

# SF 424

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### Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: * If Revision, select appropriate letter(s): <input type="radio"/> New <input checked="" type="radio"/> Continuation <input type="radio"/> Revision	<input type="text"/> * Other (Specify) <input type="text"/>
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* 3. Date Received: <input type="text" value="01/24/2022"/>	4. Applicant Identifier: <input type="text" value="JTBARNETT"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text" value="H79TI084551-01M001"/>
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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: <input type="text" value="COUNTY OF PINELLAS"/>
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* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="1596000800A5"/>	* c. Organizational DUNS: <input type="text" value="0552002160000"/>
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**d. Address:**

* Street1: <input type="text" value="COUNTY OF PINELLAS"/>
Street2: <input type="text" value="315 COURT ST, RM 601"/>
* City: <input type="text" value="CLEARWATER"/>
County/Parish: <input type="text"/>
* State: <input type="text" value="FL: Florida"/>
Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code: <input type="text" value="337565165"/>

**e. Organizational Unit:**

Department Name: <input type="text"/>	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" value="Dr."/>	* First Name: <input type="text" value="Joshua"/>
Middle Name: <input type="text" value="T"/>	
* Last Name: <input type="text" value="Barnett"/>	
Suffix: <input type="text"/>	

Title: <input type="text" value="Health Care Administrator"/>
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Organizational Affiliation: <input type="text"/>
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* Telephone Number: <input type="text" value="727-464-8434"/>	Fax Number: <input type="text"/>
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* Email: <input type="text" value="jbarnett@co.pinellas.fl.us"/>
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**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:**

Substance Abuse and Mental Health Services Adminis

**11. Catalog of Federal Domestic Assistance Number:**

243

CFDA Title:

**\* 12. Funding Opportunity Number:**

SU-17-002

\* Title:

SAMHSA Continuations

**13. Competition Identification Number:**

SU-17-002-NCC

Title:

SAMHSA Continuations

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

File Name:

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

Pinellas County First Responder and Community Education and Engagement

Attach supporting documents as specified in agency instructions.

File Name:

**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="499,999.00"/>
* b. Applicant	<input type="text" value="11,901.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="511,900.00"/>

**\* 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

**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:

**BUDGET INFORMATION -  
Non-Construction Programs**

OMB Approval No. 4040-0006  
Expiration Date 06/30/2014

**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. FY 2021 First Responders - Comprehensive Addiction and Recovery Act Grants	93.243			\$499,999.00	\$11,901.00	\$511,900.00
2.						\$0.00
3.						\$0.00
4.						\$0.00
5. Totals		\$0.00	\$0.00	\$499,999.00	\$11,901.00	\$511,900.00

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) FY 2021 First Responders - Comprehensive Addiction and Recovery Act Grants	(2)	(3)	(4)	
a. Personnel	\$11,901.00				\$11,901.00
b. Fringe Benefits					\$0.00
c. Travel					\$0.00
d. Equipment					\$0.00
e. Supplies	\$75,000.00				\$75,000.00
f. Contractual	\$424,999.00				\$424,999.00
g. Construction					\$0.00
h. Other					\$0.00
i. Total Direct Charges ( sum of 6a-6h )	\$511,900.00				\$511,900.00
j. Indirect Charges					\$0.00
k. TOTALS ( sum of 6i and 6j )	\$511,900.00				\$511,900.00
7. Program Income					\$0.00

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Prescribed by OMB Circular A-102

<b>SECTION C - NON-FEDERAL RESOURCES</b>					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8 . FY 2021 First Responders - Comprehensive Addiction and Recovery Act Grants	\$11,901.00			\$11,901.00	
9 .				\$0.00	
10 .				\$0.00	
11 .				\$0.00	
12. TOTAL (sum of lines 8-11)	\$11,901.00	\$0.00	\$0.00	\$11,901.00	
<b>SECTION D - FORECASTED CASH NEEDS</b>					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$499,999.00	\$125,000.00	\$125,000.00	\$125,000.00	\$124,999.00
14. Non-Federal	\$11,901.00	\$2,976.00	\$2,975.00	\$2,975.00	\$2,975.00
15. TOTAL ( sum of lines 13 and 14 )	\$511,900.00	\$127,976.00	\$127,975.00	\$127,975.00	\$127,974.00
<b>SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT</b>					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16 . FY 2021 First Responders - Comprehensive Addiction and Recovery Act Grants	\$499,999.00	\$499,999.00			
17 .					
18 .					
19 .					
20. TOTAL ( sum of lines 16-19 )	\$499,999.00	\$499,999.00	\$0.00	\$0.00	
<b>SECTION F - OTHER BUDGET INFORMATION</b>					
21. Direct Charges:			22. Indirect Charges:		
23. Remarks:					

