

Application for Federal Assistance SF-424

OMB Approval No. 4040-0004
Expiration Date 12/31/2022

1. Type of Submission		2. Type of Application		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> [Redacted] <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Competing Continuation	

* 3. Date Received: 8/8/2022	4. Applicant Identifier: [Redacted]
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* 5.a Federal Entity Identifier: Application #:207861 Grants.Gov #:GRANT13692958	5.b Federal Award Identifier: H80CS00024
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* 6. Date Received by State: [Redacted]	7. State Application Identifier: [Redacted]
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8. Applicant Information:	
* a. Legal Name	PINELLAS, COUNTY OF
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000800	* c. Organizational UEI: R37RMC63XKG1
d. Address:	
* Street1:	14 S Fort Harrison Ave
Street2:	[Redacted]
* City:	Clearwater
County:	Pinellas
* State:	FL
Province:	[Redacted]
* Country:	US: United States
* Zip / Postal Code:	33756-5105

e. Organization Unit:	
Department Name: Human Services	Division Name: [Redacted]

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr.	* First Name: Joshua
Middle Name: Middle Name: [Redacted]	
Last Name: Barnett	
Suffix: [Redacted]	
Title: Health Care Administrator	
Organizational Affiliation: [Redacted]	
* Telephone Number: (727) 464-8434	Fax Number: [Redacted]
* Email: jbarnett@pinellascounty.org	

9. Type of Applicant 1: B: County Government
Type of Applicant 2: [Redacted]
Type of Applicant 3: [Redacted]
* Other (specify): [Redacted]

* 10. Name of Federal Agency: N/A

11. Catalog of Federal Domestic Assistance Number: 93.224
CFDA Title: Community Health Centers

* 12. Funding Opportunity Number: HRSA-23-020
* Title: Service Area Competition

13. Competition Identification Number: 8796
Title: Service Area Competition

Areas Affected by Project (Cities, Counties, States, etc.): See Attachment
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* 15. Descriptive Title of Applicant's Project: Health Center Cluster
Project Description: See Attachment

16. Congressional Districts Of:	* a. Applicant: FL-13	* b. Program/Project: FL-13
Additional Program/Project Congressional Districts: See Attachment		

17. Proposed Project: [Redacted]
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Application (Continuation Sheet)

* a. Start Date:	3/1/2023	* b. End Date:	2/28/2026
18. Estimated Funding (\$):			
* a. Federal	\$1,764,565.00		
* b. Applicant	\$0.00		
* c. State	\$577,053.00		
* d. Local	\$3,205,370.00		
* e. Other	\$0.00		
* f. Program Income	\$1,200.00		
* g. TOTAL	\$5,548,188.00		
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?			
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on			
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.			
<input type="checkbox"/> c. Program is not covered by E.O. 12372.			
* 20. Is the Applicant Delinquent Of Any Federal Debt (If "Yes", provide explanation in attachment.)			
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)			
<input checked="" type="checkbox"/> I Agree			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
Authorized Representative:			
Prefix:		* First Name:	Karen
Middle Name:			
* Last Name:	Yatchum		
Suffix:			
* Title:			
* Telephone Number:	(727) 464-5045	Fax Number:	
* Email:	Kyatchum@pinellascounty.org		
* Signature of Authorized Representative:	Karen Yatchum	* Date Signed:	8/8/2022

Project Abstract Summary

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Funding Opportunity Number

HRSA-23-020

CFDA(s)

93.224

Applicant Name

PINELLAS, COUNTY OF

Descriptive Title of Applicant's Project

Health Center Cluster

Project Abstract

Authorized by Pinellas County Board of County Commissioners (BCC) and the Health Care for the Homeless Co-Applicant Board, Pinellas County Human Services' Health Care for the Homeless (HCH) program provides basic medical care and related services. The health center program, Service Area ID 219, is targeted to serve 2,979 homeless individuals in Pinellas County, FL by 2024. Medical Services include: primary care, including the treatment of illness or injury as well as preventive care, education, limited prescription coverage and referrals for lab work, specialty care, dental assistance, behavioral-mental health assistance and substance use disorder services. The HCH Program has two service sites including the Bayside Health Clinic located at 14808 49th Street North in Clearwater and the use of a Mobile Medical Unit (MMU) van in varied locations throughout the county where the homeless congregate. The County contracts with the Florida Department of Health in Pinellas County (DOH) to provide primary care clinical services. Both the Pinellas DOH and County contract with various providers in the County for additional medical and supportive care services as needed by the program.

Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name: Pinellas County BCC

* Street1: 440 Court St

Street2:

* City: Clearwater

County: Pinellas

* State: Florida Province:

* Country: United States * ZIP / Postal Code: 33756-5139

UEI: *

Project/ Performance Site Congressional District: 13

Project/Performance Site Location

Organization Name: Pinellas County BCC

* Street1: 14808 49th St N

Street2:

* City: Clearwater County: Pinellas

* State: Florida Province:

* Country: United States * ZIP / Postal Code: 33762-2835

UEI: *

Project/ Performance Site Congressional District: 13

Project/Performance Site Location

Organization Name: Pinellas County BCC

* Street1: 647 1st Ave N

Street2:

* City: Saint Petersburg County: Pinellas

* State: Florida Province:

* Country: United States * ZIP / Postal Code: 33701-3601

UEI: *

Project/ Performance Site Congressional District: 13

SF-424A: BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0004

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$1,764,565.00	\$3,783,623.00	\$5,548,188.00
Total		\$0.00	\$0.00	\$1,764,565.00	\$3,783,623.00	\$5,548,188.00

SECTION B - BUDGET CATEGORIES			
Object Class Categories	Federal	Non-Federal	Total
a. Personnel	\$0.00	\$22888.00	\$22888.00
b. Fringe Benefits	\$0.00	\$8561.00	\$8561.00
c. Travel	\$5555.00	\$0.00	\$5555.00
d. Equipment	\$0.00	\$0.00	\$0.00
e. Supplies	\$750.00	\$0.00	\$750.00
f. Contractual	\$1749045.00	\$3752174.00	\$5501219.00
g. Construction	\$0.00	\$0.00	\$0.00
h. Other	\$9215.00	\$0.00	\$9215.00
i. Total Direct Charges (sum of a-h)	\$1764565.00	\$3783623.00	\$5548188.00
j. Indirect Charges	\$0.00	\$0.00	\$0.00
k. TOTALS (sum of i and j)	\$1764565.00	\$3783623.00	\$5548188.00

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Health Care for the Homeless	\$0.00	\$577,053.00	\$3,206,570.00	\$3,783,623.00
Total	\$0.00	\$577,053.00	\$3,206,570.00	\$3,783,623.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Federal	\$1,764,565.00	\$441,141.00	\$441,141.00	\$441,141.00	\$441,142.00
Non-Federal	\$3,783,622.00	\$945,906.00	\$945,906.00	\$945,906.00	\$945,904.00
Total	\$5,548,187.00	\$1,387,047.00	\$1,387,047.00	\$1,387,047.00	\$1,387,046.00

SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	First	Second	Third	Fourth
Health Care for the Homeless	\$1,764,565.00	\$0.00	\$0.00	\$0.00
TOTAL	\$1,764,565.00	\$0.00	\$0.00	\$0.00

SECTION F - OTHER BUDGET INFORMATION	
Direct Charges	No information added.
Indirect Charges	No information added.
Remarks	No information added.

DISCLOSURE OF LOBBYING ACTIVITIES

OMB Approval No. 0348-0046
Expiration Date 12/31/2013

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

1.* Type of Federal Action:

- a. contract
- b. grant
- c. cooperative agreement
- d. loan
- e. loan guarantee
- f. loan insurance

2.* Status of Federal Action:

- a. bid/offer/application
- b. initial award
- c. post-award

3.*

Report Type:

- a. initial filing
- b. material change

For Material Change

Year

Quarter

Date of Last Report

4. Name and Address of Reporting Entity:

Prime SubAwardee Tier If Known: _____

*Name PINELLAS, COUNTY OF

*Street 1 14 S Fort Harrison Ave

Street 2

* City Clearwater State FL

* Zip 33756-5105 Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6.* Federal Department/Agency: U.S Department of Health and Human Services, HRSA <input type="text"/>	7.* Federal Program Name/Description: Health Center Program <input type="text"/> CFDA Number, if applicable: 93.224 <input type="text"/>
8. Federal Action Number, if known: HRSA-23-020 <input type="text"/>	9. Award Amount, if known: <input type="text"/>

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 * Street 2

* City State * Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State * Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name Prefix: * First Name Karen Middle Name

* Last Name Yatchum Suffix

Title: Telephone No.: (727) 464-5045 Date:

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL

Program Specific Form(s) - Review

Note(s):

The 2021 UDS data is now available and prepopulated in this application. Please proceed with completing this form. Submit any questions using the [BPHC Contact Form](#).

