



Recipient Information

1. Recipient Name
 COUNTY OF PINELLAS
 315 COURT ST
 RM 601
 CLEARWATER, FL 33756

2. Congressional District of Recipient
 13

3. Payment System Identifier (ID)
 1596000800A5

4. Employer Identification Number (EIN)
 596000800

5. Data Universal Numbering System (DUNS)
 055200216

6. Recipient's Unique Entity Identifier
 R37RMC63XKG1

7. Project Director or Principal Investigator
 Joshua T Barnett , PHD

 jbarnett@pinellas.gov
 727-464-8434

8. Authorized Official
 Mr. Barry Burton
 grantscoe@pinellascounty.org
 727-464-4331

Federal Agency Information

9. Awarding Agency Contact Information
 Linda Kim
 Grants Specialist
 linda.kim@samhsa.hhs.gov
 240-276-1865

10. Program Official Contact Information
 Gilbert Ghand
 Program Official
 gilbert.ghand@samhsa.hhs.gov
 (240) 276-1364

Federal Award Information

11. Award Number
 5H79TI084551-04 Revision 2 (No-Cost Extension)

12. Unique Federal Award Identification Number (FAIN)
 H79TI084551

13. Statutory Authority

14. Federal Award Project Title
 Pinellas County First Responder and Community Education and Engagement

15. Assistance Listing Number
 93.243

16. Assistance Listing Program Title
 Substance Abuse and Mental Health Services_Projects of Regional and National Significance

17. Award Action Type
 Non-Competing Continuation (REVISED)

18. Is the Award R&D?
 No

| Summary Federal Award Financial Information | |
|---|-------------|
| 19. Budget Period Start Date 09/30/2024 – End Date 12/29/2025 | |
| 20. Total Amount of Federal Funds Obligated by this Action | \$0 |
| 20a. Direct Cost Amount | \$0 |
| 20b. Indirect Cost Amount | \$0 |
| 21. Authorized Carryover | |
| 22. Offset | |
| 23. Total Amount of Federal Funds Obligated this budget period | \$661,019 |
| 24. Total Approved Cost Sharing or Matching, where applicable | \$0 |
| 25. Total Federal and Non-Federal Approved this Budget Period | \$661,019 |
| <hr/> | |
| 26. Project Period Start Date 09/30/2021 – End Date 12/29/2025 | |
| 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period | \$1,999,980 |

28. Authorized Treatment of Program Income
 Additional Costs

29. Grants Management Officer - Signature
 Linda Kim

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.



Notice of Award

Issue Date: 09/25/2025

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Award Number: 5H79TI084551-04 Revision 2

FAIN: H79TI084551

Program Director: Joshua T Barnett PHD

Project Title: Pinellas County First Responder and Community Education and Engagement

Organization Name: COUNTY OF PINELLAS

Authorized Official: Mr. Barry Burton

Authorized Official e-mail address: grantscoe@pinellascounty.org

Budget Period: 09/30/2024 – 12/29/2025

Project Period: 09/30/2021 – 12/29/2025

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF PINELLAS in support of the above referenced project. This award is pursuant to the authority of and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

This award addresses the following Amendment requests:

- No-Cost Extension (6H79TI084551-04L002)

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,

Linda Kim

Grants Management Officer

Division of Grants Management

linda.kim@samhsa.hhs.gov

See additional information below

SECTION I – AWARD DATA – 5H79TI084551-04 REVISED

Award Calculation (U.S. Dollars)

| | |
|---|------------------|
| Travel | \$21,294 |
| Supplies | \$102,730 |
| Contractual | \$532,745 |
| Other | \$4,250 |
| Direct Cost | \$661,019 |
| Approved Budget | \$661,019 |
| Federal Share | \$661,019 |
| Less Unobligated Balance | \$161,028 |
| Cumulative Prior Awards for this Budget Period | \$499,991 |

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$0

| SUMMARY TOTALS FOR ALL YEARS | |
|------------------------------|-----------|
| YR | AMOUNT |
| 4 | \$499,991 |

Note: Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

| | |
|-------------------------|--------------|
| CFDA Number: | 93.243 |
| EIN: | 1596000800A5 |
| Document Number: | 21TI84551A |
| Fiscal Year: | 2024 |

| | | |
|-----------|------------|---------------|
| IC | CAN | Amount |
| TI | C96N705 | \$499,991 |

| IC | CAN | 2024 |
|----|---------|-----------|
| TI | C96N705 | \$499,991 |

TI Administrative Data:

PCC: FRCARA21 / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 5H79TI084551-04 REVISED

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 5H79TI084551-04 REVISED

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.

- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

SECTION IV – TI SPECIAL TERMS AND CONDITIONS – 5H79TI084551-04 REVISED

REMARKS

Post Award Amendment - No Cost Extension

This award approves a **3-month NO COST EXTENSION** extending the budget and project period end dates from **09/29/2025 to 12/29/2025**, based on documentation received on **05/28/2025**.

The following costs are not allowed and must be reported as an unobligated balance of funds in your final Federal Financial Report (FFR) as the costs are generally not appropriate during the "phase out" and NCE periods:

- F. Contractual (Gulf Coast JFCS): Other, Paid Time Off - \$3,000
- F. Contractual (Gulf Coast JFCS): Indirect (associated with the disallowed cost)

If the final resolution of the audit covering the above stated budget period(s) determines that the unobligated balance of funds is incorrect, SAMHSA will not make additional funds available to cover any shortfall.

Reporting Requirements

All reports must be submitted by the deadlines outlined below. Late submissions may result in additional consequences, including denial of future funding or unilateral project closeout.

A. Annual Federal Financial Report (FFR/SF-425) - Please submit no later 90 days from the original budget period end date:

- **Due:** 12/28/2025
- **Submission Method:** Via the Payment Management System (PMS)
- **Requirements:**
 - o Recipients must request appropriate PMS user access
 - o Reports sent by email or uploaded to eRA Commons will not be accepted
 - o See [Instructions for FFR Submission](#) (must be logged in to PMS to access)

B. Annual Programmatic Progress Report (PPR) - Please submit no later 90 days from the original budget period end date:

- **Due:** 12/28/2025
- **Submission Method:** Via eRA Commons in Excel format (.xlsx)
- **Content Must Include:**
 - o Performance measure data and evaluation results
 - o Summary of key accomplishments
 - o Description of changes made during the budget period
 - o Challenges encountered and actions taken to address them

C. Final Reports (for Closeout)

- **Due:** Within 120 days after the project period ends
- **Required Reports:**
 - o Final Federal Financial Report (Final FFR/SF-425) via PMS
 - o Final Progress Report (FPR) via eRA Commons
 - o Tangible Personal Property Report (Final TPPR Report SF-428-B and SF-428-S, as applicable) via eRA Commons
- **Consequences for Failure to Submit Acceptable Final Reports:**
 - o Unilateral closeout by SAMHSA
 - o Reporting recipient's material failure to comply with the terms and conditions of the Federal award in SAM.gov (Responsibility/Qualification Records)
 - o Impact on eligibility for future federal funding or other enforcement actions as appropriate (refer to 45 CFR 75.371, 2 CFR 200.339)
- **Closeout Liquidation Period:**
 - o All obligations must be liquidated no later than 120 days after the project period end date
 - o After one hundred twenty (120) days, the PMS account is automatically locked. SAMHSA does not approve payment requests after the one hundred twenty (120) day liquidation of obligations period; late drawdown requests occurring after the 120 days will be denied.
- Additional closeout information and instructions on submitting reports are available at [SAMHSA Grant Closeout](#)

SPECIAL CONDITIONS

Required Key Personnel (Evaluator)

Per the Notice of Funding Opportunity TI-21-009, Key Personnel for this program includes the Evaluator who has not been identified in the NCE Budget/Narrative.

By **09/10/2025**, submit via eRA Commons:

- Submit a statement on letterhead signed by the Authorized Representative or Business Official to verify compliance with level of effort requirements per the Notice of Funding Opportunity (NOFO).

Staff Contacts:

Gilbert Ghand, Program Official

Phone: (240) 276-1364 **Email:** gilbert.ghand@samhsa.hhs.gov

Linda Kim, Grants Specialist

Phone: 240-276-1865 **Email:** linda.kim@samhsa.hhs.gov