



Application Submitted to HRSA

Submitted to HRSA

Organization: PINELLAS, COUNTY OF, CLEARWATER, Florida

Grants.gov Tracking Number: GRANT13059456

EHB Application Number: 177339

Grant Number: N/A

Funding Opportunity Number: HRSA-20-097

Received Date: 5/11/2020 4:16:41 PM

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Application for Federal Assistance SF-424

OMB Approval No. 4040-0004
Expiration Date 8/31/2016

<p>* 1. Type of Submission</p> <p><input type="checkbox"/> Preapplication</p> <p><input checked="" type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p>* 2. Type of Application</p> <p><input checked="" type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation</p> <p><input type="checkbox"/> Revision</p>	<p>* If Revision, select appropriate letter(s):</p> <p><input type="text"/></p> <p>* Other (Specify)</p> <p><input type="text"/></p>
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<p>* 3. Date Received:</p> <p><input type="text" value="4/3/2020"/></p>	<p>4. Applicant Identifier:</p> <p><input type="text"/></p>
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<p>* 5.a Federal Entity Identifier:</p> <p>Application #:177339Grants.Gov #:GRANT13059456</p>	<p>5.b Federal Award Identifier:</p> <p><input type="text"/></p>
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<p>* 6. Date Received by State:</p> <p><input type="text"/></p>	<p>7. State Application Identifier:</p> <p><input type="text"/></p>
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8. Applicant Information:

<p>* a. Legal Name</p> <p><input type="text" value="PINELLAS, COUNTY OF"/></p>	<p>* c. Organizational DUNS:</p> <p><input type="text" value="055200216"/></p>
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <p><input type="text" value="59-6000800"/></p>	

d. Address:

<p>* Street1:</p> <p><input type="text" value="c/o OMB, 14 S. Ft. Harrison Ave."/></p>	
<p>* Street2:</p> <p><input type="text"/></p>	
<p>* City:</p> <p><input type="text" value="Clearwater"/></p>	
<p>County:</p> <p><input type="text" value="Pinellas"/></p>	
<p>* State:</p> <p><input type="text" value="FL"/></p>	
<p>Province:</p> <p><input type="text"/></p>	
<p>* Country:</p> <p><input type="text" value="US: United States"/></p>	
<p>* Zip / Postal Code:</p> <p><input type="text" value="33756-5105"/></p>	

e. Organization Unit:

<p>Department Name:</p> <p><input type="text"/></p>	<p>Division Name:</p> <p><input type="text"/></p>
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f. Name and contact information of person to be contacted on matters involving this application:

<p>Prefix: <input type="text" value="Ms."/></p>	<p>* First Name: <input type="text" value="Karen"/></p>
<p>Middle Name: Middle Name: <input type="text"/></p>	
<p>Last Name: <input type="text" value="Yatchum"/></p>	
<p>Suffix: <input type="text"/></p>	
<p>Title: <input type="text" value="Health Care Administrator"/></p>	
<p>Organizational Affiliation: <input type="text"/></p>	
<p>* Telephone Number: <input type="text" value="(727) 464-5045"/></p>	<p>Fax Number: <input type="text"/></p>
<p>* Email: <input type="text" value="kyatchum@pinellascounty.org"/></p>	

9. Type of Applicant 1:

Type of Applicant 2:

Type of Applicant 3:

*** Other (specify):**

*** 10. Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

8018

Title:

Capital Assistance for Disaster Response

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

See Attachment

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

Pinellas County Bayside Expansion

Project Description:

See Attachment

16. Congressional Districts Of:

* a. Applicant FL-13

* b. Program/Project FL-13

Additional Program/Project Congressional Districts:

See Attachment

17. Proposed Project:

* a. Start Date: 9/1/2020

* b. End Date: 8/31/2023

18. Estimated Funding (\$):

* a. Federal \$811,861.00
 * b. Applicant \$0.00
 * c. State \$0.00
 * d. Local \$0.00
 * e. Other \$0.00
 * f. Program Income \$0.00
 * g. TOTAL \$811,861.00

*** 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 Of 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:
 Middle Name:
 * Last Name: Yatchum
 Suffix:
 * Title:
 * Telephone Number: (727) 464-5045
 * Email: Kyatchum@co.pinellas.fl.us
 * Signature of Authorized Representative: Karen Yatchum

* First Name: Karen
 * Date Signed: 4/3/2020

Project Abstract

Project Title Pinellas County Capital Assistance for Disaster Response Efforts (CADRE)

Applicant Organization Name Pinellas County Board of County Commissioners

Address 440 Court St., 2nd Fl., Clearwater, FL 33756

Project Director Name Karen Yatchum

Contact Phone Number 727-464-5045

Email Address kyatchum@pinellascounty.org

Website Address www.pinellascounty.org/humanservices/hch

Grant Number H80CS00024

List all grant program funds requested in the application, if applicable: \$811,861

Project Summary:

Pinellas County is seeking to add 1251 square feet to the Bayside Health Clinic site for additional exam rooms that incorporate negative pressure capabilities to provide for the ability to isolate patients with airborne infectious diseases. In addition to the exam rooms, the facility is seeking to renovate existing rooms to add telehealth/supportive services and add meeting space and storage capacity for the necessary personal protective equipment and hazmat supplies that are required for such emergency response circumstances. Pinellas County's Health Care for the Homeless program assists homeless clients who are especially vulnerable to new viruses or infections. As a population, homeless individuals generally have poorer health than housed individuals. Existing physical health conditions greatly reduce the body's ability to defend against new ones. To mitigate further spreading infections amongst the homeless population that the Health Center serves, the Pinellas County Health Care for the Homeless program would like to provide for the isolation of potentially infected patients that come to the clinic for services in times of viral outbreaks. The negative pressure capabilities are necessary to prevent cross contamination of rooms throughout the clinic while providing space for the infectious individual to get the care they need.

Population: Pinellas County is seeking this additional federal funding to address capital improvements to the Bayside Clinic to aid in disaster response efforts for the homeless population served by the County's HCH program. In 2019, the County served 2,952 unduplicated patients with primary preventive care services.

Project Cost: The total cost of the project is **\$811,861**. This application requests **\$811,861** in one-time federal funding to cover the required construction and equipment for this project.

Key Contacts Form

*** Applicant Organization Name:**

Pinellas, County of

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 1 Project Role:** Project Director

Prefix: Ms.

*** First Name:** Karen

Middle Name:

*** Last Name:** Yatchum

Suffix:

Title: Health Care Administrator

Organizational Affiliation:

Pinellas County

*** Street1:** 440 Court Street

Street2: 2nd Floor

*** City:** Clearwater

County: FL

*** State:** FL: Florida

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 337565139

*** Telephone Number:** 7274645045

Fax:

*** Email:** kyatchum@pinellascounty.org

Project/Performance Site Location(s)

OMB Approval No. 4040-0010

Expiration Date 10/31/2019

Project/Performance Site Primary Location

Organization Name:

* Street1:

Street2:

* City:

County:

* State: Province:

* Country * ZIP / Postal Code:

DUNS Number:

Project/ Performance Site Congressional District:

PROJECT NARRATIVE

Project Title: Pinellas County Capital Assistance for Disaster Response Efforts (CADRE)

Applicant Organization Name: Pinellas County Board of County Commissioners

Address: 440 Court St., 2nd Fl., Clearwater, FL 33756

Project Director Name: Karen Yatchum | **Contact Phone Number:** 727-464-5045

Email Address: kyatchum@pinellascounty.org

Website Address: www.pinellascounty.org/humanservices/hch

Grant Number: H80CS00024

List all grant program funds requested in the application, if applicable: \$811,861

1. NEED

a. Describe how the emergency and/or disaster event(s) impacted your community, organization and/or your patient population.

Pinellas County, a peninsula located on the west coast of Florida along the Gulf of Mexico, is extremely susceptible to tropical/hurricane related weather events. Pinellas County is very exposed to regular tropical storms and hurricanes as evidenced by the fact that we have a recognized and observed hurricane season that extends from June 1 through November 30, fully half the year. In addition, there is a very active thunderstorm season during the summer, with an average of 85.1 thunderstorms a year.

The Bayside Health Clinic, located at 14808 49th Street North, Clearwater, FL is in a "Level B" hurricane evacuation zone. The estimated elevation is 12 ft above sea level. This means that it will likely flood in a Cat 2 hurricane.

In late 2018, the state continued to monitor and prepare for Hurricane Michael, and on Monday, October 8, 2018 the Governor expanded the Executive Order to include Pinellas County extending the order to 35 Florida counties in total.

Hurricane Michael placed Pinellas County under a Tropical Storm Watch and Storm Surge Watch, while the Category 4 storm moved towards the Panhandle of Florida. Hurricane Michael brought threats of a storm surge of from 2-4 feet, tropical storm force winds up to 35 mph and rainfall totaling 1-2 inches due to the position and potential passing next to the peninsula County. Pinellas County experienced wind gusts as rain bands moved through the area, and localized flooding caused road closures in Clearwater Beach, Tarpon Springs and Dunedin. Luckily, the County did not need to implement a Local State of Emergency, shelters remained on standby, and schools did not close. All health care facilities remained alert and prepared for any impacts. The health center did not close for any period of time of this particular event.

b. Describe the health center infrastructure/capital needs to support its response and recovery efforts, and/or to increase its capacity or capability to address future emergencies and/or disasters.

Pinellas County, as a unit of local government, including the health center, continues to plan and train for emergency events, and take opportunities to improve the resilience of the County including the infrastructure and individuals residing here. This CADRE program is a great opportunity for Pinellas County to continue to build upon its emergency management plan to prepare for any disaster that may affect our area.

While storms bring a certain set of hazards and circumstances, the health center is also learning and adapting to the current COVID-19 pandemic and proposing to update the capital/infrastructure needs to respond effectively to the effects and deficiencies of preparing for a pandemic and/or disease outbreak. The health center was not built with the capability to serve patients who may need isolation in order to contain the spread of infectious disease. There is currently one entrance/exit and one waiting area for all patients, regardless if they are sick or well. To ensure continued high-quality health care for all clients, a clinic expansion to address isolation concerns for future disease and pandemic outbreaks such as COVID-19 would be crucial. There is also a great need to expand telehealth capabilities within the clinic to further respond to clients' needs during a natural disaster or disease outbreak where in-person medical visits may be limited for safety.

c. Describe the infrastructure/capital needs to support the health center's ability to ensure continuity of access to high quality primary health care services.

Pinellas County's HCH-Co-Applicant Board and staff recently completed a strategic plan that included a capital improvement plan to address the growing needs of the health center's population and supportive service needs. While the Bayside Health Clinic was recently built and completed in 2016, the building size was limited out of concern for sustaining the site and ensuring that it was suited to serve the population. Since it's opening, the clinic has served more and more clients and has been found to come up short in the available space needed to accommodate a growing population and full integration of services. There are no longer any concerns by the local government or HCH Board into the sustainability or maintenance of the facility. It was also recently identified through the COVID-19 pandemic, that the structural needs of the health center for a pandemic/disease outbreak are different than for Hurricanes/storms.

2. RESPONSE

a. Provide a comprehensive, consolidated description of the proposed project(s).

Pinellas County is seeking to add square footage to the Bayside Health Clinic site for additional exam rooms that incorporate negative pressure capabilities along with the addition of a separate entrance into the facility to provide for the ability to isolate patients

with airborne infectious diseases. In addition to the exam rooms, the facility is seeking to add a training room and renovate existing exam room space for telehealth rooms and storage capacity for the necessary personal protective equipment and hazmat supplies that are required for such emergency response circumstances. Pinellas County's Health Care for the Homeless program assists homeless clients who are especially vulnerable to new viruses or infections. As a population, homeless individuals generally have poorer health than housed individuals. Existing physical health conditions greatly reduce the body's ability to defend against new ones. To mitigate further spreading infections amongst the homeless population that the Health Center serves, the Pinellas County Health Care for the Homeless program would like to provide for the isolation of potentially infected patients that come to the clinic for services in times of viral outbreaks. The negative pressure capabilities are necessary to prevent cross contamination of rooms throughout the clinic while providing space for the infectious individual to get the care they need.

b. Describe how the proposed project(s) will support the health center in its efforts to respond to future emergencies or disasters and/or recover from the emergency and/or disaster event.

The new exam rooms will allow for improved testing and isolation capabilities to respond to current and future disease outbreaks and pandemics, such as COVID-19. The current facility has limited the ability for the staff to respond and adequately serve the most vulnerable homeless clients in the County. The reconfiguration of space for telehealth accommodations will also allow for more virtual visits with clients to respond to immediate needs of clients of the health center following any disaster/hazard and open up space for additional storage of PPE supplies.

c. Describe how the proposed project(s) will support the health center to ensure current and/or future continuity of access to high quality primary health care services.

The proposed project supports the emergency management needs of the health center by ensuring adequate, protective space for accommodating patients experiencing symptoms related to potential pandemic diseases. Expanded telehealth capabilities ensure continuity of care for health center clients during a natural disaster or disease outbreak where in-person medical visits may be limited due to safety concerns.

3. IMPACT

a. Describe how the proposed project(s) will support the health center to increase its capacity and/or capability to respond to and/or recover from future emergencies and/or disasters, and support continuity of access to high quality primary health care services.

