

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

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

* a. Legal Name: Pinellas County dba Board of County Commissioners

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 596000800	* c. Organizational DUNS: <input type="text"/> 0552002160000
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d. Address:

* Street1:	<input type="text"/> c/o Office of Management and Budget
Street2:	<input type="text"/> 14 S. Ft. Harrison Ave - 5th FL
* City:	<input type="text"/> Clearwater
County/Parish:	<input type="text"/>
* State:	<input type="text"/> FL: Florida
Province:	<input type="text"/>
* Country:	<input type="text"/> USA: UNITED STATES
* Zip / Postal Code:	<input type="text"/> 33756-5105

e. Organizational Unit:

Department Name: <input type="text"/> Human Services	Division Name: <input type="text"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text"/> Ms.	* First Name: <input type="text"/> Daisy
Middle Name: <input type="text"/>	
* Last Name: <input type="text"/> Rodriguez	
Suffix: <input type="text"/>	

Title: Director

Organizational Affiliation:
 Human Services Dept.

* Telephone Number: <input type="text"/> 727-464-4206	Fax Number: <input type="text"/>
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* Email: darodriguez@pinellascounty.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:**

CMS-Consumer Information & Insurance Oversight

11. Catalog of Federal Domestic Assistance Number:

93.332

CFDA Title:

Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges

*** 12. Funding Opportunity Number:**

CA-NAV-18-001

* Title:

Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges

13. Competition Identification Number:

CA-NAV-18-001-062537

Title:

Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges

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

Add Attachment

Delete Attachment

View Attachment

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

Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="221,485.00"/>
* 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="83,477.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="304,962.00"/>

*** 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

If "Yes", provide explanation and attach

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:

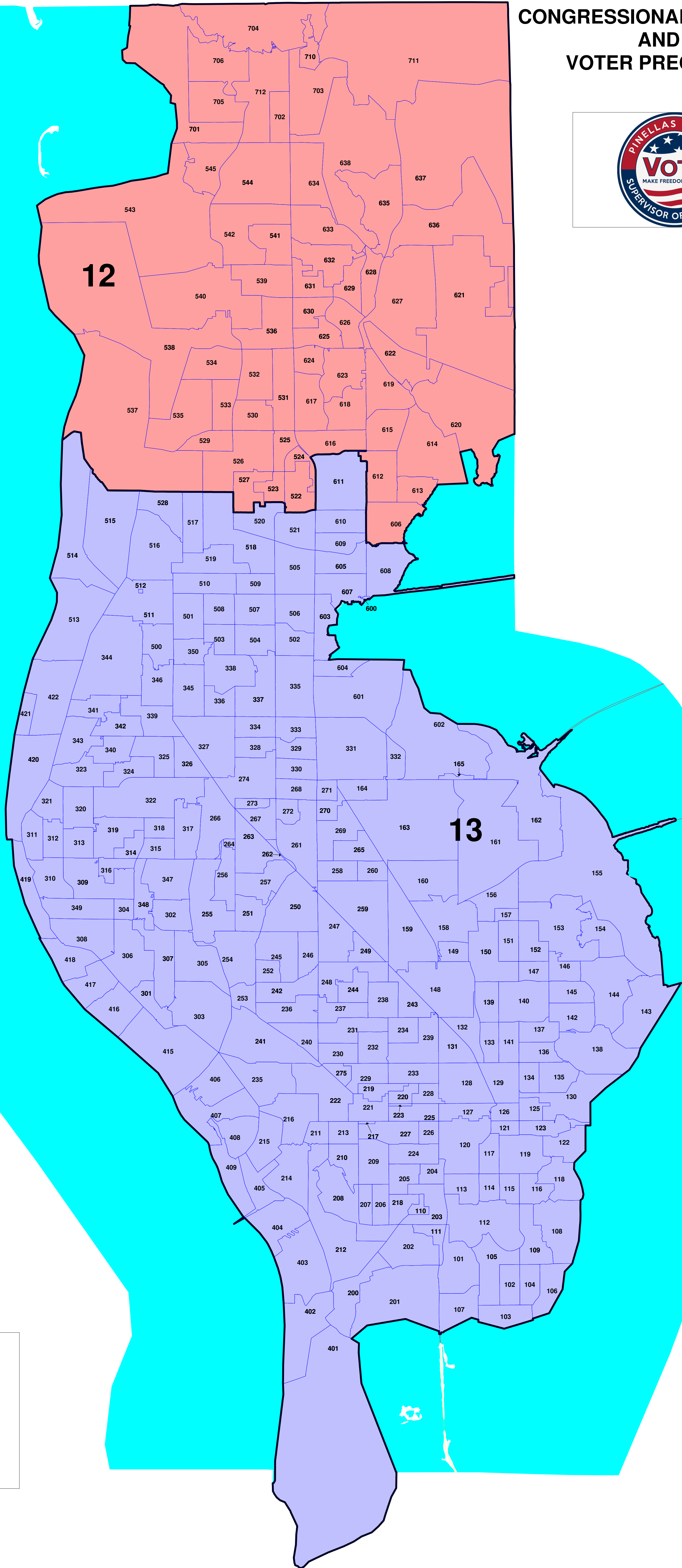
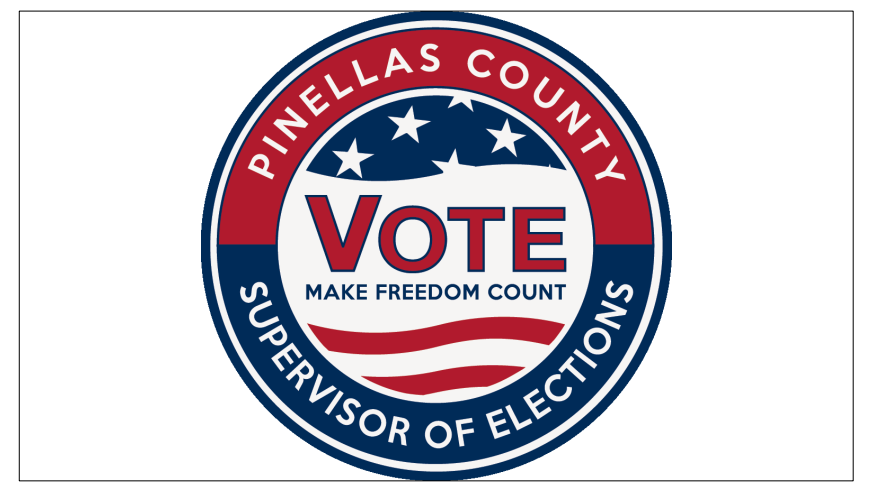
* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

