



## Application Submitted to HRSA

Submitted to HRSA

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**Organization: PINELLAS, COUNTY OF, CLEARWATER, Florida**

**Grants.gov Tracking Number: N/A**

**EHB Application Number: 191162**

**Grant Number: N/A**

**Funding Opportunity Number: HRSA-21-114**

**Received Date:**

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Watermark.pdf)**

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[Skip to Main Content](#)

<b>Application for Federal Assistance SF-424</b>		OMB Approval No. 4040-0004 Expiration Date 8/31/2016
<b>* 1. Type of Submission</b>		
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<b>* 2. Type of Application</b>		<b>* If Revision, select appropriate letter(s):</b>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="text"/> * Other (Specify) <input type="text"/>
<b>* 3. Date Received:</b>		<b>4. Applicant Identifier:</b>
<input type="text"/>		<input type="text"/>
<b>* 5.a Federal Entity Identifier:</b>		<b>5.b Federal Award Identifier:</b>
Application #:191162Grants.Gov # <input type="text"/>		<input type="text"/>
<b>* 6. Date Received by State:</b>		<b>7. State Application Identifier:</b>
<input type="text"/>		<input type="text"/>
<b>8. Applicant Information:</b>		
<b>* a. Legal Name</b>		<input type="text" value="PINELLAS, COUNTY OF"/>
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b>		<b>* c. Organizational DUNS:</b>
<input type="text" value="59-6000800"/>		<input type="text" value="055200216"/>
<b>d. Address:</b>		
<b>* Street1:</b>		<input type="text" value="14 S. Fort Harrison OMB 5th Floor"/>
<b>Street2:</b>		<input type="text"/>
<b>* City:</b>		<input type="text" value="CLEARWATER"/>
<b>County:</b>		<input type="text" value="Pinellas"/>
<b>* State:</b>		<input type="text" value="FL"/>
<b>Province:</b>		<input type="text"/>
<b>* Country:</b>		<input type="text" value="US: United States"/>
<b>* Zip / Postal Code:</b>		<input type="text" value="33756-5338"/>
<b>e. Organization Unit:</b>		
<b>Department Name:</b>		<b>Division Name:</b>
<input type="text"/>		<input type="text"/>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b>	<input type="text"/>	<b>* First Name:</b> <input type="text" value="Karen"/>
<b>Middle Name: Middle Name:</b>	<input type="text"/>	
<b>Last Name:</b>	<input type="text" value="Yatchum"/>	
<b>Suffix:</b>	<input type="text"/>	
<b>Title:</b>	<input type="text" value="Human Services Director"/>	
<b>Organizational Affiliation:</b>		
<input type="text"/>		
<b>* Telephone Number:</b>	<input type="text" value="(727) 464-5045"/>	<b>Fax Number:</b> <input type="text"/>
<b>* Email:</b>	<input type="text" value="Kyatchum@co.pinellas.fl.us"/>	
<b>9. Type of Applicant 1:</b>		
<input type="text" value="B: County Government"/>		
<b>Type of Applicant 2:</b>		
<input type="text"/>		
<b>Type of Applicant 3:</b>		
<input type="text"/>		
<b>* Other (specify):</b>		
<input type="text"/>		
<b>* 10. Name of Federal Agency:</b>		
<input type="text" value="N/A"/>		
<b>11. Catalog of Federal Domestic Assistance Number:</b>		
<input type="text" value="93.526"/>		
<b>CFDA Title:</b>		
<input type="text" value="FIP Verification"/>		
<b>* 12. Funding Opportunity Number:</b>		
<input type="text" value="HRSA-21-114"/>		
<b>* Title:</b>		
<input type="text" value="American Rescue Plan - F"/>		

13. Competition Identification Number:

8506

Title:

American Rescue Plan Health Center

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

See Attachment

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

Bayside Health Clinic Expansion 2021

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: 9/1/2021

\* b. End Date: 8/31/2024

18. Estimated Funding (\$):

* a. Federal	\$532,472.00
* b. Applicant	\$0.00
* c. State	\$0.00
* d. Local	\$0.00
* e. Other	\$0.00
* f. Program Income	\$0.00
* g. TOTAL	\$532,472.00

\* 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: Human Services Director

\* Telephone Number: (727) 464-5045

\* Email: Kyatchum@co.pinellas.fl.us

\* Signature of Authorized Representative: Karen Yatchum

\* First Name: Karen

Fax Number:

\* Date Signed:

**Project Abstract Summary**

OMB Approval No. 4040-0019

Expiration Date 2/28/2022

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Funding Opportunity Number

HRSA-21-114

CFDA(s)

93.526

Applicant Name

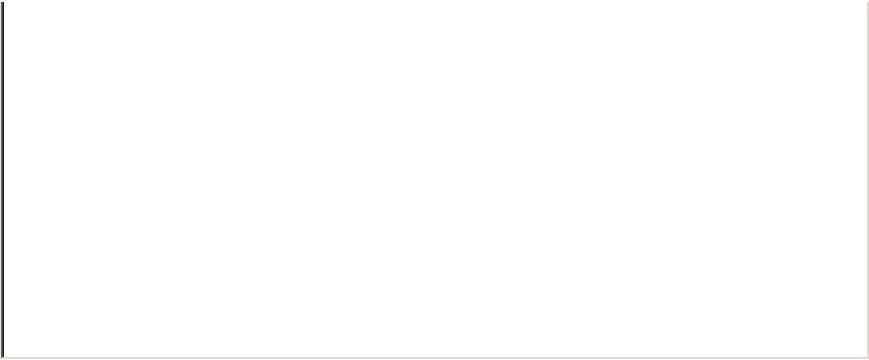
PINELLAS, COUNTY OF

Descriptive Title of Applicant's Project

Bayside Health Clinic Expansion 2021

Project Abstract

Pinellas County's proposed American Rescue Plan, Bayside Health Clinic Expansion project will add approximately 1,100 square feet addition/expansion. The space for additional consultation/offices will be added to physically integrate our behavioral health providers into the clinic for a seamless, warm hand-off of clients needed behavioral health services. In addition to the offices, the facility is seeking to add a third dental operator chair, dental office and storage closet to meet the increased demand for services at this location. Finally, adding one additional restroom and lobby area for the increased building capacity. 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 2020, the County served 1,924 unduplicated patients with primary preventive care services. The total cost of the project is \$532,472.00 This application requests \$532,472.00 in one-time federal funding to cover the required construction and equipment for this project.



**Project/Performance Site Location(s)**

OMB Approval No. 4040-0010

Expiration Date 9/30/2016

**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 – PROPOSAL COVER PAGE**

**Project Title** Bayside Health Clinic Expansion 2021

**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

### **1. APPLICANT ELIGIBILITY**

*Provide the eligible H80 grant number: H80CS00024*

### **2. PLANNED ACTIVITIES (Approx 4 pages; Max 8,000 characters with spaces)**

*Provide a comprehensive, consolidated description of the proposed project(s), including the alteration, renovation, construction, expansion, and other capital improvements needed to modify, enhance, and expand health care infrastructure.*

Pinellas County is seeking funding to add an additional 1,100 square foot addition to the west side of the Bayside Health Clinic to provide space for the expansion of dental and behavioral health services. The proposed dental expansion will incorporate a third dental operator chair and dental office to meet the increased demand for services at this location. Additional consultation/offices will be added to physically integrate our behavioral health providers into the clinic for a seamless, warm hand-off of clients needing services. A secondary lobby/waiting area and restroom will be added to accommodate the increased building capacity.

The Bayside Health Clinic was initially constructed in 2016 as a 3,100 square foot, one-story, free-standing facility with exam rooms, a dental procedure that houses two exam chairs, and multi-use office space for confidential counseling. 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 health care services. Through the FY20 Capital Assistance for Disaster Response and Recovery Efforts (CADRE) funding, Pinellas County is currently expanding the footprint of the clinic by adding a 1,368 square foot medical wing to the north side of the building. This addition incorporates negative-pressure exam rooms to allow for client isolation during an infectious health emergency, such as the COVID-19 pandemic. The in-progress CADRE expansion project is expected to be completed by August 2022 and will increase the size of the clinic to approximately 4,500 square feet. The proposed ARP-Capital project would further increase the footprint of the Bayside Health Clinic to nearly 5,600 square feet.