The addition of the new exam rooms will allow for improved testing and isolation capabilities to respond to current and future disease outbreaks and pandemics, such as COVID-19. The addition of a storage room will provide a dedicated area to store an ample supply of PPE needed to treat patients during all types of disaster response. The existing exam rooms will be reconfigured to add space for additional social services and telehealth

capabilities to accommodate virtual visits with clients to maintain their level of care when they are unable to meet with medical staff in person.

b. Identify the number of patients the proposed project(s) will support in the health center’s effort to ensure a current and/or future continuity of access to high quality primary health care services.

The proposed project will support the health center’s 3,000 existing patients and future patients with the ability to more effectively respond to a crisis during a natural disaster or disease outbreak/pandemic emergency.

4. RESOURCES/CAPABILITIES

a. Describe the administrative structure and oversight for the proposed project, including:

o The expertise and experience of key staff responsible for managing/overseeing the project and previous/similar projects, and the individual(s) (name and title);

As Project Director, Karen Yatchum, will oversee the overall CADRE funding opportunity project. The team will include Mr. Andrew Pupke, the Division Director of Administrative Services (includes oversight of real estate management), a Real Estate Management Project Manager, the Human Services Grants Manager, and the health center clinic Supervisor. As Director of Real Estate Management, Mr. Pupke is responsible for oversight of all County owned buildings, including the Bayside Health Clinic. Mr. Pupke's team will be responsible for the alteration/renovation projects described in this project. Working with the grants manager and purchasing department, the team will ensure all federal requirements are met. The project management team within Real Estate Management has several years’ experience managing federal capital and locally funded capital improvement projects.

Mr. Pupke and several staff members managed the capital project to develop the Bayside Health Clinic site construction that opened in 2016. The team will develop a timeline, coordinate and communicate regularly via monthly meetings and teleconferences as needed, and proactively address any areas that may become challenges to completion of the project.

o The expertise and experience in acquisition strategies, policies, and procedures that comply with federal procurement requirements; and

Pinellas County’s Real Estate Management Department will manage the Major Construction project and procure the necessary subcontractors according to Pinellas County purchasing policies, which are more restrictive than federal policy at this time.

o Any other funds needed and available to support the project.

No additional funds are needed to support the project at this time.

- b. Provide a timeline to support completing the project(s) within the identified budget and specified period of performance, including key milestones (i.e., planning, design, securing permits and/or variances, environmental and historic perseveration process, and contracting process).**

Within 30 days of the Notice of Award, the Real Estate Management team will assign a project manager and initiate final planning and architectural review of the program. The project manager will initiate, in consultation with purchasing, the protocol for procuring the service contracts and vendors needed for the project. Within three months of award, the service provider/vendors will be established, and contract agreements signed. Upon establishment of contracts for the project, bi-weekly calls will be established between the Human Services Department, Health Center staff, and Real Estate Management to ensure adherence to project timelines, document progress, and communicate the status of the projects with the Board and leadership staff.

- c. Describe the status of securing the proposed project site, where applicable.**

- **If you are adding a new site or mobile unit site, describe how this site will ensure current and/or future continuity of access to high quality primary health care services in the disaster-impacted areas.**

The health center is not adding a new site or mobile unit site.

- **If the site is leased, provide a letter of consent from the landlord to implement the project and acknowledges Federal Interest via attachment (see Leasehold Improvements section in VI. Award Administration Information for more details). For leased sites, provide details regarding the length of lease and its appropriateness for the funding requested, e.g., the length of the lease extends for a minimum of five (5) years from the project period end date (current period, including option year(s), if needed).**

The site is owned by Pinellas County Government. Federal Interest in the property was filed in Pinellas County on 12/1/2016.

- d. Describe how additional operational costs (including utilities, daily maintenance and repair, and long-term capital reinvestment) resulting from the proposed project will be supported within the existing or projected operational budget for the health center.**

Pinellas County, a local county government, continues to support all operational costs and maintenance of the county-owned facility, the Bayside Health Clinic and is willing to support the proposed expansion and increased costs as a result of the expansion of the clinic.

5.SUPPORT REQUESTED

- a. Attach a budget justification for each proposed project as instructed in the Project-Specific Forms that provides a clear, detailed description for each cost classification (as outlined in Appendix B).**

Pinellas County attached the budget justification in EHB.

- b. For Funding Track 1: Equipment Only projects, provide a complete and reasonable equipment list (in EHBs in the Project-Specific Forms) that aligns with the goals and objectives of the proposed project.**

Not Applicable.

- c. For Funding Track 2: Minor Constructions-related and Funding Track 3: Major Construction-related projects: For Alteration/Renovation and/or Construction/Expansion activities:**

- **Provide a Project Description and budget justification that are consistent with the construction work shown on the schematic drawing and site plan documentation provided for the proposed project.**

Project Description has been uploaded in EHB.

- **Submit drawings depicting the spaces to be added and/or improved as well as other proposed actions for the project.**

The Site Plan and Floor Plan have been uploaded in EHB.

- **Provide a complete and reasonable equipment list (in EHBs in the Project-Specific Forms) that aligns with the goals and objectives of the proposed project.**

The Equipment List has been uploaded in EHB.

SF-424A: BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0004

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY							
Budget Period	Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
			Federal	Non-Federal	Federal	Non-Federal	Total
1	Capital Assistance for Disaster Response and Recovery Efforts	93.224	\$0.00	\$0.00	\$811,861.00	\$0.00	\$811,861.00
2	Capital Assistance for Disaster Response and Recovery Efforts	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	Capital Assistance for Disaster Response and Recovery Efforts	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Capital Assistance for Disaster Response and Recovery Efforts	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Capital Assistance for Disaster Response and Recovery Efforts	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			\$0.00	\$0.00	\$811,861.00	\$0.00	\$811,861.00

SECTION B - BUDGET CATEGORIES					
Object Class Categories	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5
a. Personnel	\$58465.00	\$0.00	\$0.00	\$0.00	\$0.00
b. Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
c. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
d. Equipment	\$53060.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
f. Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
g. Construction	\$700336.00	\$0.00	\$0.00	\$0.00	\$0.00
h. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Direct Charges (sum of a-h)	\$811861.00	\$0.00	\$0.00	\$0.00	\$0.00
j. Indirect Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
k. TOTALS (sum of i and j)	\$811861.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION C - NON-FEDERAL RESOURCES					
Budget Period	Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
1	Capital Assistance for Disaster Response and Recovery Efforts	\$0.00	\$0.00	\$0.00	\$0.00

2	Capital Assistance for Disaster Response and Recovery Efforts	\$0.00	\$0.00	\$0.00	\$0.00
3	Capital Assistance for Disaster Response and Recovery Efforts	\$0.00	\$0.00	\$0.00	\$0.00
4	Capital Assistance for Disaster Response and Recovery Efforts	\$0.00	\$0.00	\$0.00	\$0.00
5	Capital Assistance for Disaster Response and Recovery Efforts	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL		\$0.00	\$0.00	\$0.00	\$0.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION F - OTHER BUDGET INFORMATION	
Direct Charges	No information added.
Indirect Charges	No information added.
Remarks	No information added.

**PINELLAS COUNTY BUDGET JUSTIFICATION
FOR TRACK 3 (MAJOR CONSTRUCTION RELATED)**

Organization Name: Pinellas County Board of County Commissioners

Project Type: Construction/Expansion (C/E) Alteration/Renovation (A/R)

Project Name: Bayside Health Clinic Expansion 2020

Project Number: 177339

Total CADRE Funding Request = \$811,861

Total Project Cost = \$811,861

Pinellas County’s proposed Capital Assistance for Disaster Response and Recovery Efforts (CADRE) project will add approximately 1251 square feet (SF) addition/expansion. The space for additional exam rooms will incorporate negative pressure capabilities for the ability to isolate patients with airborne infectious diseases. In addition to the exam rooms, the facility is seeking to add a training room space and reconfigure existing space for additional storage capacity for the necessary personal protective equipment and hazmat supplies that are required for such emergency response circumstances. The negative pressure capabilities are necessary to prevent cross contamination of rooms throughout the clinic while providing space for the infectious individual to get the care they need.

The total project cost is **\$811,861**. This application requests **\$811,861** to support the total construction and equipment cost.

The alteration and renovation and construction expansion is anticipated to begin in November 2020 and completed and occupied, August 2023.

	ALLOWABLE COSTS—CADRE	UNALLOWABLE COSTS
Line 1—Administrative and legal expenses	<p>\$58,465 Pinellas County’s Project Management & Real Estate Management team administrative cost for a portion of the REMs staff/project manager (for work directly related to the construction project.)</p> <p>Total: \$58,465</p>	
Line 2—Land, structures, right-of-way, appraisals, etc.	<p>The current facility is owned by Pinellas County. No additional land is required for this project.</p>	
Line 3—Relocation expenses and payments	<p>Although temporary relocation will be required for this project, no costs are anticipated for this classification.</p>	
Line 4—Architectural and engineering fees	<p>\$72,000 is the estimated cost for the architectural and engineering fees, which will cover the following: structural, civil engineering, mechanical and electrical design; bid construction documents (plans and specifications); and assistance during the construction bidding (answer questions presented by the contractors).</p> <p>Total: \$72,000</p>	

	ALLOWABLE COSTS—CADRE	UNALLOWABLE COSTS
Line 5—Other architectural and engineering fees	No other architectural or engineering fees are anticipated for this project.	
Line 6—Project inspection fees	<p>\$5,000 is the cost to cover the following services: Permit/Impact Fees: Impact fees, inspections by the local department of building construction, shop drawing and submittal review; contractor payment certification; final construction inspection; project close out.</p> <p>Total = \$5,000</p>	
Line 7—Site work	<p>\$0.00 is the total site work, which includes: tree removal, grading, earthwork, exterior improvements, seeding of disturbed areas and connection to underground utilities.</p> <p>Total: \$0.00</p>	
Line 8—Demolition and removal	<p>\$10,875 is the total cost associated with removal of a portion of the exterior wall and window, roof removal and removal of portions of the existing partitions.</p> <p>Total: \$10,875</p>	
Line 9—Construction	<p>\$582,779 is the total construction cost to renovate the existing 1251 square feet, including installation of new walls and building services and to build the 1251 square feet addition to the clinic.</p> <p>\$582,779 is the total cost to construct an addition of approximately 890 square feet.</p> <p>The construction budget is estimated from the construction specification master format. The master format divisions costs are:</p> <p>General Requirements total \$38,870: General (Requirements that cover the full scope of the project work).</p> <ul style="list-style-type: none"> – Safety – Operations and storage areas – Use of utilities. – Environmental controls <p>Facility Construction total \$286,304:</p> <ul style="list-style-type: none"> – Concrete (Example: Footings), – Masonry (Example: Concrete block and brick work) – Metals (Example: Steel framing) – Wood, Plastics, and Composites (Ex. House framing) 	

	ALLOWABLE COSTS—CADRE	UNALLOWABLE COSTS
	<ul style="list-style-type: none"> – Thermal and Moisture Protection (Example: Insulation and water barriers) – Openings (Example: Doors, windows, and louvers) – Finishes – Building Specialties – Installed Equipment <p>Facility Services total \$113,264:</p> <ul style="list-style-type: none"> – Fire Suppression – Plumbing – Heating Ventilating and Air Conditioning – Integrated Automation – Electrical – Communications – Electronic Safety and Security <p>Other Project Costs total \$144,341</p> <ul style="list-style-type: none"> – \$67,787 for General Conditions – \$1,762 for Liability Insurance – \$30,267 for construction mgmt. fee – \$3,285 for payment performance bond – <p>Grand Total Construction = \$582,779</p>	
<p>Line 10—Equipment</p>	<p>\$53,060 is the total for equipment.</p> <p>\$29,400 will be used to procure clinical equipment including: 4 exam tables/beds for the exam rooms @ \$4,000 each (2 x \$5,500=\$11,000) and 2 beds with wheels height adjustment @ \$5,500 each (2 x \$5,500=\$11,000) for the isolation rooms; \$500 for wall mounted sharps containers (\$125 x 4); 4 wall mounted otoscope/thermometers (\$1,000 each x 4).</p> <p>\$23,660 for non-clinical equipment including the purchase of office equipment: 5 computers and monitors Desktop @ \$1,175 each (4 @ \$1,175 = \$4,700) and Laptop @ \$1,250 each would be purchased for each of the new exam rooms, and 4 doctor’s stools/chairs would be procured (4 @ \$250=\$1,000) and 4 guest chairs (4 @ \$125 each = \$500; computer supplies including computer port locks, batter backup and power strips @ \$600 total; Wireless hot spots will be expanded @ \$700 each; telephone system expansion expansion (4 @ \$250 each); security camera expansion (\$8,700); and conference room table and 8 chairs (\$3,600).</p> <p>Total = \$53,060</p>	
<p>Line 11—Miscellaneous</p>	<p>No Miscellaneous costs are anticipated for this project</p>	

	ALLOWABLE COSTS—CADRE	UNALLOWABLE COSTS
Line 12—SUBTOTAL	\$782,179 (The sum of Lines 1 through 11, including allowable and unallowable costs)	
Line 13—Contingencies	\$29,682 which is less than 5% of Lines, 7, 8, and 9 will be included for contingency.	
Line 14—SUBTOTAL	\$811,861 (The sum of Lines 12 and 13)	
Line 15—Project (program) income	None	
Line 16—TOTAL PROJECT COSTS	\$811,861 (Enter the amount in Line 14)	
Line 17—CADRE GRANT (Note: round to the nearest whole dollar amount)	\$811,861	

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

1. * Type of Federal Action:

- a. contract
- b. grant
- c. cooperative agreement
- d. loan
- e. loan guarantee
- f. loan insurance

2. * Status of Federal Action:

- a. bid/offer/application
- b. initial award
- c. post-award

3. * Report Type:

- a. initial filing
- b. material change

For Material Change

Year

Quarter

Date of Last Report

4. Name and Address of Reporting Entity:

Prime SubAwardee Tier If Known:

*Name

*Street 1

Street 2

* City State

* Zip Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:

7. * Federal Program Name/Description:

CFDA Number, if applicable:

8. Federal Action Number, if known:

9. Award Amount, if known:

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 * Street 2

* City State * Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State * Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name Prefix: * First Name Middle Name

* Last Name

Yatchum

Suffix

Title:

Telephone No.: (727) 464-5045

Date: 5/11/2020

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Proposal Cover Page

00177339: PINELLAS, COUNTY OF

Due Date: 05/11/2020 (Due In: 0 Days)

Announcement Number: HRSA-20-097

Announcement Name: Capital Assistance for Disaster Response and Recovery Efforts (CADRE)

Application Type: New

Total Federal Requested Amount: \$811,861.00

Resources [↗](#)

As of 05/11/2020 04:16:47 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

1. Applicant Eligibility

Is the applicant organization currently an existing health center under the Section 330 Program?