CONGRESSIONAL DISTRICTS AND VOTER PRECINCTS



**Congressional Districts
Pinellas County, Florida**

- 12
- 13

Precinct Lines

Major Roads

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
4040-0013

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input checked="" type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
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4. Name and Address of Reporting Entity:

Prime SubAwardee

* Name:

* Street 1: Street 2:

* City: State: Zip:

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: <input type="text" value="US. Dept. of Health & Human Services"/>	7. * Federal Program Name/Description: <input type="text" value="Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges"/> CFDA Number, if applicable: <input type="text" value="93.332"/>
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8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>
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10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1: Street 2:

* City: State: Zip:

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1: Street 2:

* City: State: Zip:

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name: Prefix * First Name Middle Name
 * Last Name Suffix

Title: Telephone No.: Date:

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Project Abstract Summary

Program Announcement (CFDA)

93.332

Program Announcement (Funding Opportunity Number)

CA-NAV-18-001

Closing Date

08/09/2018

Applicant Name

Pinellas County dba Board of County Commissioners

Length of Proposed Project

12

Application Control No.**Federal Share Requested (for each year)****Federal Share 1st Year**

\$ 275,916

Federal Share 2nd Year

\$ 0

Federal Share 3rd Year

\$ 0

Federal Share 4th Year

\$ 0

Federal Share 5th Year

\$ 0

Non-Federal Share Requested (for each year)**Non-Federal Share 1st Year**

\$ 83,477

Non-Federal Share 2nd Year

\$ 0

Non-Federal Share 3rd Year

\$ 0

Non-Federal Share 4th Year

\$ 0

Non-Federal Share 5th Year

\$ 0

Project Title

Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges

Project Abstract Summary

Project Summary

The applicant, Pinellas County Board of County Commissioners, serves as the lead agency for Pinellas County for the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges opportunity. The FY 18 Cooperative Agreement will allow the Project to continue to offer accessible, comprehensive health exchange information and (re)enrollment into health plans that meet the community's need.

