

INTENT TO APPLY FOR A GRANT

Internal Notification Form

Send to Katherine Burbridge, AICP, Office of Management and Budget
Phone: 453-3457 e-mail: kburbridge@pinellascounty.org

Department Point of Contact Information/ Project Manager	
Name: Elisa DeGregorio	Date: 9/18/2015
Phone: 727-464-8434	E-mail: edegregorio@pinellascounty.org
Department: Human Services	
Grant Funding Program and Administering Agency Information	
Funding Agency: State of Florida, Agency for Health Care Administration (AHCA)	
Grant Funding Program Name and CFDA # or CSFA #: AHCA RFA 001-15/16	
Grant Funding Type: Formula <input type="checkbox"/> Capital <input type="checkbox"/> Project x Other <input type="checkbox"/> : _____	
Does the grant require expending funds for an reimbursement award: Yes x No <input type="checkbox"/>	
Grant Funding Program Funding Cap (\$): \$1,500,000.00	
Required Match Amount and Type: Cost sharing or matching is not a requirement for this funding.	
Administering Agency Contact Name: Keith Smith	
Administering Agency Phone/Fax/E-Mail: procurement@ahca.myflorida.com	
Administering Agency Address: 2727 Mahan Drive, MS 15, Tallahassee, FL 32308	
Granting Funding Proposal Project Information	
Project Title: Community and Primary Care Services	
Anticipated Funding Amount (\$): \$540,654	
Anticipated Match Amount/Match Source: \$0	
Is the proposal submitted for a different agency? n/a	
If so, what agency?	
Proposal Abstract: The agency will award grants to those programs most capable of reducing health spending while improving the health status of uninsured and underinsured persons in their communities. Programs receiving grants shall reduce unnecessary emergency room visits and preventable hospitalizations by providing disease management; improving patient compliance; and coordinating services such as needed physician, diagnostic, dental, nurse practitioner, pharmaceutical, and other supporting services.	
Type of Submission and Submission Deadline	
Concept Paper Deadline (If applicable):	
Grant Application Deadline: September 30, 2015	
Source of Notification of Grant Solicitation (please check)	
Administering Agency: <input checked="" type="checkbox"/>	
eCivis: <input type="checkbox"/>	
Other: <input type="checkbox"/>	Please provide source:

Submit your "Intent to Apply" as early as possible.