Yes

No

If Yes, please provide the H80 grant number: (Example: H80CS00001) H80CS00024

2. Application Track

For this application, select only one of the following tracks:

Track 1 - Equipment-only;

Track 2 - Minor Construction-Related; or

Track 3 - Major Construction-Related

3. Need

For the proposed project, describe the following:

- Describe how the disaster event(s) impacted your community, organization and/or your patient population.
- Describe the health center infrastructure/capital needs to support its response and recovery efforts, and/or to increase its capacity or capability to address future emergencies or disasters.
- Describe the infrastructure/capital needs to support the health center's ability to ensure continuity of access to high quality primary health care services.

Approximately 4 pages (Max 8000 Characters):

a. Describe how the emergency and/or disaster event(s) impacted your community, organization and/or your patient population. Pinellas County, a peninsula located on the west coast of Florida along the Gulf of Mexico, is extremely susceptible to tropical/hurricane related weather events. Pinellas County is very exposed to regular tropical storms and hurricanes as evidenced by the fact that we have a recognized and observed hurricane season that extends from June 1 through November 30, fully half the year. In addition, there is a very active thunderstorm season during the summer, with an average of 85.1 thunderstorms a year. The Bayside Health Clinic, located at 14808 49th Street North, Clearwater, FL is in a "Level B" hurricane evacuation zone. The estimated elevation is 12 ft above sea level. This means that it will likely flood in a Cat 2 hurricane. In late 2018, the state continued to monitor and prepare for Hurricane Michael, and on Monday, October 8, 2018 the Governor expanded the Executive Order to include Pinellas County extending the order to 35 Florida counties in total. Hurricane Michael placed Pinellas County under a Tropical Storm Watch and Storm Surge Watch, while the Category 4 storm moved towards the Panhandle of Florida. Hurricane Michael brought threats of a storm surge of from 2-4 feet, tropical storm force winds up to 35 mph and rainfall totaling 1-2 inches due to the position and potential passing next to the peninsula County. Pinellas County experienced wind gusts as rain bands moved through the area, and localized flooding caused road closures in Clearwater Beach, Tarpon Springs and Dunedin. Luckily, the County did not need to implement a Local State of Emergency, shelters remained on standby, and schools did not close. All health care facilities remained alert and prepared for any impacts. The health center did not close for any period of time of this particular event.

b. Describe the health center infrastructure/capital needs to support its response and recovery efforts, and/or to increase its capacity or capability to address future emergencies and/or disasters. Pinellas County, as a unit of local government, including the health center, continues to plan and train for emergency events, and take opportunities to improve the resilience of the County including the infrastructure and individuals residing here. This CADRE program is a great opportunity for Pinellas County to continue to build upon its emergency management plan to prepare for any disaster that may affect our area. While storms bring a certain set of hazards and circumstances, the health center is also learning and adapting to the current COVID-19 pandemic and proposing to update the capital/infrastructure needs to respond effectively to the effects and deficiencies of preparing for a pandemic and/or disease outbreak. The health center was not built with the capability to serve patients who may need isolation in order to contain the spread of infectious disease. There is currently one entrance/exit and one waiting area for all patients, regardless if they are sick or well. To ensure continued high-quality health care for all clients, a clinic expansion to address isolation concerns for future disease and pandemic outbreaks such as COVID-19 would be crucial. There is also a great need to expand telehealth capabilities within the clinic to further respond to clients' needs during a natural disaster or disease outbreak where in-person medical visits may be limited for safety.

c. Describe the infrastructure/capital needs to support the health center's ability to ensure continuity of access to high quality primary health care services. Pinellas County's HCH-Co-Applicant Board and staff recently completed a strategic plan that included a capital improvement plan to address the growing needs of the health center's population and supportive service needs. While the Bayside Health Clinic was recently built and completed in 2016, the building size was limited out of concern for sustaining the site and ensuring that it was suited to serve the population. Since it's opening, the clinic has served more and more clients and has been found to come up short in the available space needed to accommodate a growing population and full integration of services. There are no longer any concerns by the local government or HCH Board into the sustainability or maintenance of the facility. It was also recently identified through the COVID-19 pandemic, that the structural needs of the health center for a pandemic/disease outbreak are different than for Hurricanes/storms.

4. Response

For the proposed project, describe the following:

- Provide a comprehensive, consolidated description of the proposed project(s).
- Describe how the proposed project(s) will support the health center in its efforts to respond to and/or recover from the disaster event.
- Describe how the proposed project(s) will support the health center to ensure current and/or future continuity of access to high quality primary health care services.

Approximately 4 pages (Max 8000 Characters):

a. Provide a comprehensive, consolidated description of the proposed project(s). Pinellas County is seeking to add square footage to the Bayside Health Clinic site for additional exam rooms that incorporate negative pressure capabilities along with the addition of a separate entrance into the facility to provide for the ability to isolate patients with airborne

infectious diseases. In addition to the exam rooms, the facility is seeking to add a training room and renovate existing exam room space for telehealth rooms and storage capacity for the necessary personal protective equipment and hazmat supplies that are required for such emergency response circumstances. Pinellas County's Health Care for the Homeless program assists homeless clients who are especially vulnerable to new viruses or infections. As a population, homeless individuals generally have poorer health than housed individuals. Existing physical health conditions greatly reduce the body's ability to defend against new ones. To mitigate further spreading infections amongst the homeless population that the Health Center serves, the Pinellas County Health Care for the Homeless program would like to provide for the isolation of potentially infected patients that come to the clinic for services in times of viral outbreaks. The negative pressure capabilities are necessary to prevent cross contamination of rooms throughout the clinic while providing space for the infectious individual to get the care they need. b. Describe how the proposed project(s) will support the health center in its efforts to respond to future emergencies or disasters and/or recover from the emergency and/or disaster event. The new exam rooms will allow for improved testing and isolation capabilities to respond to current and future disease outbreaks and pandemics, such as COVID-19. The current facility has limited the ability for the staff to respond and adequately serve the most vulnerable homeless clients in the County. The reconfiguration of space for telehealth accommodations will also allow for more virtual visits with clients to respond to immediate needs of clients of the health center following any disaster/hazard and open up space for additional storage of PPE supplies. c. Describe how the proposed project(s) will support the health center to ensure current and/or future continuity of access to high quality primary health care services. The proposed project supports the emergency management needs of the health center by ensuring adequate, protective space for accommodating patients experiencing symptoms related to potential pandemic diseases. Expanded telehealth capabilities ensure continuity of care for health center clients during a natural disaster or disease outbreak where in-person medical visits may be limited due to safety concerns.

5. Impact

For the proposed project, describe the following:

- Describe how the proposed project(s) will support the health center increase its capacity and/or capability to respond to and/or recover from future emergencies or disasters, and support continuity of access to high quality primary health care services.
- Identify the number of patients the proposed project(s) will support in the health center's effort to ensure a current and/or future continuity of access to high quality primary health care services.

Approximately 4 pages (Max 8000 Characters):

a. Describe how the proposed project(s) will support the health center to increase its capacity and/or capability to respond to and/or recover from future emergencies and/or disasters, and support continuity of access to high quality primary health care services. The addition of the new exam rooms will allow for improved testing and isolation capabilities to respond to current and future disease outbreaks and pandemics, such as COVID-19. The addition of a storage room will provide a dedicated area to store an ample supply of PPE needed to treat patients during all types of disaster response. The existing exam rooms will be reconfigured to add space for additional social services and telehealth capabilities to accommodate virtual visits with clients to maintain their level of care when they are unable to meet with medical staff in person. Identify the number of patients the proposed project(s) will support in the health center's effort to ensure a current and/or future continuity of access to high quality primary health care services. The proposed project will support the health center's 3,000 existing patients and future patients with the ability to more effectively respond to a crisis during a natural disaster or disease outbreak/pandemic emergency.

6. Resources/Capabilities

For the proposed project, describe the following:

- Describe the administrative structure and oversight for the proposed project, including:
 - The expertise and experience of key staff responsible for managing/overseeing the project and previous/similar projects, and the individual(s) (name and title);
 - The expertise in acquisition strategies, policies, and procedures that comply with federal procurement requirements; and
 - Any other funds needed and available to support the project.
- Provide a timeline to support completing the project(s) within the identified budget and specified project period, including key milestones (i.e., planning, design, securing permits and/or variances, environmental and historic preservation process, and contracting process).
- Describe the status of securing the proposed project site, where applicable.
 - If you are adding a new site or mobile unit site, describe how this site will ensure current and/or future continuity of access to high quality primary health care services in the disaster-impacted areas.
 - If the site is leased, provide a letter of consent from the landlord to implement the project and acknowledges Federal Interest via attachment. For leased sites, provide details regarding the length of lease and its appropriateness for the funding requested, e.g., the length of the lease extends for a minimum of five (5) years from the project period end date (current period, including option year(s), if needed).
- Describe how additional operational costs (including utilities, daily maintenance and repair, and long-term capital reinvestment) resulting from the proposed project will be supported within the existing or projected operational budget for the health center.

Approximately 4 pages (Max 8000 Characters):

a. Describe the administrative structure and oversight for the proposed project, including: o The expertise and experience of key staff responsible for managing/overseeing the project and previous/similar projects, and the individual(s) (name and title); As Project Director, Karen Yatchum, will oversee the overall CADRE funding opportunity project. The team will include Mr. Andrew Pupke, the Division Director of Administrative Services (includes oversight of real estate management), a Real Estate Management Project Manager, the Human Services Grants Manager, and the health center clinic Supervisor. As Director of Real Estate Management, Mr. Pupke is responsible for oversight of all County owned buildings, including the Bayside Health Clinic. Mr. Pupke's team will be responsible for the alteration/renovation projects described in this project. Working with the grants manager and purchasing department, the team will ensure all federal requirements are met. The project management team within Real Estate Management has several years' experience managing federal capital and locally funded capital improvement projects. Mr. Pupke and several staff members managed the capital project to develop the Bayside Health Clinic site construction that opened in 2016. The team will develop a timeline, coordinate and communicate regularly via monthly meetings and teleconferences as needed, and proactively address any areas that may become challenges to completion of the project. o The expertise and experience in acquisition strategies, policies, and procedures that comply with federal procurement requirements; and Pinellas County's Real Estate Management Department will manage the Major Construction project and procure the necessary subcontractors according to Pinellas County purchasing policies, which are more restrictive than federal policy at this time. o Any other funds needed and available to support the project. No additional funds are needed to support the project at this time. b. Provide a timeline to support completing the project(s) within the identified budget and specified period of performance, including key milestones (i.e., planning, design, securing permits and/or variances, environmental and historic preservation process, and contracting process). Within 30 days of the Notice of Award, the Real Estate Management team will assign a project manager, and initiate final planning and architectural review of the program. The project manager will initiate, in consultation with purchasing, the protocol for procuring the service contracts and vendors needed for the project. Within three months of award, the service provider/vendors will be established, and contract agreements signed. Upon establishment of contracts for the project, bi-weekly calls will be established between the Human Services Department, Health Center staff, and Real Estate Management to ensure adherence to project timelines, document progress, and communicate the status of the projects with the Board and leadership staff. c. Describe the status of securing the proposed project site, where applicable. o If you are adding a new site or mobile unit site, describe how this site will ensure current and/or future continuity of access to high quality primary health care services in the disaster-impacted areas. The health center is not adding a new site or mobile unit site. o If the site is leased, provide a letter of consent from the landlord to implement the project and acknowledges Federal Interest via attachment (see Leasehold Improvements section in VI. Award Administration Information for more details). For leased sites, provide details regarding the length of lease and its appropriateness for the funding requested, e.g., the length of the lease extends for a minimum of five (5) years from the project period end date (current period, including option year(s), if needed). The site is owned

by Pinellas County Government. Federal Interest in the property was filed in Pinellas County on 12/1/2016. d. Describe how additional operational costs (including utilities, daily maintenance and repair, and long-term capital reinvestment) resulting from the proposed project will be supported within the existing or projected operational budget for the health center. Pinellas County, a local county government, continues to support all operational costs and maintenance of the county-owned facility, the Bayside Health Clinic and is willing to support the proposed expansion and increased costs as a result of the expansion of the clinic.

ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 0915-0285
Expiration Date: 09/30/2016

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

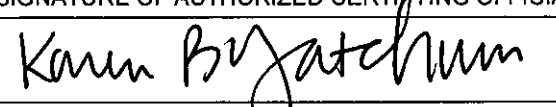
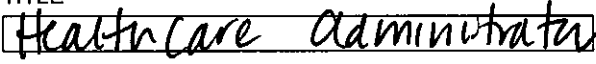
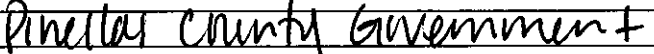
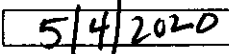
1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

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Prescribed by OMB Circular A-102

11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.
14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq).
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
20. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE 
APPLICANT ORGANIZATION 	DATE SUBMITTED 

SF-424D (Rev. 7-97) Back

Consolidated Budget

00177339: PINELLAS, COUNTY OF

Due Date: 05/11/2020 (Due In: 0 Days)

Announcement Number: HRSA-20-097

Announcement Name: Capital Assistance for Disaster Response and Recovery Efforts (CADRE)

Application Type: New

Total Federal Requested Amount: \$811,861.00

Resources [↗](#)

As of 05/11/2020 04:16:50 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Notes:
This page is created by combining the budget pages from all projects and therefore cannot be edited. If edits to this form are desired, please go to the individual budget forms to make those changes.

Serial Number	Cost Classification	Total Cost (a)	Costs Not Allowable for Participation (b)	Total Allowable Costs (c = a - b)
1	Administrative and legal expenses	\$58,465	\$0	\$58,465
2	Land, structures, rights-of-way, appraisals, etc.	\$0	\$0	\$0
3	Relocation expenses and payments	\$0	\$0	\$0
4	Architectural and engineering fees	\$72,000	\$0	\$72,000
5	Other architectural and engineering fees	\$0	\$0	\$0
6	Project inspection fees	\$5,000	\$0	\$5,000
7	Site work	\$0	\$0	\$0
8	Demolition and removal	\$10,875	\$0	\$10,875
9	Construction	\$582,779	\$0	\$582,779
10	Equipment	\$53,060	\$0	\$53,060
11	Miscellaneous	\$0	\$0	\$0
12	SUBTOTAL (sum of lines 1-11)	\$782,179	\$0	\$782,179
13	Contingencies	\$29,682	\$0	\$29,682
14	SUBTOTAL (sum of lines 12 and 13)	\$811,861	\$0	\$811,861
15	Project (program) income	\$0	\$0	\$0
16	TOTAL PROJECT COSTS	\$811,861	\$0	\$811,861
17	Federal assistance requested Federal Percentage Share : 100.00 %			\$811,861

Project Qualification Criteria

00177339: PINELLAS, COUNTY OF

Due Date: 05/11/2020 (Due In: 0 Days)

Announcement Number: HRSA-20-097

Announcement Name: Capital Assistance for Disaster Response and Recovery Efforts (CADRE)

Application Type: New

Total Federal Requested Amount: \$811,861.00

Resources [↗](#)

As of 05/11/2020 04:16:52 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Project Information

Project Title	Pinellas County Bayside Health Clinic Expansion	Project Type	Construction/Expansion (C/E)	Project Tracking Number	177339-01	Amount requested in this project	\$811,861.00
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1. Will the work of the proposed project supplant any currently active HRSA award funds for capital activities (i.e., new construction, expansion, or alteration/renovation/repair projects) at the physical site address?

Note: The definition of an "active HRSA grant that supports construction" can be found in the funding opportunity HRSA-20-097 in the eligibility information.

Yes No

If 'Yes,' provide the description.

2. Will any physical construction (for example: clearing of site, grading, installation of utilities, demolition, construction, etc.) occur prior to the award of the grant (in or about September 2020)?

Yes No

If 'Yes,' provide the description.

Certification

I certify that the above statements are accurate and true.

Project Cover Page

00177339: PINELLAS, COUNTY OF

Due Date: 05/11/2020 (Due In: 0 Days)

Announcement Number: HRSA-20-097

Announcement Name: Capital Assistance for Disaster Response and Recovery Efforts (CADRE)

Application Type: New

Total Federal Requested Amount: \$811,861.00

Resources [↗](#)

As of 05/11/2020 04:16:54 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Project Information

Project Title	Pinellas County Bayside Health Clinic Expansion	Project Type	Construction/Expansion (C/E)	Project Tracking Number	177339-01	Amount requested in this project	\$811,861.00
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1. Site Information

Improved Project Square Footage (total square feet of new construction/expansion and/or the alteration and renovation area): 1251

2. Project Description

Provide a detailed description of the scope of work (all project components) involved in the project. Include the following items in description:

- Describe the specific scope of activities, such as:
 - Purchases of clinical and/or non-clinical moveable equipment items.
 - Creation of a new stand-alone structure.
 - Expansion of an existing structure to increase the total square footage.
 - Improvement and/or reconfiguration of the interior arrangements of an existing facility.
 - Installation of permanently affixed equipment.
 - Modifications and/or repairs to the building exterior (including windows).
 - Heating, ventilation, and air-conditioning (HVAC) modifications (including the installation of climate control and duct work).
 - Electrical upgrades and/or plumbing work.
- Identify the project activities in terms of dimensions, square footage, and clinical and non-clinical area(s) to be impacted.
- Describe the proposed method of construction such as design/build, construction management at risk, by the applicant's own forces, or whether a third party construction manager will be used.
- Identify whether the planned construction procurement will occur through competitive bid or other method.

Approximately 4 pages (Max 8000 Characters with spaces)

Pinellas County is seeking to add 1251 square feet to the Bayside Health Clinic site for additional exam rooms that incorporate negative pressure capabilities to provide for the ability to isolate patients with airborne infectious diseases. In addition to the exam rooms, the facility is seeking to renovate existing rooms to add telehealth/supportive services and add meeting space and storage capacity for the necessary personal protective equipment and hazmat supplies that are required for such emergency response circumstances. Pinellas County's Health Care for the Homeless program assists homeless clients who are especially vulnerable to new viruses or infections. As a population, homeless individuals generally have poorer health than housed individuals. Existing physical health conditions greatly reduce the body's ability to defend against new ones. To mitigate further spreading infections amongst the homeless population that the Health Center serves, the Pinellas County Health Care for the Homeless program would like to provide for the isolation of potentially infected patients that come to the clinic for services in times of viral outbreaks. The negative pressure capabilities are necessary to prevent cross contamination of rooms throughout the clinic while providing space for the infectious individual to get the care they need. Upon creation of the new exam rooms, the existing exam rooms will be reconfigured to accommodate storage, telehealth and supportive services through multi-purpose office spaces. The health center has identified the purchases of clinical and non-clinical moveable equipment items, including some permanently affixed equipment. The expansion will include modifications to the building exterior including adding windows, heating, ventilation, and air-conditioning (HVAC) modifications, electrical upgrades and plumbing work

3. Project Timeline

Provide a project timeline that includes the person or entity accountable and the number of months for each of the following critical milestones within the three-year (36 months) project period:

1. Planning;
2. Design;
3. Obtaining required permits and/or variances;
4. Meeting Federal environmental and historic preservation requirements;
5. Solicitation of bids and awarding of contracts, alteration/renovation or construction period; and
6. The expected project completion date.

Describe the current status of the project including any steps that may have been accomplished to date.

Note: Proposed alteration/renovation and construction/expansion physical activities associated with the project or connected activities (e.g., site grading, installation of utilities, demolition) may not have started before the award date. Conditions of the grant award must be met and lifted through a Notice of Award prior to physical activities commencing.

Project Completion Date: 08/2023

Approximately 2 page (Max 4000 Characters with spaces)

Upon award of the CADRE grant, Pinellas County would initiate the process to accept the award and begin the planning phase of the project. The planning phase would last from approximately September – December 2020. This will be for initiating the project including acceptance of the award, and meeting with the architect to initiate the final concepts and initial construction documents. From January 2021 – June 2021 the County will finalize the design and construction documents and prepare procurement bid documents for the general contractor. June 2021 – September 2021 for solicitation of bids and awarding of contracts for construction period. From October 2021 – January 2022 the County will work with the contractor to obtain the necessary permits and variances required. The project construction would begin between April 2022 – June 2023 with a targeted completion date prior to the August 2023 project period.

Attachments:

Provide the following documents related to this site:

Attachment 1: Project Budget Justification (Minimum 1) (Maximum 1)

Document Name	Size	Date Attached	Description
Revised - Pinellas County_Final Budget Justification Narrative 051120.pdf	623 kB	05/11/2020	Budget Narrative - Pinellas County Bayside Expansion Project 2020

Environmental Information Documentation (EID) Checklist

Download Template		
Name	Description	Options
EID Checklist	Template for EID Checklist	Download ▼

Attachment 2: Environmental Information Documentation (EID) Checklist (Minimum 1) (Maximum 1)

Document Name	Size	Date Attached	Description
EID Checklist - Final Signed by AP w FEMA flood map.pdf	918 kB	05/06/2020	Pinellas County EID Checklist w/FEMA floodmap attached

Attachment 3: Floor Plans/Schematic Drawings/Site Plan (Minimum 1) (Maximum 2)

Document Name	Size	Date Attached	Description
20020 PC Bayside Expansion - A5-1 Presentation - Scheme B.pdf	215 kB	05/11/2020	Architectural Review - Bayside Expansion Project 2020
20020 PC Bayside Expansion - AS3-1 Presentation - Scheme B.pdf	236 kB	05/11/2020	Site Plan - Pinellas County Bayside Expansion Project 2020

**PINELLAS COUNTY BUDGET JUSTIFICATION
FOR TRACK 3 (MAJOR CONSTRUCTION RELATED)**

Organization Name: Pinellas County Board of County Commissioners

Project Type: Construction/Expansion (C/E) Alteration/Renovation (A/R)

Project Name: Bayside Health Clinic Expansion 2020

Project Number: 177339

Total CADRE Funding Request = \$811,861

Total Project Cost = \$811,861

Pinellas County’s proposed Capital Assistance for Disaster Response and Recovery Efforts (CADRE) project will add approximately 1251 square feet (SF) addition/expansion. The space for additional exam rooms will incorporate negative pressure capabilities for the ability to isolate patients with airborne infectious diseases. In addition to the exam rooms, the facility is seeking to add a training room space and reconfigure existing space for additional storage capacity for the necessary personal protective equipment and hazmat supplies that are required for such emergency response circumstances. The negative pressure capabilities are necessary to prevent cross contamination of rooms throughout the clinic while providing space for the infectious individual to get the care they need.

The total project cost is **\$811,861**. This application requests **\$811,861** to support the total construction and equipment cost.

The alteration and renovation and construction expansion is anticipated to begin in November 2020 and completed and occupied, August 2023.

	ALLOWABLE COSTS—CADRE	UNALLOWABLE COSTS
Line 1—Administrative and legal expenses	<p>\$58,465 Pinellas County’s Project Management & Real Estate Management team administrative cost for a portion of the REMs staff/project manager (for work directly related to the construction project.)</p> <p>Total: \$58,465</p>	
Line 2—Land, structures, right-of-way, appraisals, etc.	<p>The current facility is owned by Pinellas County. No additional land is required for this project.</p>	
Line 3—Relocation expenses and payments	<p>Although temporary relocation will be required for this project, no costs are anticipated for this classification.</p>	
Line 4—Architectural and engineering fees	<p>\$72,000 is the estimated cost for the architectural and engineering fees, which will cover the following: structural, civil engineering, mechanical and electrical design; bid construction documents (plans and specifications); and assistance during the construction bidding (answer questions presented by the contractors).</p> <p>Total: \$72,000</p>	

	ALLOWABLE COSTS—CADRE	UNALLOWABLE COSTS
Line 5—Other architectural and engineering fees	No other architectural or engineering fees are anticipated for this project.	
Line 6—Project inspection fees	<p>\$5,000 is the cost to cover the following services: Permit/Impact Fees: Impact fees, inspections by the local department of building construction, shop drawing and submittal review; contractor payment certification; final construction inspection; project close out.</p> <p>Total = \$5,000</p>	
Line 7—Site work	<p>\$0.00 is the total site work, which includes: tree removal, grading, earthwork, exterior improvements, seeding of disturbed areas and connection to underground utilities.</p> <p>Total: \$0.00</p>	
Line 8—Demolition and removal	<p>\$10,875 is the total cost associated with removal of a portion of the exterior wall and window, roof removal and removal of portions of the existing partitions.</p> <p>Total: \$10,875</p>	
Line 9—Construction	<p>\$582,779 is the total construction cost to renovate the existing 1251 square feet, including installation of new walls and building services and to build the 1251 square feet addition to the clinic. \$582,779 is the total cost to construct an addition of approximately 890 square feet.</p> <p>The construction budget is estimated from the construction specification master format. The master format divisions costs are:</p> <p>General Requirements total \$38,870: General (Requirements that cover the full scope of the project work).</p> <ul style="list-style-type: none"> – Safety – Operations and storage areas – Use of utilities. – Environmental controls <p>Facility Construction total \$286,304:</p> <ul style="list-style-type: none"> – Concrete (Example: Footings), – Masonry (Example: Concrete block and brick work) – Metals (Example: Steel framing) – Wood, Plastics, and Composites (Ex. House framing) 	

