

Application for Federal Assistance SF-424

OMB Approval No. 4040-0004
Expiration Date 8/31/2016

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

| | |
|--|---|
| * 3. Date Received: <input type="text"/> | 4. Applicant Identifier: <input type="text"/> |
|--|---|

| | |
|--|--|
| * 5.a Federal Entity Identifier: Application #: 157027 Grants.Gov #: <input type="text"/> | 5.b Federal Award Identifier: H80CS00024 |
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|---|---|
| * 6. Date Received by State: <input type="text"/> | 7. State Application Identifier: <input type="text"/> |
|---|---|

| | |
|--|---|
| 8. Applicant Information: | |
| * a. Legal Name PINELLAS, COUNTY OF | * c. Organizational DUNS: 055200216 |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000800 | |
| d. Address: | |
| * Street1: 14 S. Fort Harrison OMB 5th Floor | |
| Street2: <input type="text"/> | |
| * City: CLEARWATER | |
| County: <input type="text"/> | |
| * State: FL | |
| Province: <input type="text"/> | |
| * Country: US: United States | |
| * Zip / Postal Code: 33756-5338 | |

| | |
|---|---|
| e. Organization Unit: | |
| Department Name: <input type="text"/> | Division Name: <input type="text"/> |

| | |
|---|--|
| f. Name and contact information of person to be contacted on matters involving this application: | |
| Prefix: <input type="text"/> | * First Name: Daisy |
| Middle Name: Middle Name: <input type="text"/> | |
| Last Name: Rodriguez | |
| Suffix: <input type="text"/> | |
| Title: <input type="text"/> | |
| Organizational Affiliation: <input type="text"/> | |
| * Telephone Number: (727) 464-4206 | Fax Number: <input type="text"/> |
| * Email: darodriguez@pinellascounty.org | |

| |
|--|
| 9. Type of Applicant 1: B: County Government |
| Type of Applicant 2: <input type="text"/> |
| Type of Applicant 3: <input type="text"/> |
| * Other (specify): <input type="text"/> |

| |
|---|
| * 10. Name of Federal Agency: N/A |
|---|

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

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|--|
| * 12. Funding Opportunity Number: HRSA-18-118 |
| * Title: Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) |

| |
|--|
| 13. Competition Identification Number: 7523 |
| Title: Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) |

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| 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:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

| | |
|---------------------|--------------|
| * a. Federal | \$280,750.00 |
| * b. Applicant | \$0.00 |
| * c. State | \$0.00 |
| * d. Local | \$0.00 |
| * e. Other | \$0.00 |
| * f. Program Income | \$0.00 |
| * g. TOTAL | \$280,750.00 |

19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent Of Any Federal Debt(If "Yes", provide explanation in attachment.)

Yes 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)

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: | <input type="text"/> | * First Name: | <input type="text" value="Daisy"/> |
| Middle Name: | <input type="text" value="M"/> | | |
| * Last Name: | <input type="text" value="Rodriguez"/> | | |
| Suffix: | <input type="text"/> | | |
| * Title: | <input type="text"/> | | |
| * Telephone Number: | <input type="text" value="(727) 464-4206"/> | Fax Number: | <input type="text"/> |
| * Email: | <input type="text" value="darodriguez@pinellascounty.org"/> | | |
| * Signature of Authorized Representative: | <input type="text" value="Daisy M Rodriguez"/> | * Date Signed: | <input type="text"/> |

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 | \$280,750.00 | \$0.00 | \$280,750.00 |
| Total | | \$0.00 | \$0.00 | \$280,750.00 | \$0.00 | \$280,750.00 |

| SECTION C - NON-FEDERAL RESOURCES | | | | |
|------------------------------------|---------------|---------------|---------------|---------------|
| Grant Program Function or Activity | Applicant | State | Other Sources | TOTALS |
| Health Care for the Homeless | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

SF-424B: ASSURANCES, NON-CONSTRUCTION PROGRAMS

OMB Approval No. 4040-0007
 Expiration Date 06/30/2014

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681- 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. 45 CFR 75, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Daisy M Rodriguez