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

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	Health Center Infrastructure Support	93.526	\$0.00	\$0.00	\$532,472.00	\$0.00	\$532,472.00
2	Health Center Infrastructure Support	93.526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	Health Center Infrastructure Support	93.526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Health Center Infrastructure Support	93.526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Health Center Infrastructure Support	93.526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$532,472.00</b>	<b>\$0.00</b>	<b>\$532,472.00</b>

SECTION B - BUDGET CATEGORIES					
Object Class Categories	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5
a. Personnel	\$19155.00	\$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	\$78717.00	\$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	\$434600.00	\$0.00	\$0.00	\$0.00	\$0.00
h. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>i. Total Direct Charges (sum of a-h)</b>	<b>\$532472.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
j. Indirect Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>k. TOTALS (sum of i and j)</b>	<b>\$532472.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

SECTION C - NON-FEDERAL RESOURCES					
Budget Period	Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
1	Health Center Infrastructure Support	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>

2	Health Center Infrastructure Support	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
3	Health Center Infrastructure Support	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
4	Health Center Infrastructure Support	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
5	Health Center Infrastructure Support	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
<b>TOTAL</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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

<b>SECTION F - OTHER BUDGET INFORMATION</b>	
<b>Direct Charges</b>	No information added.
<b>Indirect Charges</b>	No information added.
<b>Remarks</b>	No information added.

**PINELLAS COUNTY BUDGET JUSTIFICATION**

**Organization Name:** Pinellas County Board of County Commissioners

**Project Type:** Construction/Expansion (C/E) of an Existing Building

**Project Name:** Bayside Health Clinic Expansion 2021

**Project Number:** 191162-01

**Total ARP Funding Request = \$532,472.00**

**Total Project Cost = \$532,472.00**

Pinellas County’s proposed American Rescue Plan, Bayside Health Clinic Expansion project will add approximately 1,100 square feet (SF) addition/expansion. The space for additional consultation/offices will be added to physically integrate our behavioral health providers into the clinic for a seamless, warm hand-off of clients needed behavioral health services. In addition to the offices, the facility is seeking to add a third dental operatory chair and dental office to meet the increased demand for services at this location. Finally, adding one additional restroom and lobby area for the increased building capacity.

The total project cost is **\$532,472.00**. This application requests **\$532,472.00** to support the total construction and equipment cost.

The construction/expansion project is anticipated to begin in September 2021 and will be completed and occupied by August 2024.

	<b>ALLOWABLE COSTS—CADRE</b>	<b>UNALLOWABLE COSTS</b>
<b>Line 1—Administrative and legal expenses</b>	<p><b>\$19,155.00</b> Pinellas County’s Project Management &amp; 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><b>Total: \$19,155.00</b></p>	
<b>Line 2—Land, structures, right-of-way, appraisals, etc.</b>	The current facility is owned by Pinellas County. No additional land is required for this project.	
<b>Line 3—Relocation expenses and payments</b>	Although temporary relocation will be required for this project, no costs are anticipated for this classification.	
<b>Line 4—Architectural and engineering fees</b>	<p><b>\$60,000.00</b> 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><b>Total: \$60,000.00</b></p>	
<b>Line 5—Other architectural and engineering fees</b>	No other architectural or engineering fees are anticipated for this project.	
<b>Line 6—Project inspection fees</b>	<b>\$5,000.00</b> is the cost to cover the following services: Permit/Impact Fees: Impact fees, inspections by the local department of building	

	ALLOWABLE COSTS—CADRE	UNALLOWABLE COSTS
	construction, shop drawing and submittal review; contractor payment certification; final construction inspection; project close out.  <b>Total = \$5,000.00</b>	
<b>Line 7—Site work</b>	<b>\$30,000.00 is the total</b> site work, which includes: tree removal, grading, earthwork, exterior improvements, seeding of disturbed areas and connection to underground utilities.  <b>Total: \$30,000.00</b>	
<b>Line 8—Demolition and removal</b>	<b>\$10,000.00 is the total</b> cost associated with removal of a portion of the exterior wall and window, roof removal and removal of portions of the existing partitions.  <b>Total: \$10,000.00</b>	
<b>Line 9—Construction</b>	<b>\$312,000.00 is the total</b> construction budget estimated from the construction specification master format. The master format divisions costs are:  <b>General Requirements total \$15,000.00:</b> General (Requirements that cover the full scope of the project work). <ul style="list-style-type: none"> <li>– Safety</li> <li>– Operations and storage areas</li> <li>– Use of utilities.</li> <li>– Environmental controls</li> </ul> <b>Facility Construction total \$215,000.00:</b> <ul style="list-style-type: none"> <li>– Concrete (Example: Footings),</li> <li>– Masonry (Example: Concrete block and brick work)</li> <li>– Metals (Example: Steel framing)</li> <li>– Wood, Plastics, and Composites (Ex. House framing)</li> <li>– Thermal and Moisture Protection (Example: Insulation and water barriers)</li> <li>– Openings (Example: Doors, windows, and louvers)</li> <li>– Finishes</li> <li>– Building Specialties</li> <li>– Installed Equipment</li> </ul> <b>Facility Services total \$50,000.00:</b> <ul style="list-style-type: none"> <li>– Fire Suppression</li> <li>– Plumbing</li> <li>– Heating Ventilating and Air Conditioning</li> <li>– Integrated Automation</li> <li>– Electrical</li> <li>– Communications</li> </ul>	