	ALLOWABLE COSTS—CADRE	UNALLOWABLE COSTS
	<ul style="list-style-type: none"> – Thermal and Moisture Protection (Example: Insulation and water barriers) – Openings (Example: Doors, windows, and louvers) – Finishes – Building Specialties – Installed Equipment <p>Facility Services total \$113,264:</p> <ul style="list-style-type: none"> – Fire Suppression – Plumbing – Heating Ventilating and Air Conditioning – Integrated Automation – Electrical – Communications – Electronic Safety and Security <p>Other Project Costs total \$144,341</p> <ul style="list-style-type: none"> – \$67,787 for General Conditions – \$1,762 for Liability Insurance – \$30,267 for construction mgmt. fee – \$3,285 for payment performance bond – <p>Grand Total Construction = \$582,779</p>	
Line 10—Equipment	<p>\$53,060 is the total for equipment.</p> <p>\$29,400 will be used to procure clinical equipment including: 4 exam tables/beds for the exam rooms @ \$4,000 each (2 x \$5,500=\$11,000) and 2 beds with wheels height adjustment @ \$5,500 each (2 x \$5,500=\$11,000) for the isolation rooms; \$500 for wall mounted sharps containers (\$125 x 4); 4 wall mounted otoscope/thermometers (\$1,000 each x 4).</p> <p>\$23,660 for non-clinical equipment including the purchase of office equipment: 5 computers and monitors Desktop @ \$1,175 each (4 @ \$1,175 = \$4,700) and Laptop @ \$1,250 each would be purchased for each of the new exam rooms, and 4 doctor’s stools/chairs would be procured (4 @ \$250=\$1,000) and 4 guest chairs (4 @ \$125 each = \$500; computer supplies including computer port locks, batter backup and power strips @ \$600 total; Wireless hot spots will be expanded @ \$700 each; telephone system expansion expansion (4 @ \$250 each); security camera expansion (\$8,700); and conference room table and 8 chairs (\$3,600).</p> <p>Total = \$53,060</p>	
Line 11—Miscellaneous	No Miscellaneous costs are anticipated for this project	

	ALLOWABLE COSTS—CADRE	UNALLOWABLE COSTS
Line 12—SUBTOTAL	\$782,179 (The sum of Lines 1 through 11, including allowable and unallowable costs)	
Line 13—Contingencies	\$29,682 which is less than 5% of Lines, 7, 8, and 9 will be included for contingency.	
Line 14—SUBTOTAL	\$811,861 (The sum of Lines 12 and 13)	
Line 15—Project (program) income	None	
Line 16—TOTAL PROJECT COSTS	\$811,861 (Enter the amount in Line 14)	
Line 17—CADRE GRANT (Note: round to the nearest whole dollar amount)	\$811,861	



<p>DEPARTMENT OF HEALTH AND HUMAN SERVICES</p> <p>HEALTH RESOURCES AND SERVICES ADMINISTRATION</p> <p>ENVIRONMENTAL INFORMATION AND DOCUMENTATION (EID)</p>	FOR HRSA USE ONLY		
	Award Recipient Name	Pinellas County Board of County Commissioners	
	Award Number		Application Tracking #
	Project #		Project Type
	Project Title	Pinellas County Bayside Clinic Expansion	
<p>This Environmental Information and Documentation (EID) checklist consists of information that the agency is required to obtain to comply with the National Environmental Policy Act of 1969 (NEPA). NEPA establishes the Federal government's national policy for protection of the environment. HRSA has developed the EID for applicants of funding that would potentially impact the environment and to ensure that their decision-making processes are consistent with NEPA. Applicants must provide information and requested on the EID checklist so that HRSA may ensure compliance with NEPA.</p> <p>HRSA will provide applicants with the results of the agency's environmental review through the NGA. If HRSA determines that additional environmental compliance is necessary, HRSA will notify applicable Award Recipients of specific requirements.</p> <p>Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this project is 0915-0324. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.</p>			
<p>Award Recipient Authorized Official: Karen Yatchum Phone: 727-464-5405 Email: kyatchum@pinellascounty.org</p> <p style="text-align: center;"><i>Division</i></p> <p>Award Recipient EID Preparer: Andrew Pupke, Real Estate Management Director, <i>Administrative Services</i> Phone: 727-464-3237 Email: apupke@pinellascounty.org Address:</p>			
<p>Project Location/Address (Please note - separate EID forms are required for each project location) Please provide the address where the action will occur (e.g. where equipment will be located or where renovations/new construction will occur)</p> <p>14808 49th Street N., Clearwater, FL 33756</p>			

Scope of work
Describe all actions that are part of the proposed action (Please include a description of the entire project, including elements that will use non-federal funding)
 The health center is seeking to add approximately 500 sq. feet to the existing 3,000 sq. ft health center site. The additional square footage will accommodate up to 3 new exam rooms for primary care services that are designed to accommodate negative pressure/isolation features to better serve the community in case of another/existing pandemic. The existing exam rooms will be converted to multi-use rooms to accommodate telehealth and/or recovery services for individuals. Additional minor modifications will be considered to reflect the updated flow of individuals through the clinic which may include entry ways and lobby space.

Site Description - required for all building renovations (e.g. interior renovations, new windows, roofs, etc.) and new construction (including building additions, temporary facilities, and trailers)

Site acreage: 8.05
 Land use on site: Commercial/County Government
 Land use surrounding site (current use, zoning and proposed changes if applicable): No change
 Buildings currently on site (stories, height, age, total sq. footage): 1 story, 3,000 sq. ft, 3 years old.
 Vegetation on site (e.g. grasses, shrub, heavily wooded, none because it's paved, etc.): minimal grass, tree coverage, paved parking
 Streams/wetlands on site or adjacent to the site: None
 Proposed ground disturbance (sq. footage): approximately 500 sq. feet

A. Scope of Proposed Action

This set of questions is concerned with size and scope of the proposed action

A.1. Will the action involve the purchase, construction or lease of new facilities (including temporary facilities and trailers), or substantially increase the capacity of an existing health care facility?
 Yes No *Wouldn't this answer be "yes" based on the proposed addition of 500 sq. ft.?*

If yes explain:

A.2. Is the action significantly greater in scope than other development taking place in the area, or will it have significant unusual characteristics?

Yes No

If yes explain:

B. Potential for Public Controversy

This set of questions is concerned with whether or not the proposed action has or could generate public controversy.

<p>B.1. Are there any public concerns or controversy with respect to effects of the action on environmental or cultural resources based on reasonable and substantial issues? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>B.2. Have comments on the action's impacts to environmental or cultural resources been received from the public or from local, State, or Federal agencies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>C. Degradation of Environmental Conditions</p>
<p>This set of questions concerns the potential for actions to degrade, even slightly, already existing poor environmental conditions.</p>
<p>C.1. Will the action increase identifiable ambient air pollution levels from a new emission source or from existing sources (e.g., lab fume hoods, HVAC systems, etc.)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>C.2. Will the action increase identifiable ambient air pollution levels through a major increase in the number of or use of automobiles, trucks (e.g., will there be a large number of new employees or patients traveling to the site, or a large number of deliveries to the site)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>C.3. Will the action exceed city or State health or Federal air quality standards with exhausts from fume hoods <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>C.4. Will the action cause or increase soil erosion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain(For building additions and/or new construction, please list measures to be taken to control sedimentation and soil erosion):</p>

<p>C.5. Will the action discharge stormwater or pollutants into a stream, river, lake, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain (For building additions and/or new construction, please note any stormwater management practices to be utilized):</p>
<p>C.6. Will the action overload existing waste treatment plants due to new loads (water volume, chemicals, toxicity, etc.)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><u>If yes, please obtain and submit a connection permit or other approval from local sewer authority.</u></p>
<p>C.7. Will the action allow seepage of contaminants into the water table? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>D. New or Unproven Technology</p> <p>This set of questions is concerned with the deployment of new or unproven technology with the potential adverse effects or actions involving unique or unknown environmental risks</p>
<p>D.1. Will the action involve the purchase or use of new or unproven technology? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>D.2. Will the action involve the purchase or use of technology for which the environmental impacts are unknown? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>E. Presence of cultural, archaeological, historical or other protected resources</p> <p>This set of questions is concerned with potential impacts to cultural resources including, but not limited to, buildings; archaeological sites; National Historic Landmarks; objects of significance to a Native American Tribe including graves, funerary objects, and traditional cultural properties; or other protected resources. HRSA will provide applicants with the results of the agency's historic preservation assessment through the Notice of Award (NOA). If HRSA determines that additional review by the State Historic Preservation Office (SHPO) is necessary, HRSA will instruct applicable Award Recipients on how to initiate consultation with the SHPO.</p>

E.1. Will the action involve the purchase, construction, alteration, renovation, or lease of real property or portion of real property?
 Yes No

If yes, when was the building constructed?
2016

E.2. Will the proposed action occur in or near a building listed on or eligible for listing on the National Register of Historic Places?
 Yes No

E.3. Will the proposed action adversely affect properties listed on or eligible for listing on the National Register of Historic Places?
 Yes No

If yes explain:

E.4. Will the action encroach upon, change views to, or change noise levels around any historical, architectural, or archeological cultural property?
 Yes No

If yes explain:

F. Protected Species

This set of questions is concerned with protected plant and animals, including endangered or threatened species or their critical habitat.

F.1. Will the action be likely to adversely affect a plant or animal species listed on the Federal or applicable State list of endangered or threatened species or a specific critical habitat of an endangered or threatened species?
For assistance, contact the appropriate State Fish and Wildlife Agency or the regional office of the U.S. Fish and Wildlife Service.
 Yes No

If yes explain:

<p>F.2. Will the action adversely affect nesting Bald Eagles or migratory birds? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>G. Special Status Areas and Critical Resources</p> <p>These questions are concerned with actions with the potential to adversely affect special status areas or other critical resources such as wetlands, floodplains, coastal zones, wildlife refuge and wilderness areas, wild and scenic rivers, or sole or principal drinking water aquifers.</p>
<p>G.1. Are there wetlands or waters of the U.S. on or adjacent to the site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, attach National Wetland Inventory Map, State or local map, or site specific map</p>
<p>G.2. Will the action include discharge to or the filling or dredging of wetlands? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>G.3. Will the action require a section 404 (Clean Water Act) permit for actions in a wetland and/or section 10 (Rivers and Harbors Act) permit for actions in a stream or river? (Activities in or near a wetland or river may require a permit from the U.S. Army Corps of Engineers or U.S. Coast Guard. Includes: construction in or near any wet or dry waterway, stream crossings, intake structures, outfalls, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, provide status of permit process:</p>
<p>G.4. Is the project site located in either a 100-year or a 500-year floodplain? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Regardless of whether the project is in a known floodplain, please attach a Flood Insurance Rate Map to this document. Clearly mark the location of the facility, and the NFIP Panel Number. FIRMettes can be generated electronically at no cost at the FEMA Map Service Center website. The FIRMette module is located in the upper left hand corner, while the tutorial is at the lower right hand corner of the webpage. (If Flood Insurance Rate Maps do not exist for the project site, a floodplain survey or consultation may be required.)</p>

G.5. Will the proposed action include new construction or new site features (e.g., new buildings, additions, fences, parking lots, signage, etc.) in the floodplain?

Yes No

If yes explain:

The proposed action adds approximately 500 sq. ft addition to the existing 3,000 sq ft. building including exam rooms, and potential changes to the entry way/lobby space. No additional fences, parking or signage at this time.

G.6. Will the proposed action adversely impact flood flows in a floodplain or support development in a floodplain?

Yes No

If yes explain:

G.7. Will the proposed action include alter floodplain levels?

Yes No

If yes explain:

G.8. Will the proposed action discharge stormwater to the floodplain?

Yes No

If yes explain:

G.9. Is the project located in a state that borders the Atlantic Ocean, Pacific Ocean, Great Lake, Chesapeake Bay, or Gulf of Mexico?

Yes No N/A

If yes, is your project located in the state's coastal zone?

Yes No N/A

If yes, you may be asked in your NGA to contact your state coastal zone agency for a Section 307 Federal Coastal Zone Consistency Determination.

G.10. Will the action adversely affect a specifically designated Wildlife Refuge or Wilderness Area?
 For assistance contact your State Fish and Wildlife Agency or the regional office of the U.S. Fish and Wildlife Service, Bureau of Land Management, U.S. Forest Service, or National Park Service.
 Yes No

If yes explain:

G.11. Will the action adversely affect a wild, scenic, or recreational river area or create conditions inconsistent with the character of the river? (A consideration for activities that are in or near any wild and scenic waterway including construction of stream/river crossings, intake structures, outfalls, etc.)
 Yes No

If yes explain:

G.12. Will the action adversely impact an EPA designated sole source aquifer? (Designation of sole source aquifer puts restrictions and conditions on Federal expenditures, projects, and Awards.)
 Yes No

If yes explain:

H. Pollutants

This set of questions is concerned with the presence of hazardous, toxic, or petroleum substances at levels which exceed Federal, state, or local regulations or standards requiring action or attention.

H.1. Will the action include renovation of an existing building or ground disturbing activities?
 Yes No

If yes, has a Phase I Environmental Site Assessment been prepared for the property within the last 3 years?
 No

H.2. Will the action take place on a site where past land uses may have led to contamination of soil, surface water, or groundwater?
 Yes No

If yes explain:

I. Health and Safety

This set of questions is concerned with the potential for adverse impacts to human health and safety from the proposed action.