* APPLICANT ORGANIZATION

PINELLAS, COUNTY OF

* TITLE

* DATE SUBMITTED

Program Specific Form(s) - Review

| | | |
|---|---|--|
| 00157027: PINELLAS, COUNTY OF | | Due Date: 07/16/2018 (Due In: 19 Days) |
| Announcement Number: HRSA-18-118 | Announcement Name: Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) | Application Type: Revision (Supplemental) |
| Grant Number: H80CS00024 | Year 1 Total Federal Funding (Eligible/Requested): \$280,750/\$0 | Year 2 Total Federal Funding (Eligible/Requested): \$130,750/\$0 |
| Resources | | |

Federal Object Class Categories

As of 06/27/2018 10:11:41 AM
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| Budget Categories | | | | | | |
|--|---------|-------------|---------|-------------|--------|--------|
| Object Class Category | Year 1 | | Year 2 | | Total | |
| | Federal | Non-Federal | Federal | Non-Federal | Year 1 | Year 2 |
| a. Personnel | | | | | \$0.00 | \$0.00 |
| b. Fringe Benefits | | | | | \$0.00 | \$0.00 |
| c. Travel | | | | | \$0.00 | \$0.00 |
| d. Equipment | | | N/A | | \$0.00 | \$0.00 |
| e. Supplies | | | | | \$0.00 | \$0.00 |
| f. Contractual | | | | | \$0.00 | \$0.00 |
| g. Construction | | | N/A | | \$0.00 | \$0.00 |
| h. Other | | | | | \$0.00 | \$0.00 |
| i. Total Direct Charges (sum of a through h) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| j. Indirect Charges | | | | | \$0.00 | \$0.00 |
| k. Total Budget Specified in this application (sum of i through j) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Project Overview

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Fields with are required

| Federal Funding Request | Year 1 Federal Funds Requested | Year 2 Federal Funds Requested |
|----------------------------------|--------------------------------------|--------------------------------------|
| Expanded Services Funding | | |

You must request expanded services funding to implement and/or advance evidence-based strategies to expand access to integrated SUD and/or mental health services, including additional MAT services, if applicable, for years 1 and 2.

Note the following when completing this form:

- Additional expanded services funding is available to health centers currently providing MAT services as demonstrated by 2017 UDS to increase the number of patients receiving MAT services.
- If your health center did not report patients receiving MAT for OUD in 2017, you may request only the base level of expanded services funding in years 1 and 2 (plus one-time funding in year 1).
- Funding is anticipated to continue to support service expansion activities in year 2.
- HRSA provided the maximum amount of funding each health center is eligible to request for years 1 and 2 by email.
- Expanded services funding is expected to become part of the H80 grant award (roll into base funding) contingent upon available funding and satisfactory progress.

One-Time Funding to Support Service Expansion (Optional)

You may also request one-time funding to support increased access to integrated SUD and/or mental health services, including additional MAT services, if applicable, in year 1. One-time funding is not available in year 2.

| | | |
|-------|-----|-----|
| Total | \$0 | \$0 |
|-------|-----|-----|

Evidence-Based Strategies

| | |
|---|-------------------------------------|
| <p>Identify which evidence-based integration strategy(ies) SUD-MH funding will help you implement and/or advance. Select all that apply. If "Other" is selected, describe the proposed evidence-based strategy(ies) in Project Narrative question 1 below.</p> | <p>Select All That Apply</p> |
|---|-------------------------------------|

| | |
|--|---|
| Medication Assisted Treatment | <input type="checkbox"/> Medication Assisted Treatment |
| Collaborative Care Model | <input type="checkbox"/> Collaborative Care Model |
| Patient-Centered Medical Home | <input type="checkbox"/> Patient-Centered Medical Home |
| Medicaid Health Homes | <input type="checkbox"/> Medicaid Health Homes |
| Four Quadrant Model | <input type="checkbox"/> Four Quadrant Model |
| Assertive Community Treatment (ACT) | <input type="checkbox"/> Assertive Community Treatment (ACT) |
| Integration of Mental Health, Substance Use, and Primary Care Services | <input type="checkbox"/> Integration of Mental Health, Substance Use, and Primary Care Services |
| Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) | <input type="checkbox"/> Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) |
| Screening, Brief Interventions, Referral to Treatment (SBIRT) | <input type="checkbox"/> Screening, Brief Interventions, Referral to Treatment (SBIRT) |
| Other evidence-based strategy - In your response to Project Narrative question 1 below, provide details on the selected integration strategy(ies) | <input type="checkbox"/> Other evidence-based strategy |

Project Narrative

1. Describe how proposed activities and purchases will help implement and/or advance each identified evidence-based integration strategy, including how they address the health center's overarching SUD and/or mental health goals.