	ALLOWABLE COSTS—CADRE	UNALLOWABLE COSTS
	<ul style="list-style-type: none"> <li>– Electronic Safety and Security</li> <li>– <b>Other Project Costs total \$32,000.00:</b></li> <li>– <b>\$10,000.00</b> for General Conditions</li> <li>– <b>\$4,000.00</b> for Liability Insurance</li> <li>– <b>\$14,000.00</b> for construction mgmt. fee</li> <li>– <b>\$4,000.00</b> for payment performance bond</li> </ul> <p><b>Grand Total Construction = \$312,000.00</b></p>	
<b>Line 10—Equipment</b>	<p><b>\$78,717.00 is the total for equipment.</b></p> <p><b>\$60,000.00 for clinical equipment including:</b> ADEC Operatory Cabinetry (1) @ \$35,000.00; ADEC Chair Package (1) @ \$20,000.00; and Intraoral X-Ray Arm (1) @ \$5,000.00.</p> <p><b>\$18,717.00 for non-clinical equipment including:</b> guest chairs for office/lobby (10) @ \$100.00 each = \$1,000.00; L-shaped office desk with hutch (6) @ \$1600.00 each = \$9,600.00; desk chairs (6) @ \$400.00 each = \$2,400.00; telephones (6) @ \$300.00 each = \$1,800.00; wireless access point (1) @ \$700.00; vertical wire manager for IT rack (1) @ \$600.00; security system expansion (1) @ \$2,617.00.</p> <p><b>Total = \$78,717.00</b></p>	
<b>Line 11—Miscellaneous</b>	No Miscellaneous costs are anticipated for this project	
<b>Line 12—SUBTOTAL</b>	<b>\$514,833.00</b>	
	(The sum of Lines 1 through 11, including allowable and unallowable costs)	
<b>Line 13—Contingencies</b>	<b>\$17,600.00</b> which is less than or equal to 5% of Lines, 7, 8, and 9 will be included for contingency.	
<b>Line 14—SUBTOTAL</b>	<b>\$532,472.00</b>	
	(The sum of Lines 12 and 13)	
<b>Line 15—Project (program) income</b>	None	
<b>Line 16—TOTAL PROJECT COSTS</b>	<b>\$532,472.00</b>	
	(Enter the amount in Line 14)	
<b>Line 17—ARP GRANT</b> (Note: round to the nearest whole dollar amount)	<b>\$532,472.00</b>	

**DISCLOSURE OF LOBBYING ACTIVITIES**

OMB Approval No. 0348-0046

Expiration Date 12/31/2013

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: Human Services Director

Telephone No.: (727) 464-5045

Date: 6/24/2021

Federal Use Only:

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Standard Form - LLL



[View Burden Statement](#)

## ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 4040-0009  
Expiration Date: 02/28/2022

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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Standard Form 424D (Rev. 7-97)  
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	
<b>Karen Yatchum</b> Digitally signed by Karen Yatchum Date: 2021.06.18 13:46:32 -04'00'		Human Services Director	
APPLICANT ORGANIZATION		DATE SUBMITTED	
PINELLAS, COUNTY OF		6/18/21	

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

[Skip to Main Content](#)

# HRSA Electronic Handbooks

## Proposal Cover Page

**00191162: PINELLAS, COUNTY OF**

Due Date: 06/24/2021 (Due In: 0 Days)

- Announcement Number: HRSA-21-114
- Announcement Name: American Rescue Plan - Health Center Construction and Capital Improvements
- Application Type: New
- Total Federal Requested Amount: \$532,472.00
- Eligible Formula Amount: \$532,472.00

## Resources

As of 06/24/2021 02:32:45 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

**Application Eligibility** Pressing escape will cancel and close the window.

Please Confirm Track Change

Waiting for the eligible H80 grant number:

(Example: H80CS00001)

- You are about to delete the information associated with the current track type. Please

H80CS00024 confirm if you would like to proceed with this action

## 2. Planned Activities

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

- The alteration, renovation, construction, expansion, and other capital improvements needed to modify, enhance, and expand health care infrastructure.

