

NON-PURCHASING CONTRACT REVIEW TRANSMITTAL SLIP

PROJECT: Acceptance of Continuation Funding for Healthcare for Homeless (MMU)	
CONTRACT NO.: number	ESTIMATED EXPENDITURE / REVENUE: \$580,000.00 (Circle or underline appropriate choice above.)

In accordance with Contract Administration and its Review Process, the attached documents are submitted for your review and comment. Please complete this Non-Purchasing Contract Review Transmittal Slip below with your assessment, and **forward to the next Review Authority on the list, skipping any authority marked "N/A."** Indicate suggested changes by noting those in "Comments" column, or by revising, in RED, the appropriate section(s) of the document(s) to reflect the exact wording of the desired change(s).

OTHER SPECIFICS RELATING TO THE CONTRACT: Acceptance of Grant for Cooperative Agreement to Support Navigators in Federally-Facilitated and State Partnership Marketplace from the United States Department of Health and Human Services, Center for Medicare and Medicaid Services.

REVIEW SEQUENCE	DATE	INITIAL/ SIGNATURE	COMMENTS (IF ANY)	COMMENTS REVIEWED & ADDRESSED OR INCORPORATED
Originator: Lourdes Benedict	9/14/15 9/10/15	LB LB		
Risk Mgmt: Virginia Holscher	9/11/15	GW	Public Entity → Public Entity	
Finance:** Cassandra Williams	9/9/15	CBW	Reviewed in CATS.	
OMB:** Bill Berger	9/11/15	VB	See attached.	
Legal: Carl Brody	9/22/15	CB	Compliance standards are consistent w/ our HIPAA protocol	
Assistant County Administrator: John Bennett	9/25/15	JB	Cons w/ EDS's	

Please return to Elisa DeGregorio ASAP
All inquiries should be made to ext. 4-8434

** See Contract Review Process

Revised 11.2014

OMB Contract Review

Contract Name	Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces (Notice of Award)		
CATS#	48063	Contract #	N/A

Mark all Applicable Boxes:

Type of Contract									
CIP		Grant	X	Other		Revenue		Project	

Contract information:

New Contract (Y/N)	Y	Original Contract Amount	n/a
Fund(s)	0001	Amount of Change	
Cost Center(s)	100200	Contract Amount	\$580,000
Program(s)	1569	Amount Available	Total: \$580,000
Account(s)	3316901	Included in Applicable Budget? (Y/N)	Y
Fiscal Year(s)	FY16		

Description & Comments

(What is it, any issues found, is there a financial impact to current/next FY, does this contract vary from previous FY, etc.)

The Human Services Department requests Board approval for acceptance of this grant from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. The Notice of Award (NOA) reflects a 3-year commitment to continuation of the Pinellas County Navigator Program. The County received a 1-year award in each of the last two years to provide outreach and enrollment assistance to uninsured and/or underinsured residents throughout the county. The new 3-year grant award period is September 2, 2015 through September 1, 2018, with funding of \$580,000 in year 1. Future funding for years 2 and 3 will be issued through annual non-competing continuation awards, conditional upon timely submission of application, strong performance and funding availability.

The \$580,000 in grant revenue and expense was anticipated and included in the FY16 budget.

Analyst: Veronica Ettel

Ok to Sign:

V. Ettel 9/17/15