<p>I.1. Will the action introduce major new sources of unshielded radiation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>I.2. Will the action require storage of waste pending technology for safe disposal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>I.3. Will the action adversely affect access to transportation, health, education, and/or welfare service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>I.4. Will the action result in changes in genetic engineering directed at the human population? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>I.5. Will the action cause a new, large volume of production of non-recycled items? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>I.6. Could the action disrupt existing health services' response in case of a disaster? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>

<p>I.7. Will the action decrease accessibility to routine health services by altering point-of-service delivery? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>I.8. Will the action increase by more than 5% the patient load of the area's routine care services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>J. Environmental Justice (Executive Order 12898)</p> <p>This set of questions is concerned with consistency with Executive Order 12898, Environmental Justice in Minority Populations and Low-Income Populations</p>
<p>J.1. Are there low-income or minority populations in the vicinity of the proposed action? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes explain: Health clinic is located adjacent to the County's largest homeless shelter. The clinic serves this population as part of the health center's scope of project.</p>
<p>J.2. Will the action have disproportionately high and adverse human health or environmental effects on minority populations and low-income populations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>J.3. Will the proposed action displace or relocate low-income or minority populations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>K. Other Federal, State, Local, or Tribal Laws</p> <p>This set of questions is concerned with consistency with other federal, state, local or tribal laws or requirement imposed for the protection of the environment.</p>

K.1. Will the action convert significant agricultural lands to non-agricultural uses or impact Prime Farmland Soils or Solis of Statewide Importance?
 Yes No

If yes explain:

K.2. Will the action change traditional use of the land parcel (by rezoning, etc.)?
 Yes No

If yes, has zoning change been requested and/or received? Explain
If yes, complete the following:
Present Zoning: _____
Present Use of Site: _____
Proposed Zoning: _____

K.3. Will the action have significant adverse direct or indirect effects on park land, other public lands, or areas of recognized scenic or recreational value? (For example, consider how the activity will affect the view?)
 Yes No

If yes explain:

K.4. Will the action block access to known mineral deposits? (Sand, gravel, clay, stone, or other common building materials are not considered mineral deposits.)
 Yes No

If yes explain:

L. Cumulative Impacts

Potential for significant cumulative impact when the proposed action is combined with other past, present and reasonably foreseeable future actions, even though the impacts of the proposed action may not be significant by themselves.

L.1. Has the area around the project undergone major changes in land use/development?
 Yes No

If yes explain:

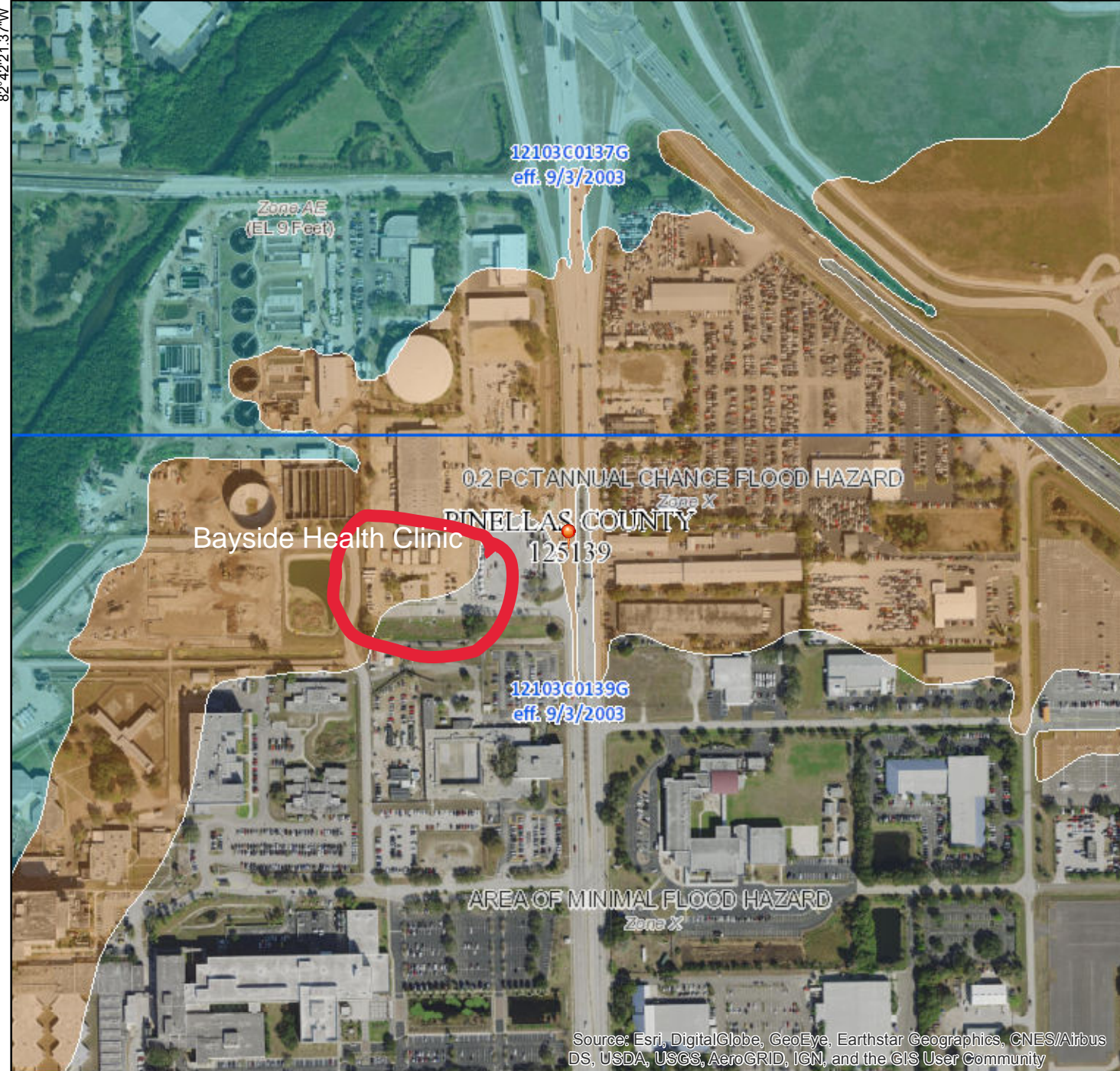
<p>L.2. Are major changes in land use/development planned for the area around the project? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>		
<p>L.3. Will the action alter the use of other land by related development of stores, roads, or site changes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>		
<p>M. Mitigative Measures</p>		
<p>Please discuss any mitigative measures undertaken to minimize any environmental impacts. For example, utilizing the EPA's Energy Performance Environmental Assessment Tool (EPEAT) or EnergyStar guidance as part of IT selection and purchase criteria, using EPA's Environmentally Preferred Purchasing Guidance for 'green' products and services, or incorporating Sustainable Design or Leadership in Energy and Environmental Design (LEED) standards into alteration/renovation or new construction project.</p>		
<p>Describe mitigative measures that will be incorporated into the action: <i>LEED or comparable standards will be incorporated</i></p>		
<p align="center">ENVIRONMENTAL INFORMATION AND DOCUMENTATION CERTIFICATION</p>		
<p>X I certify that to the best of my knowledge and ability the information presented herein is true and correct (enter appropriate information in the shaded blanks):</p>		
Karen Yatchum	Health Care Administrator	727-464-5405
Signature (Type Full Name):	Title or Position:	Phone Number: Date:
<p>(Award Recipient or responsible, knowledgeable person who completed this document)</p>		
Andrew Pupke	<i>Administrative Services, Division</i> Real Estate Management Director	727-464-3237
Signature (Type Full Name):	Title or Position:	Phone Number: Date:
<p>(Award Recipient Authorized Representative)</p>		

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this project is 0915-0324. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

National Flood Hazard Layer FIRMette



27°54'36.47"N



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Regulatory Floodway Zone AE, AO, AH, VE, AR
OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D
OTHER AREAS		Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone D
GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
OTHER FEATURES		Cross Sections with 1% Annual Chance Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped



This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **6/12/2018 at 1:34:46 PM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community



MBA

MASON BLAU

&

ASSOCIATES, INC.

ARCHITECTS

PLANNERS

AA 0002779

4625 EAST BAY DRIVE

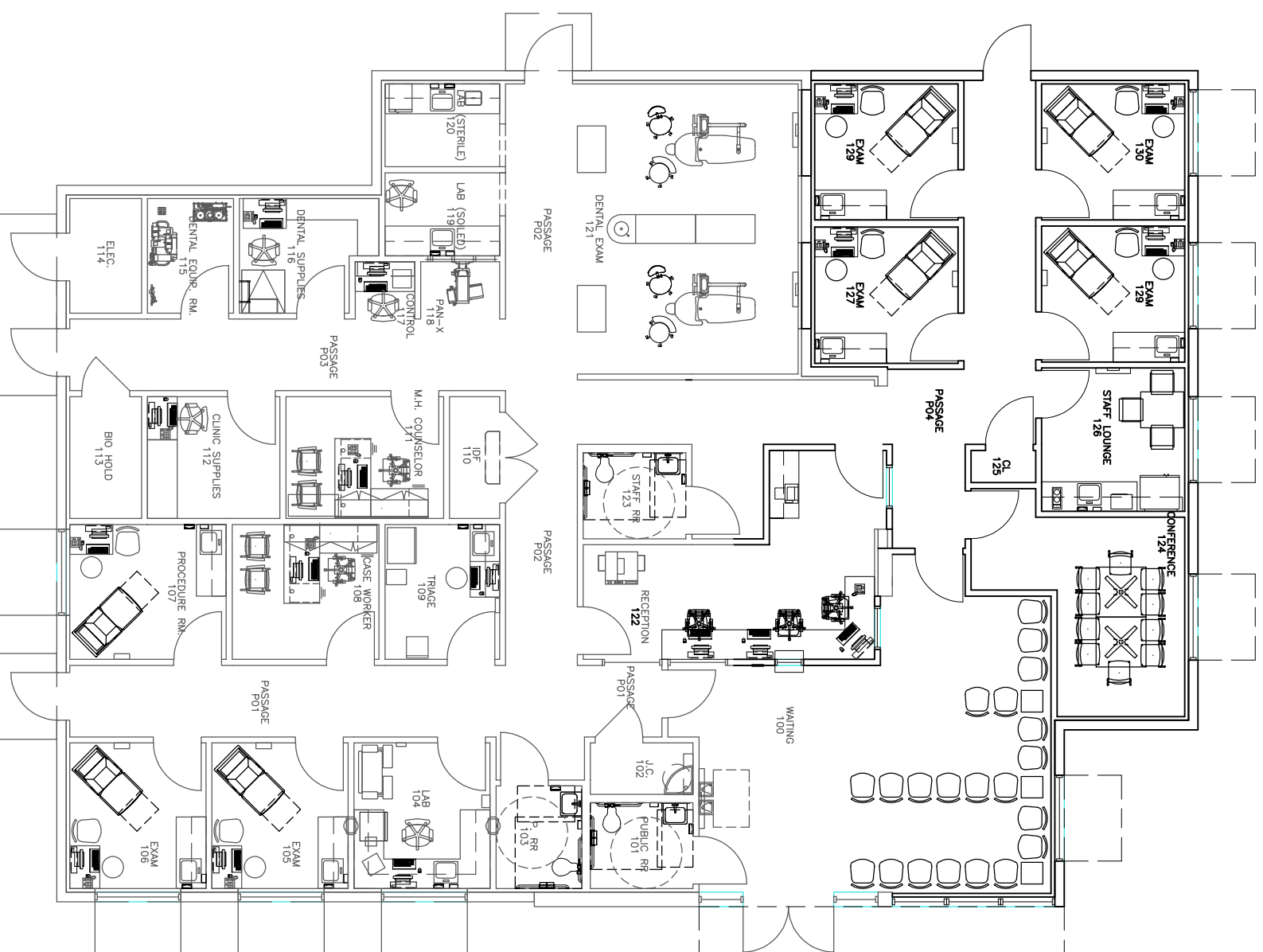
SUITE 228

CLEARWATER, FL.

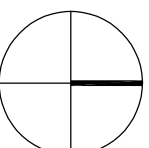
33764

(727) 530-0570

AREA OF ADDITION: 1251 SF



NORTH



FIRST FLOOR - SCHEME B
ARCHITECTURAL PLAN

3/32" = 1'-0"

MBA

MASON BLAU

&

ASSOCIATES, INC.