If you selected 'Other' above, identify the selected integration strategy(ies) and briefly state the evidence base. If you wish to submit a table or diagram to support this narrative, do so in the Project Description/Abstract attachment.

Approximately 3/4 page. (Max 2500 Characters with spaces)

2. Describe the actions that you will take to achieve expanded access to quality integrated SUD and/or mental health services, including proposed personnel and one-time funding uses (if requested). If additional MAT funding is requested, specifically address expanded access to MAT for OUD.

Approximately 3/4 page. (Max 2500 Characters with spaces)

Staffing Impact

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| Staffing Categories | | | | |
|--|-------------------------------------|--|-------------------------------------|--|
| Staffing Positions by Major Service Category | Year 1 | | Year 2 | |
| | New Direct Hire Staff FTEs Proposed | New Contractor/Agreement FTEs Proposed | New Direct Hire Staff FTEs Proposed | New Contractor/Agreement FTEs Proposed |
| Behavioral Health (Mental Health and Substance Use Disorder) | | | | |
| Psychiatrists | | | | |
| Licensed Clinical Psychologists | | | | |
| Licensed Clinical Social Workers | | | | |
| Other Licensed Mental Health Providers (e.g., psychiatric social workers, psychiatric nurse practitioners, family therapists) | | | | |
| Other Mental Health Staff (e.g., "certified" individuals who provide counseling, treatment, or support to mental health providers) | | | | |
| Substance Use Disorder Providers | | | | |
| Physicians | | | | |
| Family Physicians | | | | |
| General Practitioners | | | | |
| Internist | | | | |
| Obstetrician/Gynecologist | | | | |
| Pediatricians | | | | |
| Other Specialty Physicians and Sub-Specialists (e.g., Emergency Medicine, Addiction Medicine, Pain Medicine, Infectious Disease) | | | | |
| Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives | | | | |
| Nurse Practitioners | | | | |
| Physician Assistants | | | | |

Certified Nurse Midwives

| | | | | | |
|---|--|---|---|---|---|
| Medical | | | | | |
| Nurses | | | | | |
| Other Medical Personnel (e.g. Medical Assistants, Nurse Aides) | | | | | |
| Laboratory Personnel | | | | | |
| Pharmacy | | | | | |
| Pharmacy Personnel | | | | | |
| Enabling Services | | | | | |
| Case Managers | | | | | |
| Patient/Community Education Specialists | | | | | |
| Outreach Workers | | | | | |
| Transportation Staff | | | | | |
| Eligibility Assistance Workers | | | | | |
| Interpretation Staff | | | | | |
| Community Health Workers | | | | | |
| Other Enabling Services Staff (e.g., staff who support outreach, care coordination, transportation) | | | | | |
| Professional Services | | | | | |
| Other Professional Health Services Staff (e.g., physical therapists, occupational therapists, acupuncturists) | | | | | |
| Subtotal | | 0 | 0 | 0 | 0 |
| Total FTEs | | 0 | | 0 | |

Patient Impact

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Patient Impact Questions

Existing Patient Impact

1. Total Unduplicated Existing Patients: Enter the total number of existing patients who will newly access SUD and/or mental health services in calendar year 2019 as a result of SUD-MH funding (e.g., existing medical patients not currently accessing these services that will begin to do so).

Attribute each patient to EITHER SUD or mental health in your response to Question 1, even if some existing patients are expected to access both expanded services (i.e., count each existing projected patient only once in this unduplicated patient projection).

2. Existing Patients by Service Type: Enter the number of existing patients who will newly access each service in calendar year 2019 below.