Approximately 4 pages (Max 8000 characters with spaces):

Pinellas County is seeking funding to add an additional 1,100 square foot addition to the west side of the Bayside Health Clinic to provide space for the expansion of dental and behavioral health services. The proposed dental expansion will incorporate a third dental operatory chair and dental office to meet the increased demand for services at this location. Additional consultation/offices will be added to physically integrate our behavioral health providers into the clinic for a seamless, warm hand-off of clients needing services. A secondary lobby/waiting area and restroom will be added to accommodate the increased building capacity. The Bayside Health Clinic was initially constructed in 2016 as a 3,100 square foot, one-story, free-standing facility with exam rooms, a dental procedure that houses two exam chairs, and multi-use office space for confidential counseling. 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 health care services. Through the FY20 Capital Assistance for Disaster Response and Recovery Efforts (CADRE) funding, Pinellas County is currently expanding the footprint of the clinic by adding a 1,368 square foot medical wing to the north side of the building. This addition incorporates negative-pressure exam rooms to allow for client isolation during an infectious health emergency, such as the COVID-19 pandemic. The in-progress CADRE expansion project is expected to be completed by August 2022 and will increase the size of the clinic to approximately 4,500 square feet. The proposed ARP-Capital project would further increase the footprint of the Bayside Health Clinic to nearly 5,600 square feet.

[Skip to Main Content](#)

# HRSA Electronic Handbooks

## Consolidated Budget

**00191162: PINELLAS, COUNTY OF**

Due Date: 06/24/2021 (Due In: 0 Days)

- Announcement Number: HRSA-21-114
- Announcement Name: American Rescue Plan - Health Center Construction and Capital Improvements
- Application Type: New
- Total Federal Requested Amount: \$532,472.00
- Eligible Formula Amount: \$532,472.00

## Resources

As of 06/24/2021 02:32:46 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

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	\$19,155	\$0	\$19,155
2	Land, structures, rights-of-way, appraisals, etc.	\$0	\$0	\$0
3	Relocation expenses and payments	\$0	\$0	\$0
4	Architectural and engineering fees	\$60,000	\$0	\$60,000
5	Other architectural and engineering fees	\$0	\$0	\$0
6	Project inspection fees	\$5,000	\$0	\$5,000
7	Site work	\$30,000	\$0	\$30,000
8	Demolition and removal	\$10,000	\$0	\$10,000
9	Construction	\$312,000	\$0	\$312,000
10	Equipment	\$78,717	\$0	\$78,717
11	Miscellaneous	\$0	\$0	\$0
12	SUBTOTAL (sum of lines 1-11)	\$514,872	\$0	\$514,872
13	Contingencies	\$17,600	\$0	\$17,600
14	SUBTOTAL (sum of lines 12 and 13)	\$532,472	\$0	\$532,472
15	Project (program) income	\$0	\$0	\$0
16	TOTAL PROJECT COSTS	\$532,472	\$0	\$532,472
17	Federal assistance requested			\$532,472
	Federal Percentage Share : 100.00 %			TotalAllowableCost

## Star (Required Field): Certification

I certify that the above statements are accurate and true, and the total request for funding is less than or equal to the total amount of funding made available through this funding opportunity.

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# HRSA Electronic Handbooks

## Project Cover Page

**00191162: PINELLAS, COUNTY OF**

Due Date: 06/24/2021 (Due In: 0 Days)

- Announcement Number: HRSA-21-114
- Announcement Name: American Rescue Plan - Health Center Construction and Capital Improvements
- Application Type: New
- Total Federal Requested Amount: \$532,472.00
- Eligible Formula Amount: \$532,472.00

## Resources

As of 06/24/2021 02:32:48 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

## Project Information

<b>Project Title</b>	Expansion of the Bayside Health Clinic	<b>Project Type</b>	Construction/Expansion of an Existing Facility	<b>Project Tracking Number</b>	191162-01	<b>Amount requested in this project</b>	\$532,472.00
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### 1. Site Information