Pinellas County Human Services has established a structure and plan for overseeing implementation of the Cooperative Agreement in compliance with the Navigators duties identified in 45 CFR 155.210 and 45 CFR 155.215 and summarized as follows:

- Conducting public education activities to raise awareness about the Exchange
- Facilitating the selection of a Qualified Health Plan
- Providing information in a manner that is culturally and linguistically appropriate to the population served by the Marketplace, including individuals with limited English Proficiency and that is accessible to individuals with disabilities
- Complying with applicable training and conflict of interest standards
- Obtaining authorization of applicants for coverage prior to accessing their PII

The proposed federal budget request is \$275,916.00. Funding will be used to re-hire four (4) Navigators contracted during the last fiscal year, purchase supplies and conduct marketing outreach. The program will maintain a ratio of bilingual Navigators speaking Spanish and Haitian French/Creole.

There are approximately 2.5 million uninsured residents in the State of Florida with approximately 102,640 uninsured residents in Pinellas County. Pinellas County will continue to serve all individuals and families within the County's geographic service area. The County intends to target areas with higher concentrations of individuals "left behind" including uninsured or underinsured residents, Medically Underserved Populations (MUP) areas, and communities with a high concentration of the population living at or below 100% of the Federal Poverty Level (FPL).

The program goals are to provide education, information, selection, and (re)enrollment services for Qualified Health Plans (QHP) or other Federal/State/Local healthcare programs to residents in a manner that is sensitive to cultural, linguistic, physical, mental, and educational differences. It is estimated that 60,000 consumers will be reached through outreach and education events, 2,800 consumers will have one-on-one interactions with Navigators and 550 will be assisted with the selecting/enrolling in a QHP.

Participants will be able to obtain services at 11 access points throughout the County. Navigators will assist individuals with limited English proficiency have made services accessible to individuals with disabilities. All service centers are ADA compliant and accessible to individuals with physical disabilities. Navigator staff will make every effort to provide any additional reasonable accommodations when possible to support individuals with disabilities.

Through collaborative efforts, a solid workplan, intensive training for the Navigators, and a strong marketing campaign, Pinellas County has the optimum capability for success.

Estimated number of people to be served as a result of the award of this grant.

550

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

Budget Narrative File(s)

* **Mandatory Budget Narrative Filename:**

[Add Mandatory Budget Narrative](#)

[Delete Mandatory Budget Narrative](#)

[View Mandatory Budget Narrative](#)

To add more Budget Narrative attachments, please use the attachment buttons below.

[Add Optional Budget Narrative](#)

[Delete Optional Budget Narrative](#)

[View Optional Budget Narrative](#)

Budget Justification	Budget Year	
	Federal	Other Sources
PERSONNEL – <i>The County contract for temporary personnel to carry out the Navigator duties outlined in the scope of the program.</i>		
Not Applicable	\$0	\$0
TOTAL PERSONNEL	\$0	\$0
FRINGE BENEFITS – <i>All Navigator employees are contracted through a third party; therefore no fringe benefits will apply.</i>		
Not Applicable	\$0	\$0
TOTAL FRINGE	\$0	\$0
TRAVEL – <i>Travel identified in this budget further the County’s efforts to accomplish specific project goals including facilitating assistance for a larger number of consumers and education. All travel is considered local travel for Navigators to attend local outreach sites from satellite offices and for the Navigator Program Coordinator to travel to sites to monitor program implementation.</i>		
<u>LOCAL TRAVEL</u> 2018 mileage reimbursement rate = .545 cents/mile		
Navigator Program Coordinator 200 trips @ 20 miles avg/trip	\$2,180	\$0
Navigator Program Analyst 200 trips @ 20 miles avg/trip	\$2,180	\$0
Navigators 300 trips @ 20 miles avg/trip	\$3,270	\$0
TOTAL TRAVEL	\$7,630	\$0
EQUIPMENT - <i>The County does not anticipate any equipment purchase for this program.</i>		
Not Applicable	\$0	\$0
TOTAL EQUIPMENT	\$0	\$0
SUPPLIES – <i>The County will utilize general office supplies to be used by Navigators to carry out daily activities of the program. Supplies include general office supplies (pens, pencils, paper, etc) and personalized name badges for each Navigator.</i>		
General Office Supplies \$200/yr for use by 5 Navigators	\$1,000	\$0