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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: Pinellas County dba Board of County Commissioners  
Duns Number: 055200216  
Street1\*: C/O Human Services  
Street2: 440 Court Street - 2nd Floor  
City\*: Clearwater  
County:  
State\*: FL: Florida  
Province:  
Country\*: USA: UNITED STATES  
Zip / Postal Code\*: 337565139  
Project/Performance Site Congressional District\*: FL-013

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### Additional Location(s)

File Name:

**Pinellas County Board of County Commissioners  
First Responders – Comprehensive Addiction and Recovery Act**

SAMHSA | 1H79TI084551 | Yr 2 Non-Competing Continuation

**PROJECT NARRATIVE**

**A. Description and explanation of changes, if any, made during this budget period affecting the following:**

***i. Goals and objectives;***

Pinellas County has not made any changes to the proposed goals and objectives of the FR-CARA project during the reporting period. Below are the goals and objectives, as proposed.

**Table 1: Goals & Objectives**

<b>Goals &amp; Objectives</b>	<b>Performance Measure</b>
<b>Goal 1: Reduce Opioid Related Deaths</b>	
<b>Objective 1A:</b> <u>Increase the availability of drug overdose reversal treatment kits throughout the county by distributing 4000 naloxone kits by the end of the grant period.</u>	# kits distributed to First Responders/Community organizations, individuals
<b>Strategy:</b> Provide access to naloxone overdose reversal kits to first responder/ community organizations not eligible for SOR/HEROS funding	
<b>Strategy:</b> Provide access to naloxone overdose reversal kits to Pinellas County Park Rangers/Lifeguards	
<b>Strategy:</b> Distribute contactless naloxone Emergency Boxes in public spaces across the County filled w/kits	
<b>Strategy:</b> EMS/QRT to provide a “leave behind” naloxone kit with the overdose patient and/or family and friends following an EMS response.	
<b>Objective 1B:</b> <u>Increase promotion / awareness of universal prescription, especially for friends and family.</u>	Sum of funds used for promotional materials. # printed materials distributed
<b>Strategy:</b> EMS/QRT to provide printed materials with the “leave behind” naloxone kit for the overdose patient and/or family and friends following an EMS/QRT response.	
<b>Objective 1C:</b> <u>Provide naloxone administration and supporting addiction/safety training to 500 individuals in first responders/community organizations by 2025.</u>	
<b>Strategy:</b> Provide naloxone administration training to Pinellas County Park Rangers/Lifeguards	# PC Park Rangers/Lifeguards/staff trained.
<b>Strategy:</b> Provide additional supportive addiction related training to interested first responder organizations	# first responder agency staff trained
<b>Goal 2: Connect to Effective Treatment</b>	
<b>Objective 2A:</b> Establish meaningful connections with 50% of consenting overdose individuals and/or family members within 72 hours of the response event.	Count of # of consenting individuals/family members where contracted provider’s record of an engaged conversation that included current state of SUD (active and using, active and not using, sober, denial) and treatment options.
<b>Strategy:</b> Hire and train a quick response outreach team to conduct wellness checks of consenting individuals post overdose within 45 days of contract award	
<b>Strategy:</b> Outreach team will provide a leave behind written information (e.g., card, flyer, brochure or handout) about treatment and/or services resources.	
<b>Strategy:</b> Outreach team will verbally engage with and obtain pertinent information from consenting individuals.	
<b>Strategy:</b> Outreach team will provide a “warm handoff” in real time for assessment and coordination of treatment planning	



**Pinellas County Board of County Commissioners  
First Responders – Comprehensive Addiction and Recovery Act**

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**PROJECT NARRATIVE**

***ii. Projected timeline for project implementation***

As of this report, the only update to the projected timeline for project implementation is moving the documentation of program criteria standards into Year 1, Quarter 2 to provide for the identification of a contracted partner to be included in the meetings to discuss proposed standards.

