



**HUMAN SERVICES GRANTS MANAGEMENT FORM (revised 10/08/2020)**

GRANT INFORMATION			
<b>Title of Grant:</b>	Pinellas County First Responder and Community Education and Engagement		
<b>Granting Agency:</b>	HHS/SAMHSA	<b>Grant Award #:</b>	1-H79TI084551
<b>Annual Award Amount:</b>	\$499,999	<b>Total Award Amount:</b>	\$1,999,996
<b>Project Period Start Date:</b>	9/30/2021	<b>Project Period End Date:</b>	9/29/2025
• Grant Extension Date:			
• Extension Reason:			
GRANT ADMINISTRATORS			
<b>BCC Authorizing Official</b>	Name:	Barry Burton	Title: County Administrator
<b>HS Project Director:</b>	Name:	Karen Yatchum	Title: Dept. Director
<b>HS Primary Grant Administrator</b>	Name:	Meghan Westbrook	
	Phone:	727-464-8273	
	Email:	mwestbrook@pinellascounty.org	
<b>Granting Agency Program Contact Information:</b>	Name:	Wilma A Pinnock	
	Role:	Project Officer	
	Phone:	240-276-2421	
	Email:	<a href="mailto:wilma.pinnock@samhsa.hhs.gov">wilma.pinnock@samhsa.hhs.gov</a>	
<b>Granting Agency Fiscal Contact Information:</b>	Name:	Karen Warner	
	Role:	Grants Management Specialist	
	Phone:	240-276-1426	
	Email:	<a href="mailto:karen.warner@samhsa.hhs.gov">karen.warner@samhsa.hhs.gov</a>	
<b>Granting Agency Technical Assistance Website:</b>	<a href="http://grants.nih.gov/support/">http://grants.nih.gov/support/</a>		
RESTRICTING TERMS & CONDITIONS & DUE DATES			
<b>Condition #:</b>	Name: Disparity Impact Statement (DIS)	<b>Due Date:</b>	11/30/2021
<p>The DIS should be consistent with information in your application regarding access, service use and outcomes for the program and include three components as described below. Questions about the DIS should be directed to your GPO. Examples of DIS can be found on the SAMHSA website at: <a href="https://www.samhsa.gov/grants/grants-management/disparity-impact-statement...">https://www.samhsa.gov/grants/grants-management/disparity-impact-statement...</a> All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons.</p>			
<b>Condition #:</b>	Name: Funding Limitations/Restrictions	<b>Due Date:</b>	Continuous
<p>No more than 20 percent of the grant award for the budget period may be used for data collection, performance measurement, and performance assessment expenses; Recipients may use up to 10 percent of funds for state, tribal or local governmental level administrative costs; SAMHSA grant award funds must not be used for the same activities that are funded by HRSA, CDC, or other SAMHSA programs; Only drugs or devices approved or cleared under the Federal Food, Drug, and</p>			



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Cosmetic Act for emergency treatment of known or suspected opioid overdose may be purchased with FR-CARA funds.			
<b>Condition #:</b>	Name: Participant Protection	<b>Due Date:</b>	10/31/2021
<p>The Committee reviewed the applicant organization’s plans for ensuring confidentiality and SAMHSA participant protection and expressed concerns that the applicant organization not only does not include this section in its application, but it does not explain its omission.</p> <p>The response needs to be uploaded via eRA Commons (more information can be found at <a href="https://www.samhsa.gov/grants/grants-training-materials">https://www.samhsa.gov/grants/grants-training-materials</a> 'Notice of Award: How to Respond to Terms and Conditions Training'). Please also email, with the grant number in the Subject line, the response to your assigned Government Project Officer and Participant Protection Officers Marion Pierce; marion.pierce@samhsa.hhs.gov and Ingrid Donato; ingrid.donato@samhsa.hhs.gov.</p> <p>All grant funds are available for this project except for those funds directly related to Participant Protection issues as outlined in the FOA. Currently, only activities that do not directly involve Participant Protection issues (i.e., are clearly severable and independent from those activities that do involve Participant Protection issues) may be conducted under this award. This restriction of funds will only be lifted if the Participant Protection issues are appropriately addressed by the grantee and resolved to the satisfaction of your designated Government Project Officer and the SAMHSA Participation Protection Officer.</p>			
<b>Condition #:</b>	Name: Key Personnel - Evaluator	<b>Due Date:</b>	Upon Hiring/Contracting with Evaluator
Once an Evaluator has been selected, the grant recipient is required to submit via eRA Commons (Post Award Amendment) a copy of the Bio/Resume.			
<b>Condition #:</b>	Name: Complete SPARS training	<b>Due Date:</b>	12/31/2021
To help grant recipients understand the reporting requirements and systems used to monitor progress, all grant recipients are required to complete online SPARS training within the first 90 days after award. To meet these requirements, FR-CARA grant recipients are expected to: (1) Complete SPARS training no later than December 31, 2021.			



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APPROVALS		
	<u>Approval Authority</u>	<u>Date Approved</u>
Intent to Apply	<input type="checkbox"/> OMB	4/9/2021
Application Submission	<input type="checkbox"/> Department Director <input type="checkbox"/> County Administrator <input type="checkbox"/> Board of County Commission	5/21/2021
Notice of Award	<input type="checkbox"/> County Administrator <input type="checkbox"/> Board of County Commission	9/7/2021
Budget Resolution	<input type="checkbox"/> OMB	
PROGRAM REPORTING		
Reporting Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:
Individual Responsible for Programmatic Reporting:	Name:	
	Phone:	
	Email:	
Name of Programmatic Reporting System(s):	SPARS	
Individual(s) w/Access to System		
System Access Maintained by:	Project Director (per SAMHSA)	
Final Report/Closeout Documents Completed:		
FINANCIAL REPORTING & REIMBURSEMENTS/DRAWDOWNS		
Reporting Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other:
Individual Responsible for Financial Reporting:	Name:	
	Phone:	Email:
Person Responsible for Setup of OPUS Project	Name:	
	Phone:	Email:
Name of Financial Reporting System(s):	PMS	
Individual(s) w/ Access to System		
System Access Maintained by:		



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Drawdown Dates and Amounts:	Drawdown Date	Amount	Total



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<b>SUB AWARDS/CONTRACTS</b>							
<b>Agency</b>	<b>Service</b>	<b>Amount</b>	<b>Sub-award (Y/N)</b>	<b>Legistar File #</b>	<b>Procurement Method</b>	<b>FFATA Report Filed (Date)</b>	<b>Site Visit/ Sub-Award Monitoring Visit</b>
<b>Procurement Methods:</b>	<ul style="list-style-type: none"> <li>• Micro-Purchase (&lt;\$10,000)</li> <li>• Small Purchase (&lt;\$150,000)</li> <li>• Sealed Bid</li> <li>• Competitive Proposal</li> <li>• Sole Source</li> </ul>						
<b>Indirect Cost Rate Proposal Submission:</b>	Indirect Cost Rate Proposal Submitted		Indirect Cost Rate Proposal Maintained in File				