00207861: PINELLAS, COUNTY OF

Due Date: 09/14/2022 (Due In: 0 Days)

Announcement Number: HRSA-23-020

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00024

Target Population: Health Care for the Homeless

Resources

View

FY 2023 SAC User Guide | Funding Opportunity Announcement | SAC TA

Form 1A - General Information Worksheet

As of 09/14/2022 10:47:04 AM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

1. Applicant Information

Applicant Name	PINELLAS, COUNTY OF
Fiscal Year End Date	February 28/29
Application Type	Competing Continuation
Grant Number	H80CS00024
Business Entity	<input type="checkbox"/> Tribal <input type="checkbox"/> Urban Indian <input type="checkbox"/> Private, non-profit (non-Tribal or Urban Indian) <input checked="" type="checkbox"/> Public (non-Tribal or Urban Indian)
Organization Type (Select all that apply)	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input checked="" type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other If 'Other' please specify:

2. Proposed Service Area

2a. Service Area Designation

Select MUA/MUP (Each ID must be 5 to 12 digits. Use commas to separate multiple IDs, without spaces)

Find an MUA/MUP

Medically Underserved Area (MUA) ID # 1122682555,1125037780
 Medically Underserved Population (MUP) ID # 07404,07407,05047,07400,07122
 Medically Underserved Area Application Pending ID #
 Medically Underserved Population Application Pending ID #

2b. Service Area Type

Choose Service Area Type

Urban
 Rural
 Sparsely Populated - Specify population density by providing the number of people per square mile: 0.00

2c. Patients and Visits

Unduplicated Patients and Visits by Population Type

How many unduplicated patients are projected to be served by December 31, 2024? (This projection is for calendar year 2024.)

2831

Population Type	UDS / Baseline Value		Projected by December 31, 2024 (January 1 - December 31, 2024)	
	Patients	Visits	Patients	Visits
Total	1816	16366	2831	17342
General Underserved Community (Include all patients/visits not reported in the rows below)	14	14	29	78
Migratory and Seasonal Agricultural Workers and	4	4	0	0

Families

Public Housing Residents	0	0	0	0
People Experiencing Homelessness	1798	4851	2802	17264

Patients and Visits by Service Type				
Service Type	UDS / Baseline Value		Projected by December 31, 2024 (January 1 - December 31, 2024)	
	Patients	Visits	Patients	Visits
Total Medical Services	1816	4889	2831	7077
Total Dental Services	695	3104	820	3280
Behavioral Health Services				
Total Mental Health Services	451	3846	475	3325
Total Substance Use Disorder Services	146	1902	157	2041
Total Vision Services	22	31	38	57
Total Enabling Services	377	2204	284	1562

Form 1C - Documents On File

As of 09/14/2022 10:47:04 AM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Management and Finance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.	06/03/2021	
Procurement procedures.	09/01/2021	
Standards of Conduct/Conflict of Interest policies/procedures.	08/30/2017	
Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities.	07/12/2022	
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug. ¹ (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A.)		[X]
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother. ² (Only applicable if your organization provides abortion services; otherwise, indicate as N/A.)		[X]
Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay.	04/13/2021	

Services	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Credentialing/Privileging operating procedures.	04/08/2022	
Coverage for Medical Emergencies During and After Hours operating procedures.	03/03/2021	
Continuity of Care/Hospital Admitting operating procedures.	07/09/2019	
Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule.	02/08/2022	
Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records.	03/03/2021	

Governance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Governing Board Bylaws.	03/09/2021	
Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.)	03/09/2021	[_]

Evidence of Nonprofit or Public Center Status

01/01/1950

Form 4 - Community Characteristics

As of 09/14/2022 10:47:04 AM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Race	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Asian	34167	3.56%	23	0.77%
Native Hawaiian	852	0.09%	13	0.44%
Other Pacific Islander	0	0%	0	0%
Black/African American	94154	9.82%	691	23.2%
American Indian/Alaska Native	3561	0.37%	15	0.5%
White	709036	73.93%	2112	70.9%
More than One Race	117337	12.23%	125	4.2%
Unreported/Refused to Report	0	0%	0	0%
Total	959107	100%	2979	100%

Hispanic or Latino/a Ethnicity	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Hispanic or Latino/a	102439	10.68%	223	7.49%
Non-Hispanic or Latino/a	684463	71.36%	2750	92.31%
Unreported/Refused to Report	172205	17.95%	6	0.2%
Total	959107	100%	2979	100%

Income as a Percent of Poverty Guideline	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
100% and below	150380	15.68%	2823	94.76%
101-200%	129449	13.5%	118	3.96%
Over 200%	679278	70.82%	38	1.28%
Total	959107	100%	2979	100%

Principal Third Party Medical Insurance	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Medicaid	98352	10.25%	125	4.2%
Medicare	109606	11.43%	13	0.44%
Other Public Insurance	12086	1.26%	0	0%
Private Insurance	629403	65.62%	0	0%
None/Uninsured	109660	11.43%	2841	95.37%
Total	959107	100%	2979	100%

