

**From:** [Lloyd, Abigail](#)  
**To:** [DeGregorio, Elisa N](#); [Yatchum, Karen](#); [Mello, Donald L](#)  
**Cc:** [Grants Center Of Excellence Distribution](#)  
**Subject:** RE: Grants - Intent to Apply Form Submitted to OMB - Cooperative Agreement to Support...  
**Date:** Wednesday, June 16, 2021 12:25:20 PM  
**Attachments:** [image002.png](#)

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Hello!

OMB has no objection to the Department of Human Services submitting a grant application to the Federal Department of Health & Human Services for the Cooperative Agreement to Support Navigators in Federally Facilitated Exchanges.

This is a single year reimbursement grant project that will likely impact FY21. The requested funding is \$499K with no expected match. The total project is estimated to cost \$499k.


The County Administrator does **not** need to sign the application for the County, Director approval will be sufficient. Please include this email when you send the application through Granicus. The review shall include the Director, and Assistant County Administrator along with any others as defined in Granicus/Legistar standard operating procedures.

If you have any questions, please do not hesitate to contact me. Thank you!

**Abigail Lloyd**  
Budget & Financial Management Analyst  
Pinellas County Office of Management & Budget  
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Clearwater, FL 33756  
(727) 464-4331  
[alloyd@pinellascounty.org](mailto:alloyd@pinellascounty.org)

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**From:** Grants Center of Excellence <no-reply@sharepointonline.com>  
**Sent:** Tuesday, June 15, 2021 9:43 AM  
**To:** Lloyd, Abigail <alloyd@co.pinellas.fl.us>  
**Subject:** Grants - Intent to Apply Form Submitted to OMB - Cooperative Agreement to Support...

 [Cooperative Agreement to Support...](#) has been added



DeGregorio, Elisa N

6/15/2021 9:36 AM

**Program Manager:** Yatchum, Karen

**Program Manager Phone #:** 727-464-8434

**County Department:** HS - Human Services

**Director's Name:** Yatchum, Karen

**OMB Analyst:**

**Granting Agency:** Health & Human Services

**CFDA/CSFA #:** 93.332

**Grant Funding Program Name:** Cooperative Agreement to Support Navigators in Federally Facilitated Exchanges

**Grant Funding Type:** Project

**Grant Award Type:** Reimbursement

**Grant Funding Program Funding Cap (\$):** \$14,532,590.00

**Amount Requested:** \$499,999.00

**What fiscal year(s) will the award amount be made available?:** FY21

**Match Amount:** \$0.00

**Required Match Type:** None

**Anticipated Match Source (Fund/Center/Program):**

**Is the Match in the Current Budget?:**

**Will the Match need to be added to the Budget?:**

**Total Cost of Project (including Grant, County match, and other Resources):**

**Granting Agency Contact Name:**

**Granting Agency Phone or Email:** [navigatorgrants@cms.hhs.gov](mailto:navigatorgrants@cms.hhs.gov).

**Granting Agency Address:**

**OPUS Project Title:**

**Duration:** Multi Year

**Proposed Abstract (Project Scope of Work):** Pinellas County is seeking to hire and train Navigators to help consumers prepare applications to establish eligibility and enroll in health insurance coverage through the federally facilitated Exchanges, and help determine whether consumers potentially qualify for insurance affordability programs. They also provide outreach and education to raise awareness about the Exchanges.

**Benefit Summary (How will this benefit the County, Dept, etc?):** Pinellas County has approximately 155,000 uninsured adults.

**Director Approval (Attach):**

**Is the proposal submitted for a different Department?:** No

**If submitting for a different department, what is that department name?:**

**Concept Paper Deadline (if applicable):**

**Grant Application Due Date:** 7/6/2021

**Source of Notification of Grant Solicitation:**

Administering Agency

If Other, provide source:

**FOR OMB USE ONLY BELOW THIS LINE:** \*\*PLEASE DO NOT ENTER DATA BELOW THIS LINE\*\*

**Assigned To:**

**Priority:** (2) Normal

**Task Status:** Not Started

**OPUS Project #:**

**Grant Contract #:**

**Award Amount:**

**Grant Status:** Submitted to OMB

**Grant Start Date:**

**Grant End Date:**

**OMB Comments:**

**Granicus #:**

**Description:**

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