



<p>Recipient Information</p> <p>1. Recipient Name PINELLAS, COUNTY OF 315 COURT ST RM 601 CLEARWATER, FL 33756</p> <p>2. Congressional District of Recipient 13</p> <p>3. Payment System Identifier (ID) 1596000800A5</p> <p>4. Employer Identification Number (EIN) 596000800</p> <p>5. Data Universal Numbering System (DUNS) 055200216</p> <p>6. Recipient's Unique Entity Identifier</p> <p>7. Project Director or Principal Investigator Karen Yatchum kyatchum@pinellascounty.org 727-464-5045</p> <p>8. Authorized Official Mr. Barry Burton grantscoe@pinellascounty.org 727-453-3457</p>	<p style="text-align: center;">Federal Award Information</p> <p>11. Award Number 3H79SM063549-04S1</p> <p>12. Unique Federal Award Identification Number (FAIN) H79SM063549</p> <p>13. Statutory Authority Section 224 of PAMA</p> <p>14. Federal Award Project Title Pinellas County - Assisted Outpatient Treatment for Individuals with SMI</p> <p>15. Assistance Listing Number 93.997</p> <p>16. Assistance Listing Program Title Assisted Outpatient Treatment</p> <p>17. Award Action Type Administrative Supplement/Change</p> <p>18. Is the Award R&D? No</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">Summary Federal Award Financial Information</p> <table style="width:100%; border-collapse: collapse;"> <tr style="background-color: #e0e0e0;"> <td colspan="2">19. Budget Period Start Date 09/30/2021 – End Date 09/29/2022</td> </tr> <tr> <td>20. Total Amount of Federal Funds Obligated by this Action</td> <td style="text-align: right;">\$25,000</td> </tr> <tr> <td style="padding-left: 20px;">20a. Direct Cost Amount</td> <td style="text-align: right;">\$25,000</td> </tr> <tr> <td style="padding-left: 20px;">20b. Indirect Cost Amount</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>21. Authorized Carryover</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>22. Offset</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>23. Total Amount of Federal Funds Obligated this budget period</td> <td style="text-align: right;">\$1,022,160</td> </tr> <tr> <td>24. Total Approved Cost Sharing or Matching, where applicable</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>25. Total Federal and Non-Federal Approved this Budget Period</td> <td style="text-align: right;">\$1,022,160</td> </tr> <tr> <td colspan="2" style="border-top: 1px dashed black; padding-top: 5px;"> 26. Project Period Start Date 09/30/2018 – End Date 09/29/2022 </td> </tr> <tr> <td>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</td> <td style="text-align: right;">\$4,088,640</td> </tr> </table> </div> <p>28. Authorized Treatment of Program Income Additional Costs</p> <p>29. Grants Management Officer - Signature Roger George</p>	19. Budget Period Start Date 09/30/2021 – End Date 09/29/2022		20. Total Amount of Federal Funds Obligated by this Action	\$25,000	20a. Direct Cost Amount	\$25,000	20b. Indirect Cost Amount	\$0	21. Authorized Carryover	\$0	22. Offset	\$0	23. Total Amount of Federal Funds Obligated this budget period	\$1,022,160	24. Total Approved Cost Sharing or Matching, where applicable	\$0	25. Total Federal and Non-Federal Approved this Budget Period	\$1,022,160	26. Project Period Start Date 09/30/2018 – End Date 09/29/2022		27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$4,088,640
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<p>30. Remarks</p> <p>Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.</p>																							



Notice of Award

Issue Date: 08/24/2021

AOT
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Award Number: 3H79SM063549-04S1
FAIN: H79SM063549
Program Director: Karen Yatchum

Project Title: Pinellas County - Assisted Outpatient Treatment for Individuals with SMI

Organization Name: PINELLAS, COUNTY OF

Authorized Official: Mr. Barry Burton

Authorized Official e-mail address: grantscoe@pinellascounty.org

Budget Period: 09/30/2021 – 09/29/2022

Project Period: 09/30/2018 – 09/29/2022

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a supplement in the amount of \$25,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to PINELLAS, COUNTY OF in support of the above referenced project. This award is pursuant to the authority of Section 224 of PAMA 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 (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,
Roger George
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 3H79SM063549-04S1

Award Calculation (U.S. Dollars)

Personnel(non-research)	\$144,820
Fringe Benefits	\$70,161
Contractual	\$782,179
Other	\$25,000
Direct Cost	\$1,022,160
Approved Budget	\$1,022,160
Federal Share	\$1,022,160
Cumulative Prior Awards for this Budget Period	\$997,160
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$25,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
4	\$1,022,160

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

Fiscal Information:

CFDA Number:	93.997
EIN:	1596000800A5
Document Number:	16SM63549A
Fiscal Year:	2021

IC	CAN	Amount
SM	C96J670	\$25,000

IC	CAN	2021
SM	C96J670	\$25,000

SM Administrative Data:

PCC: AOT / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 3H79SM063549-04S1

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.

SECTION III – TERMS AND CONDITIONS – 3H79SM063549-04S1

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:

Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

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.

SECTION IV – SM SPECIAL TERMS AND CONDITIONS – 3H79SM063549-04S1

REMARKS

\$25,000 Technical Assistance (TA) Supplement

1) This Notice of Award is issued to inform your organization that Supplemental funding in the amount of \$25,000 is being continued for the purchase of Technical Assistance or for other allowable activities as outlined in the FOA of your grant award. Funds have been placed in the "Other" cost category.

Any post award change including a key staff change, a budget revision, or a change in scope requires prior approval and must be submitted as a post award amendment in eRA Commons.

For additional information on how to submit a post-award amendment, please visit the SAMHSA website: <https://www.samhsa.gov/grants/grants-management/post-award-changes>.

Any technical questions regarding the submission process should be directed to the eRA Service Desk: <http://grants.nih.gov/support/>.

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

Staff Contacts:

David Barry, Program Official

Phone: 240-276-0116 **Email:** david.barry@samhsa.hhs.gov

Sarah Dayhoff, Grants Specialist

Phone: (240) 276-1688 **Email:** Sarah.Dayhoff@samhsa.hhs.gov **Fax:** (240) 276-1420