Special Populations and Select Population Characteristics	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Migratory/Seasonal Agricultural Workers and Families	97	0.01%	0	0%
People Experiencing Homelessness	3288	0.34%	2949	98.99%
Residents of Public Housing	0	0%	0	0%
School Age Children	109338	11.4%	0	0%
Veterans	94951	9.9%	21	0.7%
Lesbian, Gay, Bisexual and Transgender	44119	4.6%	136	4.57%

People Living with HIV	4959	0.52%	18	0.6%
Individuals Best Served in a Language Other Than English	46711	4.87%	16	0.54%
Other	0	0%	0	0%

Form 2 - Staffing Profile

As of 09/14/2022 10:47:04 AM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

▼ Key Management Staff/Administration

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Project Director/Chief Executive Officer (CEO)	0.20	NO
Finance Director/Chief Financial Officer (CFO)	0.00	NO
Chief Operations Officer (COO)	0.00	NO
Chief Information Officer (CIO)	0.00	NO
Clinical Director/Chief Medical Officer (CMO)	0.00	YES
Administrative Support Staff	0.00	NO

▼ Facility and Non-Clinical Support Staff

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Management and Support Staff	0.00	NO
Fiscal and Billing Staff	0.00	NO
IT Staff	0.00	NO
Facility Staff	0.00	YES
Patient Support Staff	0.00	YES

▼ Physicians

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Family Physicians	0.00	NO
General Practitioners	0.00	YES
Internists	0.00	NO
Obstetricians/Gynecologists	0.00	NO
Pediatricians	0.00	NO
Other Specialty Physicians	0.00	NO

▼ Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurse Practitioners	0.00	YES
Physician Assistants	0.00	YES
Certified Nurse Midwives	0.00	NO

▼ Medical

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurses	0.00	YES
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides)	0.00	YES
Laboratory Personnel	0.00	NO
X-Ray Personnel	0.00	NO

▼ Dental

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Dentists	0.00	NO
Dental Hygienists	0.00	NO
Dental Therapists	0.00	NO
Other Dental Personnel	0.00	NO

▼ Behavioral Health (Mental Health and Substance Use Disorder Services)

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Psychiatrists	0.00	NO
Licensed Clinical Psychologists	0.00	NO
Licensed Clinical Social Workers	0.00	NO
Other Licensed Mental Health Providers	0.00	YES
Other Mental Health Staff	0.00	NO
Substance Use Disorder Providers	0.00	YES

▼ Professional Services

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Other Professional Health Services	0.00	NO

▼ Vision Services

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Ophthalmologists	0.00	NO
Optometrists	0.00	NO
Other Vision Care Staff	0.00	NO

▼ Pharmacy Personnel

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Pharmacy Personnel	0.00	NO

▼ Enabling Services

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Case Managers	0.00	YES
Patient/Community Education Specialists	0.00	YES
Outreach Workers	0.00	NO
Transportation Staff	0.00	NO
Eligibility Assistance Workers	0.00	YES
Interpretation Staff	0.00	NO
Community Health Workers	0.00	NO
Other Enabling Services	0.00	NO

▼ Other Programs and Services

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Quality Improvement Staff	0.00	YES
Other Programs and Services	0.00	NO

▼ Total FTEs

Totals	Direct Hire FTEs	Contract/Agreement FTEs
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Totals

0.2

N/A

Form 3 - Income Analysis

As of 09/14/2022 10:47:04 AM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income (e)
Part 1: Patient Service Revenue - Program Income					
1. Medicaid	100.00	120.00	\$125.00	\$1,200.00	\$1,128.00
2. Medicare	0.00	0.00	\$0.00	\$0.00	\$0.00
3. Other Public	0.00	0.00	\$0.00	\$0.00	\$0.00
4. Private	0.00	0.00	\$0.00	\$0.00	\$0.00
5. Self Pay	2879.00	7447.00	\$0.00	\$0.00	\$0.00
6. Total (Lines 1 to 5)	2979	7567	N/A	\$1,200.00	\$1,128.00
Part 2: Other Income - Other Federal, State, Local and Other Income					
7. Other Federal	N/A	N/A	N/A	\$0.00	\$0.00
8. State Government	N/A	N/A	N/A	\$577,053.00	\$645,666.00
9. Local Government	N/A	N/A	N/A	\$3,205,370.00	\$1,226,829.00
10. Private Grants/Contracts	N/A	N/A	N/A	\$0.00	\$0.00
11. Contributions	N/A	N/A	N/A	\$0.00	\$0.00
12. Other	N/A	N/A	N/A	\$0.00	\$0.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	\$0.00	\$0.00
14. Total Other (Lines 7 to 13)	N/A	N/A	N/A	\$3,782,423.00	\$1,872,495.00
Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)					
15. Total Non-Federal Income (Lines 6+14)	N/A	N/A	N/A	\$3,783,623.00	\$1,873,623.00

Comments/Explanatory Notes (if applicable)

Pinellas County is only able to collect income from clients who have not subscribed to an Medicaid Managed Care/HMO to provide their Medicaid services. The County is attempting to contract with the state managed HMO insurers; but the volume doesn't warrant the administrative burden incurred for collections received.