ARCHITECTS

PLANNERS

AA 0002779

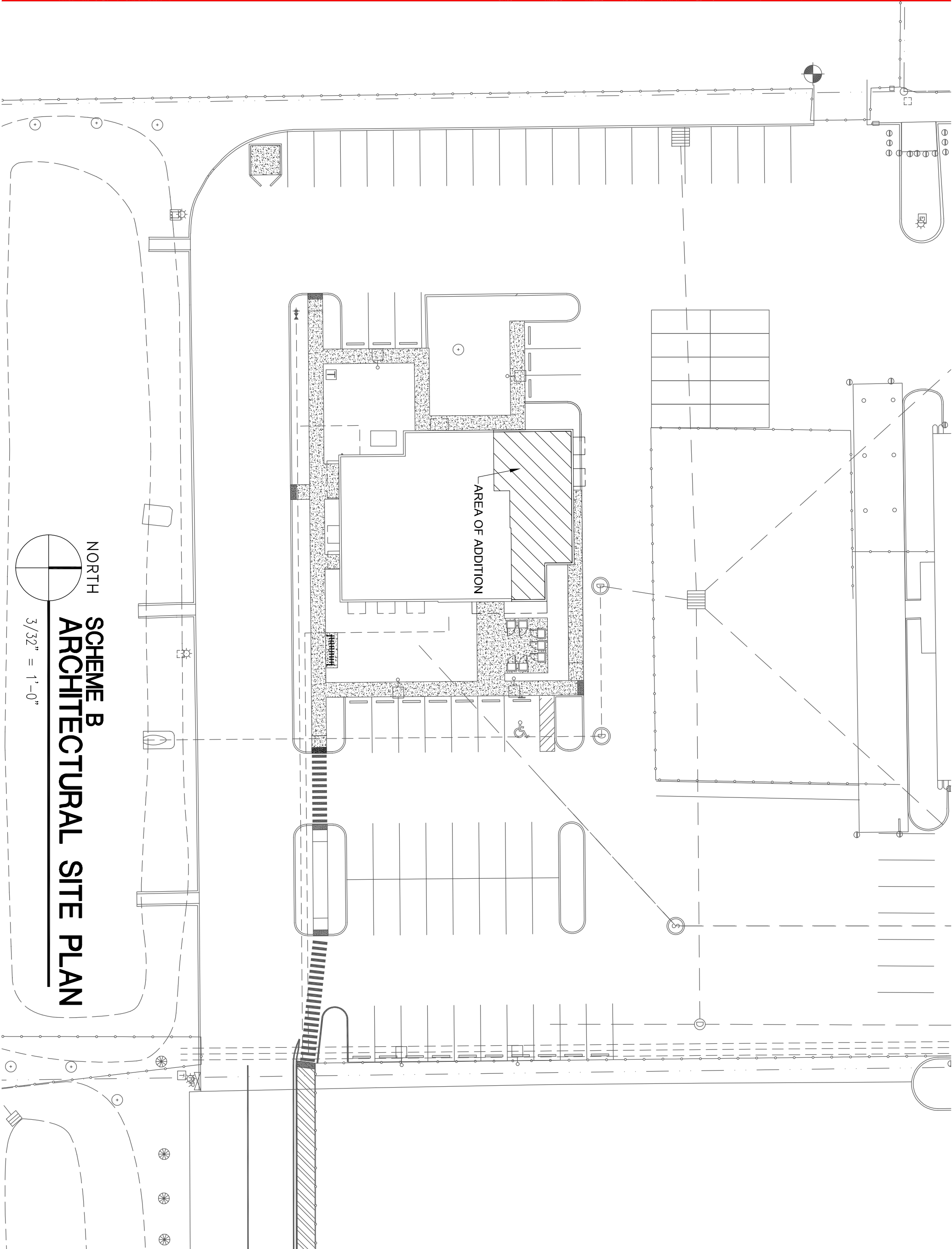
4625 EAST BAY DRIVE

SUITE 228

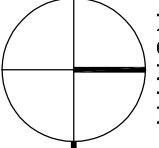
CLEARWATER, FL.

33764

(727) 530-0570



AREA OF ADDITION



NORTH

SCHEME B
ARCHITECTURAL SITE PLAN

3/32" = 1'-0"

Budget (SF-424C)

00177339: PINELLAS, COUNTY OF

Due Date: 05/11/2020 (Due In: 0 Days)

Announcement Number: HRSA-20-097

Announcement Name: Capital Assistance for Disaster Response and Recovery Efforts (CADRE)

Application Type: New

Total Federal Requested Amount: \$811,861.00

Resources

As of 05/11/2020 04:16:56 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Project Information

Project Title	Pinellas County Bayside Health Clinic Expansion	Project Type	Construction/Expansion (C/E)	Project Tracking Number	177339-01	Amount requested in this project	\$811,861.00
---------------	---	--------------	---------------------------------	----------------------------	-----------	-------------------------------------	--------------

Serial Number	Cost Classification	Total Cost (a)	Costs Not Allowable for Participation (b)	Total Allowable Costs (c = a - b)
1	Administrative and legal expenses	\$58,465	\$0	\$58,465.00
2	Land, structures, rights-of-way, appraisals, etc.	\$0	\$0	\$0.00
3	Relocation expenses and payments	\$0	\$0	\$0.00
4	Architectural and engineering fees	\$72,000	\$0	\$72,000.00
5	Other architectural and engineering fees	\$0	\$0	\$0.00
6	Project inspection fees	\$5,000	\$0	\$5,000.00
7	Site work	\$0	\$0	\$0.00
8	Demolition and removal	\$10,875	\$0	\$10,875.00
9	Construction	\$582,779	\$0	\$582,779.00
10	Equipment	\$53,060	\$0	\$53,060.00
11	Miscellaneous	\$0	\$0	\$0.00
12	SUBTOTAL (sum of lines 1-11)	\$782,179	\$0	\$782,179.00
13	Contingencies	\$29,682	\$0	\$29,682.00
14	SUBTOTAL (sum of lines 12 and 13)	\$811,861	\$0	\$811,861.00
15	Project (program) income	\$0	\$0	\$0.00
16	TOTAL PROJECT COSTS	\$811,861	\$0	\$811,861.00
17	Federal assistance requested Federal Percentage Share : 100.00 %			\$811,861.00

Funding Sources

00177339: PINELLAS, COUNTY OF

Due Date: 05/11/2020 (Due In: 0 Days)

Announcement Number: HRSA-20-097

Announcement Name: Capital Assistance for Disaster Response and Recovery Efforts (CADRE)

Application Type: New

Total Federal Requested Amount: \$811,861.00

Resources [↗](#)

As of 05/11/2020 04:16:58 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Project Information

Project Title	Pinellas County Bayside Health Clinic Expansion	Project Type	Construction/Expansion (C/E)	Project Tracking Number	177339-01	Amount requested in this project	\$811,861.00
---------------	---	--------------	---------------------------------	----------------------------	-----------	-------------------------------------	--------------

Funding Sources Information

1. Total Project Cost (From cell 16a of Budget form) \$811,861.00

2. Federal Grant Requested (From cell 17c of Budget form) \$811,861.00

3. Other Funding Sources	Amount Secured (a)	Amount Committed (b)	Amount Forthcoming (c)	Total (d = a + b + c)
3a. State Grants i	\$0.00	\$0.00	\$0.00	\$0.00
3b. Local Funding i	\$0.00	\$0.00	\$0.00	\$0.00
3c. Other Federal Funding i	\$0.00	\$0.00	\$0.00	\$0.00
3d. Private/Third Party Funding i	\$0.00	\$0.00	\$0.00	\$0.00
3e. Other Project Financing i	\$0.00	\$0.00	\$0.00	\$0.00
Total Other Funding Sources	\$0.00	\$0.00	\$0.00	\$0.00

Equipment List

00177339: PINELLAS, COUNTY OF

Due Date: 05/11/2020 (Due In: 0 Days)

Announcement Number: HRSA-20-097

Announcement Name: Capital Assistance for Disaster Response and Recovery Efforts (CADRE)

Application Type: New

Total Federal Requested Amount: \$811,861.00

Resources [↗](#)

As of 05/11/2020 04:17:00 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Project Information

Project Title	Pinellas County Bayside Health Clinic Expansion	Project Type	Construction/Expansion (C/E)	Project Tracking Number	177339-01	Amount requested in this project	\$811,861.00
---------------	---	--------------	---------------------------------	----------------------------	-----------	-------------------------------------	--------------

List of Equipment

Type	Description	Unit Price	Quantity	Total Price
Clinical	Exam Room Beds/Tables	\$5,500.00	4	\$22,000.00
Clinical	Exam Table top - dusty blue	\$525.00	4	\$2,100.00
Clinical	Wall Mounted Sharps Container	\$125.00	4	\$500.00
Clinical	Wall Mounted Otoscope/Thermometer	\$1,200.00	4	\$4,800.00
Non-Clinical	Doctor's Stool w/Backrest	\$250.00	4	\$1,000.00
Non-Clinical	Guest Chairs	\$125.00	4	\$500.00
Non-Clinical	Computers - Desktop	\$950.00	4	\$3,800.00
Non-Clinical	Computer Monitors	\$225.00	4	\$900.00
Non-Clinical	Computer Locks	\$40.00	4	\$160.00
Non-Clinical	Battery Back-up	\$65.00	4	\$260.00
Non-Clinical	Power Strips	\$45.00	4	\$180.00
Non-Clinical	Phone Wall Mounts	\$35.00	4	\$140.00
Non-Clinical	Phones	\$250.00	4	\$1,000.00
Non-Clinical	Ceiling Speakers w/transformer	\$30.00	4	\$120.00
Non-Clinical	Wireless Access Point	\$800.00	1	\$800.00
Non-Clinical	Security System, controls, camera and keypad	\$8,700.00	1	\$8,700.00
Non-Clinical	Conference Room Table & 8 Chairs	\$4,100.00	1	\$4,100.00
Non-Clinical	Conference Room TV	\$750.00	1	\$750.00
Non-Clinical	Conference Room Laptop	\$1,250.00	1	\$1,250.00
Total			61	\$53,060.00

Form 5B - Service Sites

00177339: PINELLAS, COUNTY OF

Due Date: 05/11/2020 (Due In: 0 Days)

Announcement Number: HRSA-20-097

Announcement Name: Capital Assistance for Disaster Response and Recovery Efforts (CADRE)

Application Type: New

Total Federal Requested Amount: \$811,861.00

Resources [↗](#)

As of 05/11/2020 04:17:03 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Project Information

Project Title	Pinellas County Bayside Health Clinic Expansion	Project Type	Construction/Expansion (C/E)	Project Tracking Number	177339-01	Amount requested in this project	\$811,861.00
---------------	---	--------------	---------------------------------	----------------------------	-----------	-------------------------------------	--------------

Bayside Health Clinic (BPS-H80-018057)

Action Status: Picked from Scope

Site Name	Bayside Health Clinic	Physical Site Address	14808 49th St N, Clearwater, FL 33762-2835
Site Type	Service Delivery Site	Site Phone Number	(727) 453-7866
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	6/3/2016	Site Operational By	6/3/2016
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	60
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	34689, 33770, 33764, 33707, 33705, 33755, 33756, 33771, 33772, 33760, 33765, 33762, 33711, 33714, 33701, 33713, 33702, 33709, 33712, 33781
------------------------	--

Other Requirements for Sites

00177339: PINELLAS, COUNTY OF

Due Date: 05/11/2020 (Due In: 0 Days)

Announcement Number: HRSA-20-097

Announcement Name: Capital Assistance for Disaster Response and Recovery Efforts (CADRE)

Application Type: New

Total Federal Requested Amount: \$811,861.00

Resources [↗](#)

As of 05/11/2020 04:17:05 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Project Information

Project Title	Pinellas County Bayside Health Clinic Expansion	Project Type	Construction/Expansion (C/E)	Project Tracking Number	177339-01	Amount requested in this project	\$811,861.00
---------------	---	--------------	---------------------------------	----------------------------	-----------	-------------------------------------	--------------

Site Information

Name of Service Site	Bayside Health Clinic
Site Address	14808 49th St N, Clearwater, FL 33762-2835

1. Site Control and Federal Interest

1a. Identify current status of property (If 'Leased', please provide Landlord Letter of Consent)

Owned Leased

1b. If Leased, please check the following:

The applicant certifies the following:

- The existing lease will provide the health center reasonable control of the project site?
- The existing lease is consistent with the proposed scope of project?
- We understand and accept the terms and conditions regarding Federal Interest in the property.

2. Cultural Resource Assessment and Historic Preservation Considerations

2a. Was the project facility constructed prior to 1975?

Yes No

2b. Is the proposed facility 50 years or older?

Yes No

2c. Does any element of the overall work at the project site include:

- Any renovation/modifications to the exterior of the facility (e.g., roof, HVAC, windows, siding, signage, exterior painting, generators) or
- Ground disturbance activity (e.g., expansion of building footprint, parking lot, sidewalks, utilities)?

Yes No

2d. Does the project involve alteration/renovation/repair to a project facility that is architecturally, historically, or culturally significant?

Yes No

2e. Is the site located on Native American, Alaskan Native, Native Hawaiian, or equivalent culturally significant lands?

Yes No

Attachments:

Provide a copy of the title, deed, or lease for the project.

Attachment 4: Property Information (Minimum 1) (Maximum 1)

Document Name	Size	Date Attached	Description
Bayside Property Deed.pdf	380 kB	05/06/2020	Pinellas County Property Deed for Bayside Health Clinic

Upload the Landlord Letter of Consent document only if you indicated that the property status is 'Leased' in question 1a of this form. Otherwise, do not upload the document.

Attachment 5: Landlord Letter of Consent (Maximum 1)

No documents attached

Prepared by and when
recorded mail to:
Alan S. Zimmet, Esquire
Zimmet, Unice, Salzman & Heyman, P.A.
P.O. Box 15309
Clearwater, FL 33766

Parcel I.D. No.: 04/30/16/70902/100/0400

SPECIAL WARRANTY DEED

THIS SPECIAL WARRANTY DEED, made this 15th day of December, 2005, by Pinellas Suncoast Transit Authority, an independent special taxing district, whose address is 3201 Scherer Drive, St. Petersburg, FL 33716 ("Grantor"), in favor of Pinellas County, Florida, a political subdivision of the State of Florida, whose address is 315 Court Street, Clearwater, FL 33756 ("Grantee").

