

APPENDIX C - COVER PAGE FOR GRANT APPLICATION

Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

PROPOSAL INFORMATION		
Type of Grant:	Planning Grant <input type="checkbox"/>	Implementation or Expansion Grant <input checked="" type="checkbox"/>
Project Title:	Treatment for Individuals Experiencing Homelessness	
County(ies):	Pinellas County	
Preferred Project Start Date:	October 1, 2024	
APPLICANT INFORMATION		
Type of Applicant	County Government <input checked="" type="checkbox"/> Consortium of Counties <input type="checkbox"/> Managing Entity <input type="checkbox"/> NFP Community Provider <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/>	
Applicant Organization Name:	Pinellas County Board of County Commissioners	
Contact Name & Title:	Elisa DeGregorio, Grants Section Manager	
Street Address	440 Court Street, 2nd Fl	
City, State and Zip Code:	Clearwater, FL 33756	
Email:	edegregorio@pinellas.gov	
Phone:	727-464-8434	
ADDITIONAL CONTACT		
Participating Organization Name:	Pinellas County Board of County Commissioners	
Contact Name & Title:	Tim Burns, Programs Division Director	
Street Address	440 Court Street, 2nd fl	
City, State and Zip Code:	Clearwater, FL 33756	
Email:	tburns@pinellas.gov	
Phone:	727-464-8441	
FUNDING REQUEST AND MATCHING FUNDS		
	Total Amount of Grant Funds Requested	Total Matching Funds
Program Year 1	\$400,000.00	\$400,000.00
Program Year 2	\$400,000.00	\$400,000.00
Program Year 3	\$400,000.00	\$400,000.00
Total Project Cost		
CERTIFYING OFFICIAL		
Certifying Official's Signature:		
Certifying Official's Name (printed):	Karen Yatchum	
Title:	Director, Human Services Dept.	
Date:		