Count each projected existing patient according to the services they are expected to access. If a patient will start accessing both SUD and mental health services, they should be counted once for SUD and once for mental health.

- A. SUD Services Patients
- B. Mental Health Services Patients

New Patient Impact

3. Total Unduplicated New Patients: Enter the number of new patients (new to the health center) who will access SUD and/or mental health services in calendar year 2019 as a result of SUD-MH funding.

Attribute each patient to EITHER SUD or mental health in your response to Question 3, even if some new patients are expected to access both expanded services (i.e., count each new projected patient only once in this unduplicated patient projection).

Note: New unduplicated projected patients entered in response to this question will be added to your patient target. Failure to achieve this new patient projection by December 31, 2019 may result in a funding reduction when your service area is next competed through Service Area Competition (SAC). See the [SAC technical assistance website](#) for patient target resources.

4. New Patients by Service Type: Enter the number of new patients (new to the health center) who will access each service in calendar year 2019 below.

Count each projected new patient according to the services they are expected to access. If a new patient will access both SUD and mental health services, they should be counted once for SUD and once for mental health.

- A. SUD Services Patients
- B. Mental Health Services Patients

Additional MAT Funding Impact

5. Patients Projected to Receive MAT: Enter the number of existing and new patients who will newly receive MAT for OUD from a physician, certified nurse practitioner, or physician assistant with a DATA waiver working on behalf of the health center in calendar year 2019.

For this projection, count existing patients that will begin to receive MAT for the first time, as well as new health center patients accessing MAT as a result of SUD-MH funding.

| New Patients by Population Type | |
|--|------------------------|
| Population Type | NEW Patients Projected |
| Total NEW Patients (from Question #3) | |
| General Underserved Community | |
| Migratory and Seasonal Agricultural Workers | |
| Public Housing Residents | |
| People Experiencing Homelessness | |
| Total | 0 |

Supplemental Information

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Telehealth

Are you proposing to use telehealth to increase access to integrated SUD and/or mental health services?

- Yes, my health center will use telehealth to expand services
- No, my health center will not use telehealth to expand services

Minor Alterations/Renovations

Are you proposing to use one-time funding in year 1 for minor alteration/renovation (A/R) that will support increased access to integrated SUD and/or mental health services?

If yes, HRSA will request additional information about your minor A/R plans separately after SUD-MH awards are announced. SUD-MH funds requested for minor A/R may not be obligated until required information is submitted and HRSA approves your A/R plans (6 to 9 months post award).

- Yes, my health center's SUD-MH proposal includes minor A/R costs, and I acknowledge that the A/R activities may not begin until HRSA approves our A/R plans
- No, my health center's SUD-MH proposal does not include minor A/R costs

Scope of Services

Review your current approved [Form 5A: Services Provided](#). Will a Scope Adjustment or Change in Scope request be necessary to ensure that all planned changes to SUD and mental health services are on your Form 5A?

Access the technical assistance materials on the [Scope of Project resource website](#) for guidance in determining whether a Scope Adjustment or Change in Scope will be necessary (click on the "Services" header in the Resources section to access the Form 5A information).

If yes, you must separately submit a Scope Adjustment or Change in Scope request to HRSA (e.g., to move mental health services from formal referral (Column III) to direct provision (Column I), to add SUD services for the first time). You may not modify your approved Form 5A through this application.

Note the following when completing this form:

- You do not need to submit a Scope Adjustment or Change in Scope request if SUD-MH funding will expand services that you are already providing in the same modes of provision (i.e., Form 5A Column I, Column II).
- SUD-MH funded services must be listed in Column I and/or II on Form 5A, either currently or after you submit and are approved for a Scope Adjustment or Change in Scope.

- Yes, I reviewed my Form 5A and determined that my health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A
- No, I reviewed my Form 5A and determined that my health center's proposed activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A

If yes, describe the proposed changes and a timeline for requesting necessary modifications to your Form 5A below.

Approximately 1/4 page. (Max 1000 Characters with spaces)

Equipment List

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| List of Equipment | | | | |
|-------------------|-------------|------------|----------|-------------|
| Type | Description | Unit Price | Quantity | Total Price |

No equipment added.

Close Window

