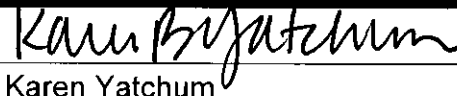


APPENDIX C – COVER PAGE FOR GRANT APPLICATION

Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

PROPOSAL INFORMATION		
Type of Grant:	Planning Grant <input type="checkbox"/>	Implementation and Expansion Grant <input checked="" type="checkbox"/>
Project Title:	Complex Case Reintegration Program	
County(ies):	Pinellas County	
Preferred Project Start Date:	7/1/2021	
APPLICANT INFORMATION		
Type of Applicant	County Government <input checked="" type="checkbox"/> Consortium of County Governments <input type="checkbox"/> Managing Entity <input type="checkbox"/> NFP Community Provider <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/>	
Applicant Organization Name:	Pinellas County	
Contact Name & Title:	Gabriela Piloseno, Justice Programs Analyst	
Street Address	440 Court Street, 2nd Floor	
City, State and Zip Code:	Clearwater, FL 33756	
Email:	gpiloseno@pinellascounty.org	
Phone:	727-453-7503	
ADDITIONAL CONTACT		
Participating Organization Name:	Pinellas County	
Contact Name & Title:	Tim Burns, Director of Programs	
Street Address	440 Court St., 2nd Floor	
City, State and Zip Code:	Clearwater, FL 33756	
Email:	tburns@pinellascounty.org	
Phone:	727-464-8441	
FUNDING REQUEST AND MATCHING FUNDS		
	Total Amount of Grant Funds Requested	Total Matching Funds:
Program Year 1	\$400,000	\$400,000
Program Year 2	\$400,000	\$400,000
Program Year 3	\$400,000	\$400,000
Total Project Cost	\$1,200,000	\$1,200,000
CERTIFYING OFFICIAL		
Certifying Official's Signature:		
Certifying Official's Name (printed):	Karen Yatchum	
Title:	Interim Director, Pinellas County Human Services	
Date:	3-4-21	

APPROVED AS TO FORM
 By: Matthew Tobney
 Office of the County Attorney