**Improved Project Square Footage (total square feet of new construction/expansion and/or the altered/renovated area):** 1100

**Note: Include square footage of the physical facility and external parking lot, as applicable. For example, if a project involves construction of a new facility, indicate the sum of the interior square footage and the parking lot area. If the project involves expansion of an existing facility, indicate the sum of the square footage of the new addition and any other area where renovation activities occurred. If the project involves renovation activities, indicate the square footage of the area impacted by renovation activities. If the project involves equipment only, the improved square footage is not applicable.**

### 2. Project Description

Provide a detailed description of the planned activities occurring at the physical site. The project description should include:

- Specific dimensions, square footage, and clinical and non-clinical area(s) to be impacted
- Number of new rooms or areas added or improved
- Purchases of clinical and/or non-clinical moveable equipment items, including replacement mobile vans
- 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

Approximately 4 pages (Max 8000 Characters with spaces)

Pinellas County is seeking to add 1,100 square feet off the west side of the Bayside Health Clinic, which will be the rear of the building. The dental area of the clinic, currently housed in the rear/center of the facility, will be expanded to incorporate a third dental operatory chair and workstation, as well as a dedicated office for dental staff to meet the increased demand for services at this location. Additional consultation/offices will be added to physically integrate our behavioral health providers into the clinic for a seamless, warm hand-off of clients needing services. This project will include the expansion of one (1) current room to incorporate an additional dental workstation, and the addition of nine (9) new rooms to incorporate: six (6) offices, one (1) lobby, (1) restroom and (1) storage closet. The new lobby will be utilized as

waiting area for behavioral health clients during day-to-day operations with the capability to serve as a secondary entry point for clients requiring isolation from the main lobby, should emergency needs arise. The purchase of clinical equipment for this project will include: ADEC Operatory Cabinetry, ADEC Chair Package, and Intraoral X-Ray Arm with a Single Stud Mount. The purchase of non-clinical equipment for this project will include: L-shaped office desks with hutches, desk chairs, guest chairs, and telephones for the office and lobby, as well as additional wireless access points, IT network wire manager and security system components for the newly constructed portion of the building.

**3. Project Management**

- Identify the individual responsible for managing the project and certify their awareness that participation in a one year post-period evaluation will require updated information for a person of contact.
- Describe the capacity to manage, implement and evaluate your proposed activities. This may be a person or entity accountable in your organization for the implementation and oversight of the project.

Approximately 2 pages (Max 4000 Characters with spaces)

Pinellas County Human Services (PCHS) Director, Ms. Karen Yatchum, will oversee the ARP-Capital funding project team as Project Director. The project team will include Mr. Derek Weaver, the Division Manager of Building Design and Construction in the County’s Department 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. Ms. Yatchum is aware that participation in a one-year post-period evaluation will require updated information for a person of contact. PCHS has provided access to services for uninsured, underserved, vulnerable, and special needs county residents for over 50 years through the Pinellas County Health Program, Health Care for the Homeless Program, Homeless Prevention, Disability Advocacy, Justice Coordination and Veterans Services. PCHS is the recipient of over \$18M in federal grant funds for medical and behavioral health and justice related programs. Under the Project Director’s oversight, Pinellas County’s Real Estate Management (REM) 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. As Division Manager, Mr. Weaver is responsible for oversight of all County owned buildings, including the Bayside Health Clinic. Mr. Weaver’s team will be responsible for the construction 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 REM has several years’ experience managing federal capital and locally funded capital improvement projects. 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. PCHS and REM have collaborated to successfully manage the development, construction, and alteration of the Bayside Health Clinic since 2012. Utilizing FY18 HRSA Capital Assistance for Hurricane Response and Recovery Efforts (CARE) disaster funding, an upgraded 80kW generator was installed at the clinic to provide power to the facility during an outage. Pinellas County was also a recipient of FY20 CADRE funding to build a 1,300 square foot addition to the clinic that will incorporate negative pressure exam rooms to accommodate isolation needs during infectious outbreaks, such as the COVID19 pandemic. The in-progress CADRE expansion project is in the final design stage and expected to be completed by August 2022.

