



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

GRANT INFORMATION			
Title of Grant:	Pinellas County Treatment for Individuals Experiencing Homelessness (TIEH)		
Granting Agency:	SAMHSA	Grant Award #:	1H79SM088635-01
Annual Award Amount:	\$499,999/yr for 5 years	Total Federal Award Amount:	\$2,499,995.00
Total Project Amount (Federal + Match):	\$2,499,995.00	Match Requirement Amount (%):	0%
Project Period Start Date:	9/30/2024	Project Period End Date:	9/29/2029
• Grant Extension Date:			
• Extension Reason:			
GRANT ADMINISTRATORS			
BCC Authorizing Official	Name:	Barry Burton	Title: County Administrator
Project Director:	Name:	Dominique Randall	Title: Section Manager
HS Primary Grant Administrator	Name:	TBD	
	Phone:		
	Email:		
Granting Agency Program Contact Information:	Name:	Eileen Bermudez	
	Role:	Grants Management Officer	
	Phone:		
	Email:	Eileen.bermudez@samhsa.hhs.gov	
Granting Agency Fiscal Contact Information:	Name:	Tomara Baker	
	Role:	Grants Specialist	
	Phone:	240-276-1407	
	Email:	Tomara.Baker@samhsa.hhs.gov	
Granting Agency Technical Assistance Website:			
RESTRICTING TERMS & CONDITIONS & DUE DATES			
Special Term #1	Disparity Impact Statement (DIS)	Due Date:	By November 29, 2024, submit via eRA Commons a completed Disparity Impact Statement.
<p>SAMHSA s Behavioral Health Disparity Impact Statement (DIS) is a data-driven, quality improvement approach to advance behavioral health equity for all. The DIS is a grant requirement that helps grantees identify racial, ethnic, sexual, and gender minority groups at the highest risk of experiencing behavioral health disparities within their grant projects and implement a disparity reduction action plan with a quality improvement process to address and close the identified gap(s).</p>			



The DIS should be consistent with the Population of Focus and Statement of Need identified in the grant application and include the components as described below. Please refer to the DIS worksheet, examples, and other resources on the SAMHSA website at: <https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>.

In accordance with the reporting requirements outlined in the Notice of Funding Opportunity (NOFO), the grantee is required to provide an update on the project's progress towards addressing quality care of underserved populations related to the Disparity Impact Statement (DIS), barriers encountered, including challenges serving populations of focus, efforts to overcome these barriers; evaluation activities for tracking DIS efforts; and a revised quality improvement plan if the DIS does not meet the quality of care requirements as stated in the DIS.

Special Condition #1	Participant Protection Concern	Due Date:	By October 30, 2024, submit via eRA Commons documentation to address Participant Protection Concern(s).
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The submitted application did not fully address SAMHSA's Confidentiality and Participant Protection/Human Subjects Guidelines listed in Section C.1 of the SAMHSA NOFO Application Guide. Submit a response that adequately addresses each of the following concern(s):

- Fair Selection of Participants: You did not explain the reasons for including or excluding participants.

You cannot use grant funds for project activities that are related to any or all Participant Protection components until the participant response has been reviewed by the CMHS Participant Protection Officer. The funds restriction will be lifted by DGM when your participant protection response has been approved.

Grant funds must not be used for project activities that are related to any or all Participant Protection components until the participant protection response has been reviewed by the Participant Protection Officer. The fund restriction will be lifted by a revised Notice of Award when the participant protection response has been approved.

All responses to award terms and conditions must be submitted as PDF documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading How to Respond to Terms and Conditions.

APPROVALS		
	<u>Approval Authority</u>	<u>Date Approved</u>
Intent to Apply	<input checked="" type="checkbox"/> OMB	4/19/2023



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Application Submission	<input checked="" type="checkbox"/> Department Director <input type="checkbox"/> County Administrator (due to MOU) <input type="checkbox"/> Board of County Commission	4/24/2023
Notice of Award	<input type="checkbox"/> County Administrator <input checked="" type="checkbox"/> Board of County Commission	TBD
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 checked="" type="checkbox"/> Annual <input type="checkbox"/> Other:
Individual Responsible for Programmatic Reporting:	Name:	TBD
	Phone:	
	Email:	
Name of Programmatic Reporting System(s):	Quarterly Data Report: SAMHSA Performance and Accountability reporting System (SPARS) Annual Programmatic Progress Report: eRA Commons	
Individual(s) w/Access to System	Dominique Randall	
System Access Maintained by:		
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:	TBD
	Phone:	Email:
Person Responsible for Setup of OPUS Project	Name:	TBD
	Phone:	Email:
Name of Financial Reporting System(s):	Payment Management System (PMS)	
Individual(s) w/ Access to System		
System Access Maintained by:		

Drawdown Dates and Amounts:	Drawdown Date	Amount	Total



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