As of 09/14/2022 10:47:04 AM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Form 5A - Required Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
General Primary Medical Care	[_]	[X]	[_]
Diagnostic Laboratory	[_]	[X]	[_]
Diagnostic Radiology	[_]	[X]	[_]
Screenings	[_]	[X]	[_]
Coverage for Emergencies During and After Hours	[_]	[X]	[_]
Voluntary Family Planning	[_]	[_]	[X]
Immunizations	[_]	[X]	[_]
Well Child Services	[_]	[_]	[X]
Gynecological Care	[_]	[X]	[X]
Obstetrical Care			
Prenatal Care	[_]	[_]	[X]
Intrapartum Care (Labor & Delivery)	[_]	[_]	[X]
Postpartum Care	[_]	[_]	[X]

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Preventive Dental	[_]	[X]	[_]
Pharmaceutical Services	[_]	[X]	[_]
HCH Required Substance Use Disorder Services	[_]	[X]	[_]
Case Management	[_]	[X]	[_]
Eligibility Assistance	[X]	[X]	[_]
Health Education	[_]	[X]	[_]
Outreach	[X]	[X]	[_]
Transportation	[_]	[X]	[_]
Translation	[_]	[X]	[_]

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Form 5A - Additional Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Additional Dental Services	[_]	[X]	[_]
Behavioral Health Services			
Mental Health Services	[_]	[X]	[_]
Substance Use Disorder Services	[_]	[_]	[_]
Optometry	[_]	[_]	[_]
Recuperative Care Program Services	[_]	[_]	[_]
Environmental Health Services	[_]	[_]	[_]
Occupational Therapy	[_]	[X]	[_]
Physical Therapy	[_]	[X]	[_]
Speech-Language Pathology/Therapy	[_]	[_]	[_]
Nutrition	[_]	[_]	[X]
Complementary and Alternative Medicine	[_]	[_]	[_]
Additional Enabling/Supportive Services	[_]	[_]	[_]

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Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Podiatry	[_]	[X]	[_]
Psychiatry	[_]	[X]	[_]
Endocrinology	[_]	[_]	[_]
Ophthalmology	[_]	[_]	[_]
Cardiology	[_]	[_]	[_]

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Pulmonology	[]	[]	[]
Dermatology	[]	[]	[]
Infectious Disease	[]	[]	[]
Gastroenterology	[]	[]	[]
Advanced Diagnostic Radiology	[]	[]	[]

Form 5B - Service Sites

As of 09/14/2022 10:47:04 AM

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MOBILE MEDICAL UNIT (BPS-H80-000672)		Action Status: Picked from Scope	
Site Name	MOBILE MEDICAL UNIT	Physical Site Address	647 1st Ave N, Saint Petersburg, FL 33701-3601
Site Type	Service Delivery Site	Site Phone Number	(727) 582-7781
Web URL	www.pinellascounty.org		
Location Type	Mobile Van	Site Setting	All Other Clinic Types
Date Site was Added to Scope	12/7/1987	Site Operational By	12/7/1987
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	27
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	33760, 33764, 33705, 33781, 33707, 33711, 33770, 33771, 33712, 33765, 33713, 34689, 33702, 33709, 33755, 33701, 33756, 33714, 33772
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Pinellas County BCC Admin Office (BPS-H80-014512)		Action Status: Picked from Scope	
Site Name	Pinellas County BCC Admin Office	Physical Site Address	440 Court Street, 2nd Floor, Clearwater, FL 33756
Site Type	Administrative	Site Phone Number	(727) 464-8416
Web URL			
Location Type	Permanent	Site Setting	
Date Site was Added to Scope	1/6/2015	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	0
Months of Operation	May, June, July, August, January, February, March, April, November, September, October, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes			
Bayside Health Clinic (BPS-H80-018057)			Action Status: Picked from Scope
Site Name	Bayside Health Clinic	Physical Site Address	14808 49th St N, Clearwater, FL 33762-2835
Site Type	Service Delivery Site	Site Phone Number	(727) 453-7866
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	6/3/2016	Site Operational By	6/3/2016
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	60
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	34689, 33770, 33764, 33707, 33705, 33755, 33756, 33771, 33772, 33760, 33765, 33762, 33711, 33714, 33701, 33713, 33702, 33709, 33712, 33781
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Form 5C - Other Activities/Locations

As of 09/14/2022 10:47:04 AM
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Activity/Location Information	
No other activities/locations added.	