**4. Project Timeline**

Provide a timeline to achieve the planned activities and the number of months for each of the applicable milestones within the 3-year (36 months) period of performance:

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
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:** 08/2024

Approximately 1 page (Max 2000 Characters with spaces)

1. Planning: 6 months = 09/2021 – 03/2022. Design: 6 months = 03/2022 – 09/2022. Obtaining required permits and/or variances: 4 months = 09/2022 – 01/2023  
 4. Meeting Federal environmental and historic preservation requirements: 1 month = 01/2023 – 02/2023. Solicitation of bids and awarding of contracts, alteration/renovation, or construction period: 15 months = 02/2023 – 05/2024. The expected project completion date: 05/2024-08/2024. Planning discussions have been conducted and preliminary floor plan sketches have been drafted. 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 six 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.

**Attachments:**

Provide the following documents related to this site:

Star (Required Field): Attachment 1: Project Budget Justification (Minimum 1) (Maximum 1)

Document Name	Size	Date Attached	Description
<a href="#">Budget Justification-</a>			

Document Name	Size	Date Attached	Description
<a href="#">Narrative_Pinellas County_ARP 2021.pdf</a>	168 kB	06/24/2021	Budget Justification Narrative

Beginning of dialog window. Pressing escape will cancel and close the window.

File Delete - Confirmation  
**Environmental Information Documentation (EID) Checklist**

Confirmation:  
 Download Template  
 • Are you sure you want to delete this file?

Name	Description	Options
<input type="button" value="Confirm"/> <input type="button" value="Cancel"/>	Template for EID Checklist	<a href="#">Download</a> <input type="text"/> <ul style="list-style-type: none"> <li>Action</li> <li><a href="#">Download</a></li> </ul> <input type="text"/>

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

Document Name	Size	Date Attached	Description
<a href="#">EID Checklist - Phase III Bayside Expansion EXECUTED.pdf</a>	255 kB	06/18/2021	Completed EID Checklist

Beginning of dialog window. Pressing escape will cancel and close the window.  
 Star (Required Field): Attachment 3: Floor Plans/Schematic Drawings/Site Plan (Minimum 1) (Maximum 2)

Document Name	Size	Date Attached	Description
<a href="#">Bayside Health Clinic SK1 06-23-21 ARCHITECTURAL ADDITION.pdf</a>	168 kB	06/23/2021	Floor Plan / Schematic Drawing - Proposed 1,100sf Addition Area Highlighted
<a href="#">Bayside Health Clinic SK1 06-23-21.pdf</a>	149 kB	06/23/2021	Floor Plan / Schematic Drawing

Beginning of dialog window. Pressing escape will cancel and close the window.  
 File Delete - Confirmation  
 Confirmation:  
 • Are you sure you want to delete this file?

**PINELLAS COUNTY BUDGET JUSTIFICATION**

**Organization Name:** Pinellas County Board of County Commissioners

**Project Type:** Construction/Expansion (C/E) of an Existing Building

**Project Name:** Bayside Health Clinic Expansion 2021

**Project Number:** 191162-01

**Total ARP Funding Request = \$532,472.00**

**Total Project Cost = \$532,472.00**

Pinellas County’s proposed American Rescue Plan, Bayside Health Clinic Expansion project will add approximately 1,100 square feet (SF) addition/expansion. The space for additional consultation/offices will be added to physically integrate our behavioral health providers into the clinic for a seamless, warm hand-off of clients needed behavioral health services. In addition to the offices, the facility is seeking to add a third dental operatory chair and dental office to meet the increased demand for services at this location. Finally, adding one additional restroom and lobby area for the increased building capacity.

The total project cost is **\$532,472.00**. This application requests **\$532,472.00** to support the total construction and equipment cost.

The construction/expansion project is anticipated to begin in September 2021 and will be completed and occupied by August 2024.

	<b>ALLOWABLE COSTS—CADRE</b>	<b>UNALLOWABLE COSTS</b>
<b>Line 1—Administrative and legal expenses</b>	<p><b>\$19,155.00</b> Pinellas County’s Project Management &amp; 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><b>Total: \$19,155.00</b></p>	
<b>Line 2—Land, structures, right-of-way, appraisals, etc.</b>	The current facility is owned by Pinellas County. No additional land is required for this project.	
<b>Line 3—Relocation expenses and payments</b>	Although temporary relocation will be required for this project, no costs are anticipated for this classification.	
<b>Line 4—Architectural and engineering fees</b>	<p><b>\$60,000.00</b> 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><b>Total: \$60,000.00</b></p>	
<b>Line 5—Other architectural and engineering fees</b>	No other architectural or engineering fees are anticipated for this project.	
<b>Line 6—Project inspection fees</b>	<b>\$5,000.00</b> is the cost to cover the following services: Permit/Impact Fees: Impact fees, inspections by the local department of building	



