

**From:** [Collins, Fredricka](#)  
**To:** [Pettye, Kellie](#); [Grants Center Of Excellence Distribution](#)  
**Cc:** [Ettel, Veronica E](#); [Mello, Donald L](#); [Rodriguez, Daisy M](#); [Vizandiou, Keri R](#)  
**Subject:** RE: Grants - Intent to Apply Form Submitted to OMB - FY 2020 DNA Capacity Enhancement...  
**Date:** Tuesday, June 30, 2020 7:54:25 PM  
**Attachments:** [image004.png](#)

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Good afternoon,

OMB has no objection to the department submitting a grant application to the Department of Justice to obtain funding for salary and benefits for 1.5 FTE to perform casework and technical reviews and for the purchase of DNA kits.

Requested funding is \$250,000 from the FY20 DNA Capacity Enhancement for Backlog Reduction (CEBR) program. There is no in-kind match required. The total project is estimated to cost \$250,000. This is a multi-year project.

The Department Director can sign the application for the County. 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.

Thanks.

**Fredricka Collins**

Pinellas County Office of Management and Budget  
(727) 464-4887

[fcollins@pinellascounty.org](mailto:fcollins@pinellascounty.org)


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**From:** Grants Center of Excellence <no-reply@sharepointonline.com>

**Sent:** Tuesday, June 30, 2020 2:14 PM

**To:** Collins, Fredricka <fcollins@co.pinellas.fl.us>

**Subject:** Grants - Intent to Apply Form Submitted to OMB - FY 2020 DNA Capacity Enhancement...

 [FY 2020 DNA Capacity Enhancement...](#) has been added



Pettye, Kellie

6/30/2020 2:12 PM

**Program Manager:** Pettye, Kellie

**Program Manager Phone #:** 727-464-6433

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

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

**OMB Analyst:**

**Granting Agency:** Department of Justice

**CFDA/CSFA #:** 16.741

**Grant Funding Program Name:** FY 2020 DNA Capacity Enhancement for Backlog Reduction (CEBR) Program (Formula)

**Grant Funding Type:** Other

**Grant Award Type:** Other

**Grant Funding Program Funding Cap (\$):** \$250,000.00

**Amount Requested:** \$250,000.00

**What fiscal year(s) will the award amount be made available?:** FY20-21

**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):** \$250,000.00

**Granting Agency Contact Name:** Bureau of Justice Assistance

**Granting Agency Phone or Email:** 202-616-6500

**Granting Agency Address:** Bureau of Justice Assistance  
Office of Justice Programs  
810 Seventh Street, NW  
Washington, DC 20531

**OPUS Project Title:**

**Duration:** Multi Year

**Proposed Abstract (Project Scope of Work):** Federal aid is provided to Pinellas County Forensic Lab that performs DNA analysis for the purposes of capacity enhancement and backlog reduction. The allocation for the next two-years is \$250,000.00

**Benefit Summary (How will this benefit the County, Dept, etc?):** The award benefits the County by funding the following positions/equipment:

- (1) The salaries and benefits of one full-time and one part-time DNA Analyst to perform casework and technical reviews of casework submitted to the forensic lab by local law enforcement. These positions have been funded by this grant since 2010.
- (2) Fund DNA kits (extraction, quantitation, and amplification) for use by grant funded analysts in casework submitted to the laboratory from the local criminal justice community.

**Director Approval (Attach):**

**Is the proposal submitted for a different Department?:** Yes

**If submitting for a different department, what is that department name?:** Medical Examiner

**Concept Paper Deadline (if applicable):**

**Grant Application Due Date:** 8/7/2020

**Source of Notification of Grant Solicitation:** Other

**If Other, provide source:** Medical Examiner

**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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