

From: [Lloyd, Abigail](#)
To: [Yatchum, Karen](#); [Carrillo, Lisa](#); [Mello, Donald L](#)
Cc: [Grants Center Of Excellence Distribution](#)
Subject: RE: Grants - Intent to Apply Form Submitted to OMB - First Responders - Comprehensive...
Date: Thursday, April 22, 2021 9:48:37 PM
Attachments: [image003.png](#)

Hello!

OMB has no objection to the Department of Human Services submitting a grant application to the Substance Abuse and Mental Health Services Administration for the First Responders - Comprehensive Addition and Recovery Act for programs supporting training and providing resources to first responders and members of other key community sectors.

This is a multi-year reimbursement grant project that will likely impact FY21-25. The requested funding is \$500K with no expected match. The total project is estimated to cost \$500K.

The County Administrator does not need to sign the application for the County, Director approval will be sufficient. 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
Budget & Financial Management Analyst
Pinellas County Office of Management & Budget
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Clearwater, FL 33756
(727) 464-4331
alloyd@pinellascounty.org

From: Grants Center of Excellence <no-reply@sharepointonline.com>
Sent: Wednesday, April 21, 2021 12:31 PM
To: Lloyd, Abigail <alloyd@co.pinellas.fl.us>
Subject: Grants - Intent to Apply Form Submitted to OMB - First Responders - Comprehensive...

 [First Responders - Comprehensive...](#) has been added



Carrillo, Lisa

4/21/2021 12:30 PM

Program Manager: Yatchum, Karen

Program Manager Phone #: 727-464-5045

County Department: HS - Human Services

Director's Name: Yatchum, Karen

OMB Analyst:

Granting Agency: SAMHSA

CFDA/CSFA #: 93.243

Grant Funding Program Name: First Responders - Comprehensive Addition and Recovery Act

Grant Funding Type: Project

Grant Award Type: Reimbursement

Grant Funding Program Funding Cap (\$): \$500,000.00

Amount Requested: \$500,000.00

What fiscal year(s) will the award amount be made available?: FY21-25

Match Amount: \$0.00

Required Match Type: None

Anticipated Match Source (Fund/Center/Program): N/A

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): \$500,000.00

Granting Agency Contact Name: Cara Alexander

Granting Agency Phone or Email: CSAP.DSP@samhsa.hhs.gov

Granting Agency Address: SAMHSA / Center for Substance Abuse Prevention (CSAP)

OPUS Project Title:

Duration: Multi Year

Proposed Abstract (Project Scope of Work): This program supports training and provides resources to first responders and members of other key community sectors at the state, tribal, and local governmental levels on carrying and administering a drug or device approved or cleared under the Food, Drug, and Cosmetic Act (FD&C Act) for emergency reversal of known or suspected opioid overdose. The County will work with local first responder agencies to establish processes, protocols, mechanisms for referral to appropriate treatment and recovery support services, and safety around fentanyl, carfentanyl, and other dangerous licit and illicit drugs.

Benefit Summary (How will this benefit the County, Dept, etc?): The proposed program would assist in reducing the recurrence of opioid overdoses with individuals revived by first responder personnel with an opioid reversal drug by providing linkage to treatment and recovery support services post-overdose.

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: 5/17/2021

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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