WITNESSETH: That the Grantor, for and in consideration of the sum of Ten and no/100 Dollars, and other valuable consideration, lawful money of the United States of America, to it in hand paid by the Grantee, the receipt whereof is hereby acknowledged, has granted, bargained, sold and conveyed to Grantee, its successors and assigns forever, all of the following described land in Pinellas County, Florida ("Property"), to-wit:

That certain real property which is more particularly described in Exhibit A attached hereto and incorporated herein by this reference, together with all fixtures, improvements and appurtenances thereunto appertaining;

TO HAVE AND TO HOLD the above-described premises, with the appurtenances, unto the said Grantee, its successors and assigns, in fee simple forever.

And the Grantor does hereby covenant with the Grantee that the Property is free from all liens and encumbrances and subject to all matters set forth on the attached Exhibit B, that lawful seisin of and good right to convey the property are vested in the Grantor;

And the Grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

00078824.WPD

IN WITNESS WHEREOF, the Grantor has executed this deed under seal on the date aforesaid.

WITNESSES:

[Signature]
Signature of Witness #1

Alay S. Zimmer
Typed/Printed Name of Witness #1

[Signature]
Signature of Witness #2

Steven Ross
Typed/Printed Name of Witness #2

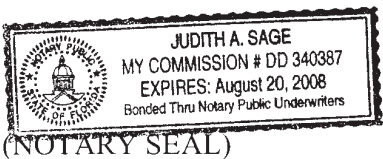
GRANTOR:

Pinellas Suncoast Transit Authority,
an independent special taxing district

By: [Signature]
Roger C. Sweeney
Executive Director

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 15 day of December, 2005, by Roger C. Sweeney, as Executive Director of Pinellas Suncoast Transit Authority, an independent special taxing district. He is personally known to me or has produced _____ (type of identification) as identification.



[Signature]
Notary Public, State of Florida
Printed name: Judith A. Sage

PINELLAS COUNTY PUBLIC WORKS
DIVISION OF SURVEY AND MAPPING
22211 U.S. HIGHWAY 19 N.
CLEARWATER, FLORIDA 33765-2347



SECTION(S) 04, TOWNSHIP 30 SOUTH, RANGE 16 EAST

Additions or deletions by other than the Professional Land Surveyor in responsible charge is prohibited.
Land Description is invalid without signature and/or embossed seal of the Professional Land Surveyor

EXHIBIT "A"

DESCRIPTION OF THE "COUNTY PROPERTY"

A portion of Lots 4 and 5, inclusive, of the Northeast 1/4 of Section 4, Township 30, South, Range 16 East, of "PINELLAS GROVES", according to the map or plat thereof as recorded in Plat Book 1, Page 55, of the Public Records of Pinellas County, Florida; located in the Northwest 1/4 of the Northeast 1/4 of Section 4, Township 30 South, Range 16 East, Pinellas County, Florida, and being more particularly described as follows:

Commence at the Northwest corner of the Northwest 1/4 of the Northeast 1/4 of Section 4, Township 30 South, Range 16 East; thence run S 89°10'15" E, along the North boundary line of the Northwest 1/4 of the Northeast 1/4 of said Section 4, said line also being within the right-of-way for 150th Avenue North, a distance of 998.80 feet; leaving said North boundary line, thence run S 00°49'45" W, a distance of 50.36 feet, to a point on the south right-of-way line of said 150th Avenue North, thence run S 00°51'05" E, a distance of 679.58 feet, to the Point Of Beginning [P.O.B.].

From the Point Of Beginning, run S 00°51'05" E, a distance of 170.42 feet; thence run N 89°08'55"E, a distance of 272.60 feet, to a point on the west right-of-way line of said 49th Street North; thence run S 00°43'00"E, along the west right-of-way line of said 49th Street North, a distance of 321.53 feet; thence run S 00°28'00"E, along the west right-of-way line of said 49th Street North, a distance of 171.30 feet; leaving said west right-of-way line, thence run N 89°31'04"W, a distance of 603.33 feet; thence run N 00°50'19"W, a distance of 656.95 feet; thence run S 89°31'00"E, a distance of 332.42 feet, to the Point Of Beginning.

Containing 351,509.89 square feet, or 8.0696 Acres, more or less.

Parcel Identification Number(s):
04/30/16/70902/100/0400

EXHIBIT "A" BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

The South Five(5) acres of Lot 5, together with a portion of Lot 4, PINELLAS GROVES Subdivision, according to plat thereof, as recorded in Plat Book 1, Page 55, public records of Pinellas County, Florida, in the Northeast 1/4 of Section 4, Township 30 South, Range 16 East, Pinellas County, being described as follows:

Commencing at the North 1/4 Corner of said Section 4, run S 89°10'38"E along the North line of said Northeast 1/4 of Section 4, for a distance of 998.51 feet to a Point of Intersection with the northerly prolongation of the East line of said Lot 5; thence S 00°46'17"E along said northerly prolongation and along said East line of Lot 5, for a distance of 730.21 feet to the Northeast corner of said South Five(5) acres of Lot 5, for a POINT OF BEGINNING; thence continue S 00°46'17"E along said East line of Lot 5, for a distance of 170.25 feet; thence N 89°16'03"E, for a distance of 272.87 feet to a Point of Intersection with the West line of 49th Street North, as recorded in O.R. 7660, Pages 1411-1416, public records of Pinellas County; thence along said West line of 49th Street North, the following two(2) courses: (1) S 00°43'57"E, for a distance of 321.25 feet; (2) thence S 00°29'29"E, for a distance of 170.76 feet to a Point of Intersection with the South line of said Lot 4, the same being the South line of the Northwest 1/4 of said Northeast 1/4 of Section 4; thence N 89°31'33"W along

(CONTINUED)

PINELLAS COUNTY PUBLIC WORKS
 DIVISION OF SURVEY AND MAPPING
 22211 U.S. HIGHWAY 19 N.
 CLEARWATER, FLORIDA 33765-2347



SECTION(S) 04, TOWNSHIP 30 SOUTH, RANGE 16 EAST

Additions or deletions by other than the Professional Land Surveyor in responsible charge is prohibited.
 Land Description is invalid without signature and/or embossed seal of the Professional Land Surveyor

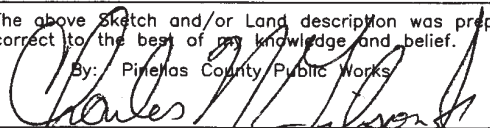
said South line of Lot 4 and along the South line of said Lot 5, the same being said South line of the Northwest 1/4 of the Northeast 1/4 of Section 4, for a distance of 603.40 feet to the Southwest corner of aforesaid South Five(5) acres of Lot 5; thence N 00°49'25"W along the West line of said Lot 5, for a distance of 656.55 feet to the Northwest corner of said South Five(5) acres of Lot 5; thence S 89°31'33"E along the North line thereof, for a distance of 332.12 feet to the POINT OF BEGINNING.

CONTAINING: 351,133 square feet or 8.061 acres more or less

TOGETHER WITH:

A perpetual but non-exclusive Easement for ingress and egress over and across the East 25 feet of said Lot 5, LESS the South Five (5) acres, as described in O.R. 5143, Page 1917, public records of Pinellas County.

BASIS OF BEARINGS: Bearings are based on GRID NORTH, as established by the National Ocean Service, North American Datum 1983, 1990 Adjustment, for the West Zone of Florida, with the North line of the Northeast 1/4 of Section 4, Township 30 South, Range 16 East, Pinellas County, Florida, being S 89°10'38"E.

CALCULATED BY: D.Mc	The above sketch and/or Land description was prepared under my supervision and is true and correct to the best of my knowledge and belief. By: Pinellas County Public Works  DATE <u>12/05/05</u>
CHECKED BY: S.Z.	
S.F.N.: 1338	
CHARLES N. GIBSON, JR. LAND SURVEYOR CERTIFICATE NUMBER: 4238 STATE OF FLORIDA, PHONE # (727) 464-8904	

SEAL

EXHIBIT A
 SHEET 2 OF 3

Parcel No.: F002-R2

PINELLAS COUNTY PUBLIC WORKS
DIVISION OF SURVEY AND MAPPING
22211-U.S. HIGHWAY 19 N.
CLEARWATER, FLORIDA 33765-2347



SECTION(S) 04, TOWNSHIP 30 SOUTH, RANGE 16 EAST

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Land Description is invalid without signature and/or embossed seal of the Professional Land Surveyor

SKETCH--NOT A SURVEY

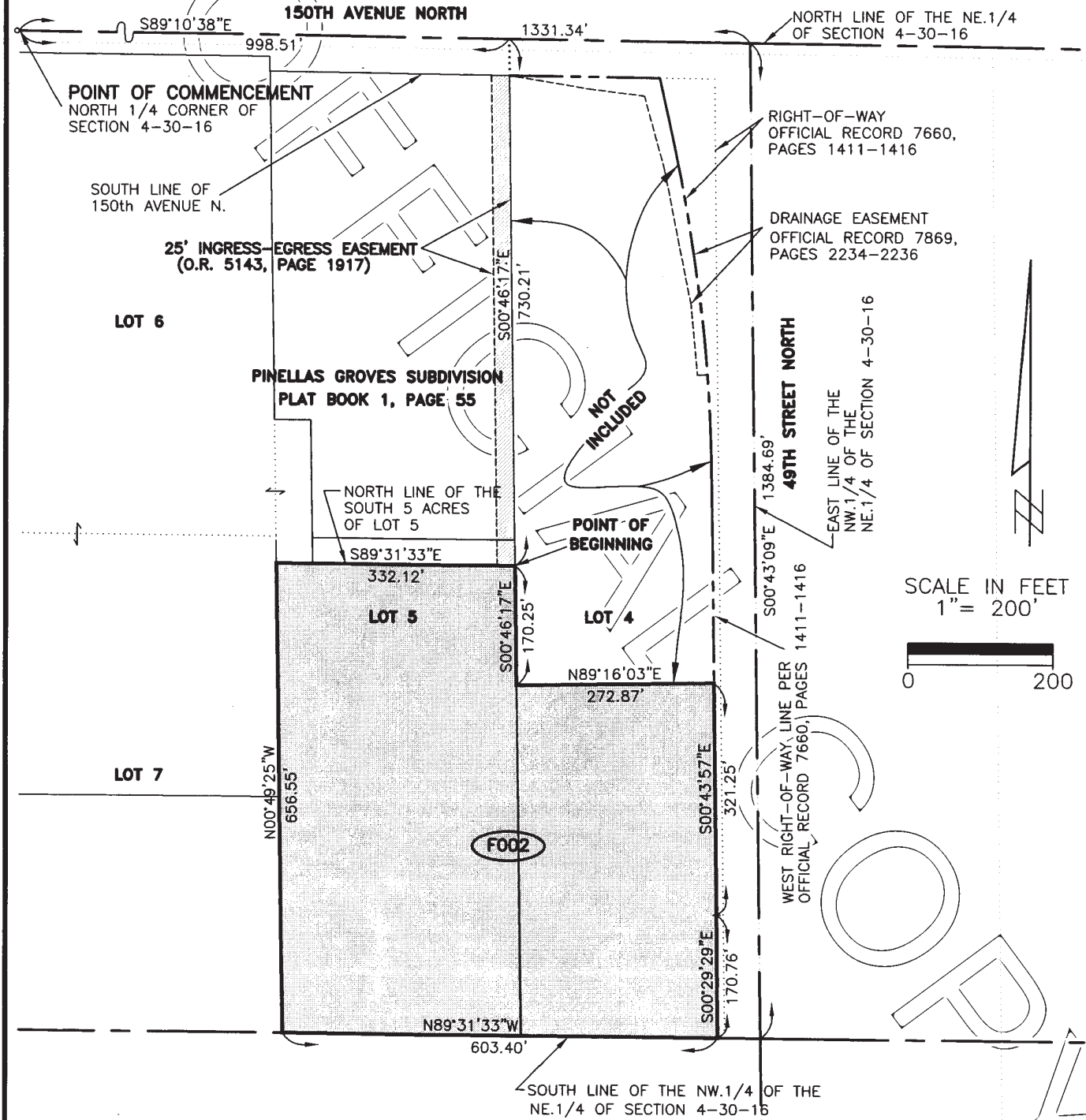


EXHIBIT A
SHEET 3 OF 3

Parcel No.: F002-R2

Exhibit B

1. Facts which would be disclosed by an accurate and comprehensive survey of the premises herein described.
2. Easements or claims of easements not shown by the public records.
3. Easement, as described in instrument recorded in O.R. Book 7869, Page 2234, of the Public Records of Pinellas County, Florida.
4. Terms and Conditions of Annexation Agreement recorded in O.R. Book 13122, Page 880, of the Public Records of Pinellas County, Florida.

00078824.WPD

 **Add Site Checklist**

▼ 00177339: PINELLAS, COUNTY OF


Due Date: 05/11/2020 (Due In: 0 Days)

Announcement Number: HRSA-20-097

Announcement Name: Capital Assistance for
Disaster Response and Recovery Efforts (CADRE)

Application Type: New

Total Federal Requested Amount: \$811,861.00

▼ **Resources** 

As of 05/11/2020 04:17:08 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020



Alert:

You can only provide information in the Add Site Checklist form if you have added a new service site in the [Form 5B: Service Sites](#) form of this application.