Form 6A - Current Board Member Characteristics

As of 09/14/2022 10:47:04 AM
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

List of All Board Member(s)						
Name	Current Board Office Position Held	Area of Expertise	10% of income from health industry	Health Center Patient	Live or Work in Service Area	Special Population Representative
Helen Rhymes	Chairperson	Government	No	No	Live, Work	Yes (HCH)
Theresa White		Health Care Homeless Shelter	No	No	Live, Work	Yes (HCH)
Christa Bruning	Secretary	Homeless Housing	No	No	Work	Yes (HCH)
Susan Finlaw Dusseault		Homeless Continuum of Care	No	No	Work	Yes (HCH)
Joseph Pandolfino		Homeless Shelter	No	No	Work	Yes (HCH)
Maxine Booker		Behavioral Health	No	No	Work	Yes (HCH)
Sandra Grosvenor		Health Care	No	No	Live, Work	Yes (HCH)

Carolyn Keogh		Behavioral Health	No	No	Work	Yes (HCH)
Jennifer Post		Health Care Business	No	No	Live, Work	Yes (HCH)
Eddie Hillmon		Law Enforcement	No	No	Work	Yes (HCH)
Danielle Husband		Homeless Shelter	No	No	Live, Work	Yes (HCH)
Edi Erb	Vice-Chair	Homeless Shelter	No	No	Work	Yes (HCH)
Lissette Roscoe		Homeless Case Management	No	No	Work	Yes (HCH)

Patient Board Member(s) Classification	
Gender	Number of Patient Board Members
Male	0
Female	0
Unreported/Refused to Report	0
Ethnicity	Number of Patient Board Members
Hispanic or Latino/a	0
Non-Hispanic or Latino/a	0
Unreported/Declined to Report	0
Race	Number of Patient Board Members
Native Hawaiian	0
Other Pacific Islander	0
Asian	0
Black/African American	0
American Indian/Alaska Native	0
White	0
More Than One Race	0
Unreported/Declined to Report	0

If you are a public organization/center, do the board members listed above represent a co-applicant board?

Yes No N/A

Form 6B - Request for Waiver of Board Member Requirements

As of 09/14/2022 10:47:04 AM
 OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Request for Waiver

Name of Organization: PINELLAS, COUNTY OF

1. New Waiver Request

Are you requesting a new waiver of the 51% patient majority governance requirement? Yes No

2. For Applicants With Previous Waiver

2a. Do you currently have a waiver of the 51% patient majority governance requirement? Yes No

2b. Are you requesting the patient majority waiver to be continued? Yes No Not Applicable
(This question is required if you answered Yes to question 2a.)

3. Demonstration of Good Cause for Waiver (Demonstrate good cause for the waiver request by addressing the following areas)

The 2022 Pinellas County Point-In-Time Survey, a count of sheltered and unsheltered people experiencing homelessness on a single night in January,

3a. Provide a description of the population to be served and the characteristics of the population/service area that would necessitate a waiver.

(This question is required if you answered Yes to question 1 or question 2b.)

identified 1,985 people comprising 1,658 households as literally homeless. Of the 1,985 total people counted, 52% (1,034) were in Emergency Shelters, 32% (644) were Unsheltered, 13% (258) were in Transitional Housing, and 2% (49) were in Safe Havens. Overall homelessness decreased slightly from 2020, when 2,226 people comprising 1,979 households were identified. Unsheltered homelessness also decreased from 36% (808) in 2020, 34% (834) in 2019, and 36% (956) in 2018. In 2021, 21% of people on the Coordinated Entry prioritization list have VI-SPDAT scores of 10+, indicating the need for Permanent Supportive Housing. Of these clients, 62% have a mental health disorder, 46% have a substance use disorder, 45% have a physical health disorder, and 30% have a chronic health disorder. With no Medicaid expansion in Florida, many uninsured, low income adults remain without health insurance. Under Florida's Medicaid system, coverage is only for pregnant women, children, parents or caretaker relatives of children with income within certain limits, aged or disabled individuals not receiving SSI and former foster care individuals. These eligibility requirements leave many homeless individuals without health care coverage. Pinellas County also has six (6) HHS designated Health Professional Shortage Areas (HPSA). The Medically Underserved Populations (MUP) mirror those that have a shortage of health care professionals, however they represent smaller geographic areas.