Budget Justification	Budget Year	
	Federal	Other Sources
Customized Magnetic Name Badges Replacements for 5 Navigators	\$50	\$0
TOTAL SUPPLIES	\$1,050	\$0
CONTRACTUAL¹ – <i>The County contracts with an employment agency, Personnel Solutions Plus, Inc., to hire temporary staff as needed for any County Department. The Billable Rate includes the base salary plus the 33% fee for the Coordinator and Analyst, and the 40% fee for the Navigators charged by Personnel Solutions Plus, Inc.</i>		
Navigator Program Coordinator² 51 wks @ 40 hrs/wk x Billable Rate \$40.92/hr (Base Salary equivalent to GS-12 @ \$30.77/hr)	\$0	\$83,477
Navigator Program Analyst³ 51 wks @ 40 hrs/wk x Billable rate \$31.04/hr (Base Salary equivalent to GS-9 @ \$23.34/hr)	\$63,322	\$0
Three (3) Third Year Navigators⁴ 18 wks @ 40 hrs/wk x Billable Rate \$29.16/hr 34 wks @ 32 hrs/wk (Base Salary equivalent to GS-9 @ 20.83/hr)	\$62,986 \$95,178	\$0 \$0
TOTAL CONTRACTUAL	\$221,485	\$83,477

¹ This contract is secured through the County’s Purchasing Ordinance, found in Sections 156-190 of the Pinellas County Code. For the Navigators program, HCS outlines the specific services/tasks to be performed and as outlined in the Navigator’s Program Scope of Work and works with the County HR staff to outline the scope for Personnel Solutions Plus, Inc. Once the scope is outlined and approved, HCS works directly with Personnel Solutions Plus, Inc. on the hiring of the contracted employees. Personnel Solutions Plus, Inc.’s Billable Rate includes a 33-40% fee on the base salary of the contractual staff member. Personnel Solutions Plus, Inc. provides background checks on each candidate and manages payroll for the contracted employees. Contractors employed for the Navigator Program are supervised by the Project Manager, a Pinellas County staff member.

² The **Program Coordinator** directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in-service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data; responsible for overall

project evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to CMS/CCIIO. This position relates to all project objectives. Also performs all Navigator functions.

³ *The **Program Analyst** provides administrative assistance to the Program Coordinator and Program Manager in planning, researching, directing and implementing project efforts for best practices, outcome measurements, funding and budget administration and project planning; technical assistance for staff with all data collection programs and procedures; development of materials. This position relates to all project objectives. Also performs all Navigator functions.*

⁴ ***Navigators** provide outreach, education, and enrollment services to families and individuals eligible for insurance programs through the Marketplace. The Navigator is responsible for meeting projected enrollment goals, coordinating outreach & enrollment efforts by working collaboratively with other staff, member clinics and working with community based organizations. The Navigator also provides ongoing post enrollment assistance utilizing the Coverage to Care materials designed by CMS.*

Budget Justification	Budget Year	
	Federal	Other Sources
OTHER – <i>The County covers the cost to the Navigators to obtain their State of Florida license at \$105pp in addition to a subscription for wireless mifi services that enable Navigators to complete their duties from any location. The remaining expenses in this category are the anticipated marketing expenses for Navigators participate in outreach events, advertising, and creating and printing promotional materials for consumers. Expenses allow for possible need to recertify trained staff.</i>		
Florida State Fingerprinting & Licensing for Navigators <i>\$105 pp x 5 Navigators</i>	\$525	\$0
Monthly Fee and Usage Fees for Aircard Service 5 Navigators over 12 months @ \$166/month	\$1,992	\$0
Monthly Fee and Usage Fees for Cell Phones 3 Phones over 12 months @ Approx \$82/month	\$984	\$0
Marketing Plan Expenses: <u>Enroll America: Get Covered Connector Tool</u> Increase awareness and access to in-person assistance. Helps consumers search for help by zip code, review options and schedule an appointment on line, receive notifications and	\$10,000	\$0