Key Activity	Responsible Staff	Year 1				Year 2				Year 3				Year 4			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Award Acceptance	PCHS																
Bi-Weekly Implementation Meetings	PCHS & Partners																
Develop contractual agreements	PCHS																
Behavioral Health Disparities Statement	PCHS																
Program Criteria Standards Documented	PCHS																
Personnel Hired	Contracted Partners																
Quick Response Team Training	Contracted Partners																
Survey all 24 municipalities/ first responder agencies on training needs	PCHS & Partners																
Develop naloxone training schedule	PCHS, SES, Partners																
Logic Model & Performance Measure Review	PCHS, SES & Partners																
Naloxone purchase & distribution plan developed	PCHS, SES, Partners																
QRT Outreach (ongoing)																	
Monthly Planning Mtgs (ongoing)	PCHS & Partners																
Naloxone training offered quarterly at a minimum	PCHS, SES & Partners																
Performance Measure Reporting	PCHS, SES & Partners																
Grantee Meetings TBD	PCHS, SES & Partners																
Progress Reports Annual																	

**Pinellas County Board of County Commissioners  
First Responders – Comprehensive Addiction and Recovery Act**

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**PROJECT NARRATIVE**

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**iii. Approach and strategies proposed in the initially approved and funded application.**

**B. Report on progress relative to approved objectives, including progress on evaluation activities.**

**Objective 1A:** Increase the availability of drug overdose reversal treatment kits throughout the county by distributing 4000 naloxone kits by the end of the grant period.

Pinellas County Human Service staff have begun working with Safety and Emergency Services to ensure procurement of naloxone kits in alignment with the FR-CARA grant project. Further, Pinellas County Human Services has coordinated to release a request for proposal (RFP) for a quick response team (QRT), to include naloxone kits for the distribution through team members. This RFP closed on January 20, 2022 and is currently under review for determination.

**Objective 1B:** Increase promotion / awareness of universal prescription, especially for friends and family.

Pinellas County has yet to develop the promotional materials to educate overdose survivors, their families, and friends. Once the RFP has been developed and a contractor in place to provide a QRT, Pinellas will facilitate meetings to ensure the development of project materials to be distributed through FR-CARA grant funded activities and other community based interventions for which individuals may be educated on the universal prescription for naloxone to help reverse overdoses.

**Objective 1C:** Provide naloxone administration and supporting addiction/safety training to 500 individuals in first responders/community organizations by 2025.

Pinellas County Human Services is working with the purchasing department to develop an RFP to identify a trainer to provide trainings to individuals in the first responder and community organizations through the FR-CARA grant program.

**Objective 2A:** Establish meaningful connections with 50% of consenting overdose individuals and/or family members within 72 hours of the response event.

This objective is pending the determination of a contractor through the RFP process and the subsequent contract negotiations. Upon execution of a contract, staff will be hired by the contracted partner to develop a QRT to respond after the response event.

**Evaluation Activities:**

Pinellas County Human Services is currently working with the purchasing department to appropriately procure an Evaluator for the FR-CARA project. Upon identification of and contract execution, Pinellas County will submit a prior approval – change in key personnel.

**C. Summary of key program accomplishments to date and list of progress.**

The Pinellas County Board of County Commissioners approved acceptance of the FR-CARA grant award at their October 12, 2021 meeting. Further, per the award terms and conditions, Pinellas County has submitted a participant protection and disparity impact statement (DIS). The participant protection submission was approved on January 20, 2022. Staff await a response regarding the DIS submission.

**Pinellas County Board of County Commissioners  
First Responders – Comprehensive Addiction and Recovery Act**

**SAMHSA | 1H79TI084551 | Yr 2 Non-Competing Continuation**

**PROJECT NARRATIVE**

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Pinellas County submitted and was approved for a prior approval - change in key personnel - to accommodate a staffing change since submitting the grant application. The previous Project Director was promoted, and a new Health Care Administrator hired to fill the resulting vacancy. Dr. Joshua Barnett, the new Health Care Administrator, has an extensive background in the behavioral health arena and will work with the FR-CARA project to ensure objectives are met.

To date, Human Services staff worked with the purchasing department to develop and release an RFP to identify a contractor to provide a QRT team. The purchasing department is also working to develop RFPs to identify an evaluator and trainer, which are anticipated to be released in the near future.

**D. Description of difficulties/problems encountered in achieving planned goals and objectives including:**

**i. Barriers to accomplishment; and**

At this point in time, having completed the first quarter of the award, there have not been barriers to accomplishing planned goals and objectives. Staff have been working through the tasks and the timeline proposed.

**ii. Actions to overcome difficulties.**

Staff continue working on the activities proposed for the first year of this grant program.