3b. Provide a description of the health center's attempts to meet the requirement to date and explain why these attempts have not been successful.

(This question is required if you answered Yes to question 1 or question 2b.)

Members of the HCH Co-Applicant Board and staff continually recruit consumers to participate in the Board. Since 2020 and shifting to a virtual environment during COVID-19, consumer recruitment declined. However, as of July 2022, we have identified 6 consumers who have expressed interest in participating in the Board. The health center has faced challenges with ongoing consumer participation including making the commitment to a monthly meeting due to their personal issues of homelessness, individuals who got a job, and individuals who moved out of the area. The health center is reviewing strategies and policies that might incentivize consumers to participate in-person or virtually. Ongoing recruitment efforts include having staff members provide copies of the board brochure/flyer to patients; staff and board members present to eligible clients at homeless shelter intake meetings and site announcements; and regularly encourage patients to consider participation.

4. Alternative Mechanism Plan for Addressing Patient Representation

Present a plan for complying with the intent of the statute via an alternative mechanism that ensures patient input and participation in the organization, as well as direction and ongoing governance of the health center.

(This question is required if you answered Yes to question 1 or question 2b.)

PC maintains a Board Approved Recruitment Plan with strategies to recruit and cultivate board participation and engagement. Strategies include 1) Peer to Peer recruitment by existing Board members; 2) Stakeholder recruitment to leaders in the community with expertise in working with the homeless; 3) Marketing tools to educate and encourage participation including, a flyer distributed in clinics, homeless shelters and other areas where the target population gathers; distribution to individuals during survey interviews, focus groups, satisfaction surveys; a Monthly email Newsletter; a Website with meeting minutes, and application; and promotion of the Board during community presentations by PC HS Staff. The health center also seeks ongoing consumer feedback and participation through satisfaction surveys and patient interviews, focus groups, and reviewing input of people with lived experience from other community partners including the HUD Continuum of Care partner in Pinellas. The health center conducts a stakeholder survey as part of its Needs Assessment.

Form 8 - Health Center Agreements

As of 09/14/2022 10:47:04 AM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

PART I: Health Center Agreements

1. Does your organization have a parent, affiliate, or subsidiary organization? If Yes, indicate the number of each agreement by type in 1a, 1b, or 1c below and complete Part II. If No, Part II is Not Applicable.

Yes No

1a. Number of Parent Organizations

1b. Number of Affiliate Organizations

1c. Number of Subsidiary Organizations

Total Number of Parent, Affiliate, or Subsidiary Organizations

0

2. Do you currently have, or plan to utilize:

a) Contract(s) with another organization to perform substantive programmatic work within the proposed scope of project? *For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers.*

Or

b) Subawards to carry out a portion of the proposed scope of project. *The purpose of a subaward is to carry out a portion of the Federal award and creates a Federal assistance relationship with the subrecipient.*

Yes No

Note(s):

- Subawards or contracts made to related organizations such as a parent, affiliate, or subsidiary must be identified and addressed in this form. The acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers) is not considered programmatic work.

If **Yes**, indicate the number of each agreement by type in 2a and/or 2b below and complete Part II. If **No**, **Part II is Not Applicable**.

2a. Number of contracts with another organization to perform substantive programmatic work within the proposed scope of project.

1

2b. Number of subawards made to subrecipients to carry out a portion of the proposed scope of project.

0

2c. **Total** number of contracts for substantive programmatic work and/or subawards.

1

Part II: Attachments

All parent, affiliate or subsidiary agreements, as well as contracts for substantive programmatic work and subawards, including contracts or subawards which involve a parent, affiliate, or subsidiary organization referenced in Part I must be uploaded in full. Uploaded documents will NOT count against the page limit.

Organization Name Florida Department of Health in Pinellas County

Type of Agreement Contract

▼ Attachments

Document Name	Size	Date Attached	Description
FY18 DOH Primary Fully Executed Agreement_10-26-18 and Renewal 2021 Compressed.pdf	4 MB	09/06/2022	Florida Department of Health in Pinellas County - contract

Form 12 - Organization Contacts

As of 09/14/2022 10:47:04 AM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Contact Information

Chief Executive Officer	Name	Highest Degree	Email	Phone Number
Chief Executive Officer	Dr. Joshua Barnett	Ph.D.	jbarnett@pinellascounty.org	(727) 464-8481
Contact Person	Name	Highest Degree	Email	Phone Number
Grants Manager	Ms. Elisa DeGregorio	MA	edegregorio@pinellascounty.org	(727) 464-8434
Chief Medical Officer	Name	Highest Degree	Email	Phone Number
Chief Medical Officer	Dr. Chitra Ravindra	M.D.	Chitra.Ravindra@flhealth.gov	(727) 824-6947

