webpage \(https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions\)](https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions). Please be sure to also reference the following Standard Terms:

- \* [Standard Terms and Conditions \(PDF | 264 KB\)](#)
- \* [Continuation \(PDF | 154 KB\)](#)
- \* [Cooperative Agreement Standard Terms \(PDF | 161 KB\)](#)

### **Key Staff**

Key staff (or key staff positions, if staff has not been selected) are listed below:

Daisy Rodriguez, Project Director @ unspecified level of effort

Any changes in key staff including level of effort involving separation from the project for more than three months of a 25 percent reduction in time dedicated to the project, requires prior approval. Reference the Prior Approval Standard Term for additional information and instructions.

### **REPORTING REQUIREMENTS**

Submission of a Programmatic Semi-annual Report is due no later than the dates as follows:

1st Report - April 30, 2018

2nd Report - October 31, 2018

**Please submit your Programmatic Progress Report to [DGMProgressReports@samhsa.hhs.gov](mailto:DGMProgressReports@samhsa.hhs.gov) and copy your Program Official. (DO NOT SUBMIT HARD COPIES)**

### **Annual Federal Financial Report (FFR)**

The Federal Financial Report (FFR) (SF-425) is required on an annual basis and must be

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submitted no later than 90 days after the end of the budget period. The annual FFR should reflect only cumulative actual federal funds authorized and disbursed, any non-federal matching funds (if identified in the FOA), unliquidated obligations incurred, the unobligated balance of the federal funds for the award, as well as program income generated during the timeframe covered by the report. The SF-425 is available at (<http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf>). Additional guidance to complete the FFR can be found: <http://www.samhsa.gov/grants/grants-management/reporting-requirements>.

Annual FFRs must be submitted to the applicable email:

CMHS Grants (e.g., SM-12345-01): [CMHSFFR@samhsa.hhs.gov](mailto:CMHSFFR@samhsa.hhs.gov)

Failure to comply with the above stated terms and conditions may result in suspension, classification as Restriction status, termination of this award or denial of funding in the future.

All responses to special terms and conditions of award and post award requests may be electronically mailed to the Grants Management Specialist and to the Program Official as identified on your Notice of Award.

**All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.**

**It is essential that the Grant Number be included in the SUBJECT line of the email.**

**CONTACTS:**

*\*The response must be provided on your organization's letterhead.\**

**RESPONSE REGARDING POTENTIAL EXCLUDED INDIVIDUAL**

Name and role of individual in question: Mark Woodard, Business Official.

Based on the entry of the name and address of the employee in question, into the SAM exclusions search, we found that he or she (check the appropriate response below):

\_\_\_\_\_ is not the same individual.

\_\_\_\_\_ is the same individual. A prior approval for a change in key personnel will be submitted following the instructions at:

<https://www.samhsa.gov/grants/grants-management/post-award-changes/key-staff-level-effort>.

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AOR Print Name/ Title/ Organization

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AOR Signature/ Date

**SAM Exclusion Search Instructions:**

- Go to the following link: <https://www.sam.gov/>
- On the web page, select “Search Records” on the menu bar.
- In the bottom right section of the page, under ADVANCED SEARCH click on the <ADVANCED SEARCH-EXCLUSION> button.
- A dialog box will pop up providing important information about the results, once this is read click the <OK> button (in order to proceed this information must be acknowledged).
- You are now at the Advanced Search-Exclusion page. Click <Multiple Names> button to the left of the screen (2nd radio button down)
- The drop down box to the left is already populated with ‘All’. In the box to the right, enter the individual’s first and last name.
- Scroll down to the bottom left and click the blue <Search> button.
- You are at the Search Results Screen. This may produce multiple results. If so, verify if the individual’s entire name and state of residence are the same as the employee in question.

If a potential match is found, to the right of the individual's name, click the <View Details> button.

- Scroll down to the bottom of the page to the Primary Address section, and insert the individual's street address into the block under Verify Street Address.
- Click <Verify> button,
- “No Match” will be displayed if no match is found.
- Complete the section RESPONSE REGARDING POTENTIAL EXCLUDED INDIVIDUAL on this Notice of Award Condition.

Dorrine Gross, Program Official

**Phone:** (240) 276-1898 **Email:** dorrine.gross@samhsa.hhs.gov

Tomara Baker, Grants Specialist

**Phone:** (240) 276-1407 **Email:** Tomara.Baker@samhsa.hhs.gov