

Application for Federal Assistance SF-424

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

* 3. Date Received: <input type="text" value="09/30/2024"/>	4. Applicant Identifier: <input type="text" value="KKOLAR"/>
--	---

5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
--	---

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
---	---

8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="County of Pinellas"/>
--

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="59-6000800"/>	* c. UEI: <input type="text" value="R37RMC63XKG1"/>
--	--

d. Address:

* Street1: <input type="text" value="315 Court Street"/>
Street2: <input type="text"/>
* City: <input type="text" value="Clearwater"/>
County/Parish: <input type="text"/>
* State: <input type="text" value="FL: Florida"/>
Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code: <input type="text" value="33756-5338"/>

e. Organizational 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: <input katie""="" type="text" value="Kathryn "/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Kolar"/>	
Suffix: <input type="text"/>	

Title: <input type="text" value="Adult Drug Court Manager"/>
--

Organizational Affiliation: <input type="text" value="Sixth Judicial Circuit Court"/>
--

* Telephone Number: <input type="text" value="727-453-7684"/>	Fax Number: <input type="text"/>
---	----------------------------------

* Email: <input type="text" value="kkolar@jud6.org"/>

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Substance Abuse and Mental Health Services Adminis

11. Catalog of Federal Domestic Assistance Number:

93.243

CFDA Title:

Substance Abuse and Mental Health Services Projects of Regional and National Significance

*** 12. Funding Opportunity Number:**

TI-24-004

* Title:

Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts

13. Competition Identification Number:

TI-24-004

Title:

SAMHSA Treatment Drug Courts

14. Areas Affected by Project (Cities, Counties, States, etc.):

File Name:

*** 15. Descriptive Title of Applicant's Project:**

Pinellas County Adult Drug Court Expansion

Attach supporting documents as specified in agency instructions.

File Name:

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

File Name: 2022WebMapCONGRESS_BW.pdf

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="400,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="400,000.00"/>

*** 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 On 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: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPROVED AS TO FORM
By: Cody J. Ward
Office of the County Attorney