Dental Director	Name	Highest Degree	Email	Phone Number
Behavioral Health Director	Name	Highest Degree	Email	Phone Number

Summary Page

As of 09/14/2022 10:47:04 AM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Service Area	
1. What is the Service Area Announcement Table identifying information for the service area that you are proposing to serve?	Service Area ID #: 219
	Service Area City: Clearwater
	State: Florida (FL)

Patient Projection	
2. What is the total unduplicated patient projection for calendar year 2024? Note: If changes are required, revisit Form 1A [link].	2831
3. What is the Patient Target from the Service Area Announcement Table for the proposed service area?	2979
4. Percent of the service area Patient Target proposed to be served in calendar year 2024. Note: The value must be at least 75 percent for the application to be considered eligible for funding.	95.03%
5. <input checked="" type="checkbox"/> By checking this box, I acknowledge that in addition to the total unduplicated patient projection made on Form 1A [link] (see item 2 above), HRSA will track progress made toward the additional patient projections for any other funding awarded within my period of performance that can be monitored by December 31, 2024 (i.e., patient commitments from awarded applications, if any).	

Federal Request for Health Center Program Funding

6. I am requesting the following types of Health Center funding:

Funding Type	Fund Requested
Community Health Centers – CHC-330(e)	\$0.00
Health Care for the Homeless – HCH-330(h)	\$1,764,565.00
Migrant Health Centers – MHC-330(g)	\$0.00
Public Housing Primary Care – PHPC-330(i)	\$0.00
Total	\$1,764,565.00

Note: Ensure this value does not exceed the Total Funding listed in the Service Area Announcement Table for the service area. If a funding reduction is required based on the patient projection (value between 75 and 94.9 percent for item 4 above), this figure should be lower than the value in the Service Area Announcement Table. See the Summary of Funding section of the NOFO for details.

Scope of Project: Sites and Services

7. I am proposing the following site(s): (New applicants and competing supplement applicants only)

This section is not applicable to you, since you are submitting a Competing Continuation application.

8. Sites Certification (New applicants and competing supplement applicants only)

This section is not applicable to you, since you are submitting a Competing Continuation application.

9. Scope of Project Certification - Services (Competing continuation applicants only) - select only one below

By checking this option, I certify that I have reviewed my Form 5A: Services Provided [link] and it accurately reflects all services and service delivery methods included in my current approved scope of project.

By checking this option, I certify that I have reviewed my Form 5A: Services Provided [link] and it requires changes that I have submitted through the change in scope process.

10. Scope of Project Certification - Sites (Competing continuation applicants only) - select only one below


By checking this option, I certify that I have reviewed my Form 5B: Service Sites [link] and it accurately reflects all sites included in my current approved scope of project.

By checking this option, I certify that I have reviewed my Form 5B: Service Sites [link] and it requires changes that I have submitted through the change in scope process.

11. 120 Day Compliance Achievement

By checking this box, I certify that if my organization is noncompliant with any Health Center Program requirements, in accordance with Section 330(e)(1)(B), I will submit for HRSA's approval within 120 days of receipt of the Notice of Award (NoA) a Compliance Achievement Plan to come into compliance. I acknowledge that areas of noncompliance will be documented through the carryover of any unresolved, existing condition(s) from the current period of performance and/or the placement of new condition(s) on the award based on the review of this application. I also acknowledge that all conditions on my award must be addressed within the timeframes and due dates specified on my Health Center Program NoA(s) and that the Compliance Achievement Plan I submit must align with such timelines.

12. Uniform Data System (UDS) Report Certification

By checking this box, I certify that I have reviewed the UDS Resources , including the most recent UDS Manual and understand that my organization will be required to report data on patients, services, staffing, and financing annually. I also acknowledge that failure to submit a complete report by the specified deadline may result in conditions or restrictions being placed on the Health Center Program award.

13. Applicants for HCH and PHPC Funding: Supplement and Not Supplant Certification (New and competing supplement applicants only)

By checking this box, I certify that my organization will utilize HCH and/or PHPC grant funding to supplement and not supplant, the expenditures of the health center and the value of in-kind contributions for the delivery of services to these populations.

Describe, with specific examples, how you will utilize the requested federal funds to add new or expand existing services to individuals experiencing homelessness and/or residents of public housing within your service area, as well as how this is an increase or expansion of the services your organization was providing previously for these populations. (maximum 1,000 characters)

Not Applicable. My organization is submitting a competing continuation application, or submitting a new or competing supplement application, but the organization is NOT requesting HCH and/or PHPC funding on the SF-424A.

Close Window