Budget Justification	Budget Year	
	Federal	Other Sources
reminders via email and/or text, and access contact info for local assisters.		
<u>BOOTH/REGISTRATION FEES</u>		
Various Outreach Events	\$400	\$0
<u>SOCIAL MEDIA</u>		
Includes online advertising on Facebook, Twitter, Instagram with posts year round for events, heavily during open enrollment	\$4,000	\$0
<u>PRINT ADS</u>		
Advertising in Tampa Bay Times/tbt Holiday Guide, tbt* edition (includes banner ads on tbt website), Tampa Bay Newspapers: Print and Online Banner ads, Weekly Challenger	\$8,050	\$0
<u>TELEVISION</u>		
30-second PSAs on Bay News 9/CNN- English: uninsured, low-income; WOW!: Bravo, Family, Food Network, FX, Hallmark, HGTV, Lifetime, OWN, TBS, TNT, USA Network; Entravision-Tampa Bay- Spanish: Univision Tampa Bay/ Unimas Tampa Bay	\$14,000	\$0
<u>DIGITAL</u>		
Pulpo Media (Spanish): #1 Hispanic Ad Network Desktop Display and Mobile Display Banners	\$5,000	\$0
<u>BROCHURES</u>		
Tri-Fold, Full Color Brochure English and Spanish Language	\$500	\$0
<u>POSTERS</u>		
ACA Posters English and Spanish Language	\$200	\$0
<u>BUSINESS CARDS</u>		
English and Spanish Language	\$100	\$0

Budget Justification	Budget Year	
	Federal	Other Sources
TOTAL OTHER	\$45,751	\$0
TOTAL DIRECT CHARGES (Sum of all TOTAL Expenses above)	\$275,916	\$83,477
INDIRECT CHARGES – <i>Include approved indirect cost rate.</i>		
% indirect rate (includes utilities and accounting services)	\$0	\$0
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above)	\$275,916	\$83,477

Statement of Assurance: Funding from this opportunity will not be used for activities already funded through section 1311(a) of the Affordable Care Act or section 2793 of the Public Health Service Act, including to make payments to other types of Marketplace enrollment and eligibility assisters that are funded through section 1311(a) of the Affordable Care Act or to recipients of funds awarded to State under Consumer Assistance Program grants.

Other Sources: Pinellas County, through its Health Care for the Homeless Program, receives additional funding from the U.S. Department of Health & Human Services, Health Resources and Services Administration (HRSA) for Outreach and Enrollment. This funding is used to pay for the Navigator Coordinator position.

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 01/31/2019

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges		\$	\$	\$ 275,916.00	\$ 83,477.00	\$ 359,393.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 275,916.00	\$ 83,477.00	\$ 359,393.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges				
a. Personnel	\$ 0.00	\$	\$	\$	\$ 0.00
b. Fringe Benefits	0.00				0.00
c. Travel	7,630.00				7,630.00
d. Equipment	0.00				0.00
e. Supplies	1,050.00				1,050.00
f. Contractual	221,485.00				221,485.00
g. Construction	0.00				0.00
h. Other	45,751.00				45,751.00
i. Total Direct Charges (sum of 6a-6h)	275,916.00				\$ 275,916.00
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$ 275,916.00	\$	\$	\$	\$ 275,916.00
7. Program Income	\$ 0.00	\$	\$	\$	\$ 0.00

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges	\$ <input type="text"/>	\$ <input type="text"/>	\$ 83,477.00	\$ 83,477.00
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. TOTAL (sum of lines 8-11)		\$ <input type="text"/>	\$ <input type="text"/>	\$ 83,477.00	\$ 83,477.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 275,916.00	\$ 68,979.00	\$ 68,979.00	\$ 68,979.00	\$ 68,979.00
14. Non-Federal	\$ 83,477.00	20,869.00	20,869.00	20,869.00	20,870.00
15. TOTAL (sum of lines 13 and 14)	\$ 359,393.00	\$ 89,848.00	\$ 89,848.00	\$ 89,848.00	\$ 89,849.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)			
		(b)First	(c) Second	(d) Third	(e) Fourth
16.	Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges	\$ 275,916.00	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
17.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. TOTAL (sum of lines 16 - 19)		\$ 275,916.00	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: <input type="text"/>	22. Indirect Charges: <input type="text"/>
23. Remarks: <input type="text"/>	

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ASSURANCES - NON-CONSTRUCTION PROGRAMS

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. A-133, "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.

<p>SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>TITLE</p> <p>County Administrator</p>
<p>APPLICANT ORGANIZATION</p> <p>Pinellas County dba Board of County Commissioners</p>	<p>DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

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APPROVED AS TO FORM

By: 
 Office of the County Attorney

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Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

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Additional Location(s)