**E. Report on milestones anticipated with the new funding request**

With the year 2 funding request, Pinellas County anticipates continued QRT efforts that will be initiated during the current year. The QRT will provide multiple outreach “touches” to individuals via a variety of methods, i.e., home visits, phone calls, mail. Efforts will employ two evidence-based modalities. First, in the use of Motivational Interviewing (MI) techniques to encourage connection to and engagement in substance use treatment, including Medication Assisted Treatment (MAT). Second, outreach efforts will be tailored to each individual based upon their needs and circumstances but conducted with the use of Peer Support Specialists who have recovery experience and demonstrate improved evidence associated with engagement and recovery outcomes. Outreach efforts will be attempted for approximately 60 to 90 days. Through multiple, metered outreach efforts peer recovery staff will be able to develop the rapport and familiarity with the individual essential to engaging them in recovery services. Outreach efforts made continually and conscientiously provide individuals struggling with addictions the opportunity to build necessary trust with the outreach peer staff to understand the value provided by the program.

Furthermore, it is anticipated that trainings initiated in year 1 will continue to first responders and members of other community sectors (i.e., County Parks Dept, families, peers, treatment providers). Training will provide education on how to properly carry and administer naloxone, along with training on safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs to protect them from exposure to such drugs and to respond appropriately when exposure does occur. These efforts will also provide access to marketing materials educating individuals, family and friends of the universal prescription and naloxone kits to help reverse overdoses.



**Pinellas County Board of County Commissioners  
 First Responders – Comprehensive Addiction and Recovery Act  
 SAMHSA | 1H79TI084551 | Yr 2 Non-Competing Continuation**

**BUDGET JUSTIFICATION NARRATIVE**

Item	Rate	Cost
Not Applicable		\$0
	<b>TOTAL</b>	<b>\$0</b>

**JUSTIFICATION:**

No equipment purchases over \$5,000 have been identified by Pinellas County.

**FEDERAL REQUEST** (enter in Section B column 1 line 6d of form SF424A).....**\$ 0**

**E. Supplies:**

**FEDERAL REQUEST**

Item	Rate	Cost
Naloxone Kits: Safety and Emergency Services	\$75/ea x 1,000 yr 2	\$75,000
	<b>TOTAL</b>	<b>\$75,000</b>

**JUSTIFICATION:**

**Naloxone Kits:** Pinellas County Safety & Emergency Services will purchase materials for Naloxone Kits to be distributed through FR-CARA grant activities. Budget @ \$75/ea

**FEDERAL REQUEST** (enter in Section B column 1 line 6e of form SF424A).....**\$ 75,000**

**Pinellas County Board of County Commissioners**  
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**BUDGET JUSTIFICATION NARRATIVE**

**F. Contract:**

**FEDERAL REQUEST**

Name	Service	Rate	Other	Cost
<b>Substance Use Treatment Provider (Procurement Contract)</b>				
<b>Personnel</b>				
Program Manager @ 1 FTE		\$67,000 salary	Yr 2 @ 100%	\$67,000
Peer/Case Manager (QRT members) @ 4 FTEs		\$38,000 salary	Yr 2 @ 100%	\$152,000
			<b>Total Salaries:</b>	<b>\$219,000</b>
<b>Fringe Benefits (30%)</b>				
				\$65,700
			<b>Total Fringe:</b>	<b>\$65,700</b>
<b>Travel</b>				
Local Travel				
Local Travel ~500 miles/mo/FTE		\$0.445/mile		\$13,350
			<b>Total Travel:</b>	<b>\$13,350</b>
<b>Supplies</b>				
Office Supplies		\$50/mo		\$600
Printed Materials – Education/outreach		\$2,925/year		\$2,925
Naloxone Kits – 350 for Yr 2		\$75/ea		\$26,250
			<b>Total Supplies:</b>	<b>\$ 29,775</b>
<b>Contractual/Fee for Service</b>				
			<b>Total Contractual:</b>	<b>\$0</b>
<b>Other</b>				
			<b>Total Other:</b>	<b>\$0</b>
<b>Indirect</b>				
<i>Indirect Rate 15% - TBD - \$301,575</i>				<b>\$ 49,174</b>
<b>Subtotal</b>				<b>\$376,999</b>

**Pinellas County Board of County Commissioners**  
**First Responders – Comprehensive Addiction and Recovery Act**  
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**BUDGET JUSTIFICATION NARRATIVE**

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**JUSTIFICATION:**

**Substance Use Treatment Provider (Procurement Contract)**

**Contract Personnel**

**Program Manager:** The contracted Substance Use Provider will utilize grant funding to hire a Program Manager to coordinate project services and activities, including training, communication, information dissemination and supervision of the Peer/Case Managers.

**Peer/Case Manager:** These positions will serve to provide insight from an individual perspective having the lived experience of recovery and will provide willing participants with support and assistance in navigating the appropriate treatment and community services to address their individual needs.

**Fringe Benefits:** Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions.

30% of gross salary

**Travel:**

Local travel is estimated that 500 miles per month will be required for the Peer/Case Manager to connect with clients wherever they are.

**Supplies:**

Printed Materials: Any curriculum needed for clients' success.

Office Supplies include copy paper, printer cartridges, staplers, pens, pencils, file cabinets, desks, chairs, group room chairs, and other related supplies

Naloxone Kits to a community provider for community access and distribution to individuals contacted by the Peer/Case Managers.

**Contractual:**

No contractual requested for substance use service provider.

**Other:**

No other requested for substance use service provider.

**Indirect:**

Indirect costs are budgeted at 15% - to be determined based upon procurement contract.





**Pinellas County Board of County Commissioners  
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**BUDGET JUSTIFICATION NARRATIVE**

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**Travel:**

No local travel requested for contractual provider(s).

**Supplies:**

No supplies requested for contractual provider(s).

**Contractual:**

Evaluator – Procurement Contract @ 40 hours per month for 12 months

Naloxone Trainer/Educator @ 20 hours per month for 12 months

**Other:**

No other requested for contractual provider(s).

**Indirect:**

No indirect requested for contractual provider(s).

**FEDERAL REQUEST** – (enter in Section B column 1 line 6f of form SF424A)

(Combine the total of consultant and contract) .....**\$424,999**

**G. Construction:**

***NOT ALLOWED** – Leave Section B columns 1&2 line 6g on SF424A blank.*

**H. Other:**

**FEDERAL REQUEST**

<b>Item</b>	<b>Rate</b>	<b>Cost</b>
Not applicable		\$0
<b>TOTAL</b>		<b>\$0</b>

**JUSTIFICATION:**

No other requested by Pinellas County.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6h of form SF424A).....**\$ 0**

**Pinellas County Board of County Commissioners  
First Responders – Comprehensive Addiction and Recovery Act  
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**BUDGET JUSTIFICATION NARRATIVE**

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**Indirect Cost Rate:**

Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement.

For information on applying for the indirect rate go to: [samhsa.gov](http://samhsa.gov) then click on Grants – Grants Management – HHS Division of Cost Allocation – Regional Offices.

**FEDERAL REQUEST** (enter in Section B column 1 line 6j of form SF424A).....**\$ 0**

**Pinellas County Board of County Commissioners**  
**First Responders – Comprehensive Addiction and Recovery Act**  
**SAMHSA | 1H79TI084551 | Yr 2 Non-Competing Continuation**

**BUDGET JUSTIFICATION NARRATIVE**

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**BUDGET SUMMARY: (identical to SF-424A)**

<b>Category</b>	<b>Federal Request</b>
Personnel	\$ 0
Fringe	\$ 0
Travel	\$ 0
Equipment	\$ 0
Supplies	\$ 75,000
Contractual	\$ 424,999
Other	\$ 0
Total Direct Costs*	\$ 499,999
Indirect Costs	\$ 0
<b>Total Project Costs</b>	<b>\$ 499,999</b>

**\* TOTAL DIRECT COSTS:**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6i of form SF424A) .....\$499,999

**\* TOTAL INDIRECT COSTS:**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6j of form SF424A) .....\$0

**TOTAL PROJECT COSTS:**

*Sum of Total Direct Costs and Indirect Costs*

**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF424A) .....\$499,999

**Pinellas County Board of County Commissioners**  
**First Responders – Comprehensive Addiction and Recovery Act**  
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**BUDGET JUSTIFICATION NARRATIVE**

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**DATA COLLECTION AND PERFORMANCE MEASUREMENT SUMMARY:**

No more than 20% of the grant award may be used for data collection performance measurement, and performance assessment expenses.

<b>Category</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Total</b>
Personnel	\$ 0	\$ 0	\$ 0	\$ 0	<b>\$ 0</b>
Fringe	\$ 0	\$ 0	\$ 0	\$ 0	<b>\$ 0</b>
Travel	\$ 0	\$ 0	\$ 0	\$ 0	<b>\$ 0</b>
Equipment	\$ 0	\$ 0	\$ 0	\$ 0	<b>\$ 0</b>
Supplies	\$ 0	\$ 0	\$ 0	\$ 0	<b>\$ 0</b>
Contractual					
Personnel					
Fringe					
Travel					
Other	\$24,000	\$36,000	\$36,000	\$36,000	<b>\$132,000</b>
Indirect Cost					
Other	\$ 0	\$ 0	\$ 0		<b>\$ 0</b>
Total Direct Costs*					\$132,000
Indirect Costs	\$ 0	\$ 0	\$ 0		<b>\$ 0</b>
<b>Total Data Collection &amp; Performance Measurement Costs</b>					<b>\$132,000</b>