	ALLOWABLE COSTS—CADRE	UNALLOWABLE COSTS
	construction, shop drawing and submittal review; contractor payment certification; final construction inspection; project close out.  <b>Total = \$5,000.00</b>	
<b>Line 7—Site work</b>	<b>\$30,000.00 is the total</b> site work, which includes: tree removal, grading, earthwork, exterior improvements, seeding of disturbed areas and connection to underground utilities.  <b>Total: \$30,000.00</b>	
<b>Line 8—Demolition and removal</b>	<b>\$10,000.00 is the total</b> cost associated with removal of a portion of the exterior wall and window, roof removal and removal of portions of the existing partitions.  <b>Total: \$10,000.00</b>	
<b>Line 9—Construction</b>	<b>\$312,000.00 is the total</b> construction budget estimated from the construction specification master format. The master format divisions costs are:  <b>General Requirements total \$15,000.00:</b> General (Requirements that cover the full scope of the project work). – Safety – Operations and storage areas – Use of utilities. – Environmental controls  <b>Facility Construction total \$215,000.00:</b> – Concrete (Example: Footings), – Masonry (Example: Concrete block and brick work) – Metals (Example: Steel framing) – Wood, Plastics, and Composites (Ex. House framing) – Thermal and Moisture Protection (Example: Insulation and water barriers) – Openings (Example: Doors, windows, and louvers) – Finishes – Building Specialties – Installed Equipment  <b>Facility Services total \$50,000.00:</b> – Fire Suppression – Plumbing – Heating Ventilating and Air Conditioning – Integrated Automation – Electrical – Communications	

	ALLOWABLE COSTS—CADRE	UNALLOWABLE COSTS
	<ul style="list-style-type: none"> <li>– Electronic Safety and Security</li> <li>– <b>Other Project Costs total \$32,000.00:</b></li> <li>– <b>\$10,000.00</b> for General Conditions</li> <li>– <b>\$4,000.00</b> for Liability Insurance</li> <li>– <b>\$14,000.00</b> for construction mgmt. fee</li> <li>– <b>\$4,000.00</b> for payment performance bond</li> </ul> <p><b>Grand Total Construction = \$312,000.00</b></p>	
<b>Line 10—Equipment</b>	<p><b>\$78,717.00 is the total for equipment.</b></p> <p><b>\$60,000.00 for clinical equipment including:</b> ADEC Operatory Cabinetry (1) @ \$35,000.00; ADEC Chair Package (1) @ \$20,000.00; and Intraoral X-Ray Arm (1) @ \$5,000.00.</p> <p><b>\$18,717.00 for non-clinical equipment including:</b> guest chairs for office/lobby (10) @ \$100.00 each = \$1,000.00; L-shaped office desk with hutch (6) @ \$1600.00 each = \$9,600.00; desk chairs (6) @ \$400.00 each = \$2,400.00; telephones (6) @ \$300.00 each = \$1,800.00; wireless access point (1) @ \$700.00; vertical wire manager for IT rack (1) @ \$600.00; security system expansion (1) @ \$2,617.00.</p> <p><b>Total = \$78,717.00</b></p>	
<b>Line 11—Miscellaneous</b>	No Miscellaneous costs are anticipated for this project	
<b>Line 12—SUBTOTAL</b>	<b>\$514,833.00</b>	
	(The sum of Lines 1 through 11, including allowable and unallowable costs)	
<b>Line 13—Contingencies</b>	<b>\$17,600.00</b> which is less than or equal to 5% of Lines, 7, 8, and 9 will be included for contingency.	
<b>Line 14—SUBTOTAL</b>	<b>\$532,472.00</b>	
	(The sum of Lines 12 and 13)	
<b>Line 15—Project (program) income</b>	None	
<b>Line 16—TOTAL PROJECT COSTS</b>	<b>\$532,472.00</b>	
	(Enter the amount in Line 14)	
<b>Line 17—ARP GRANT</b> (Note: round to the nearest whole dollar amount)	<b>\$532,472.00</b>	



<p><b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b></p> <p><b>HEALTH RESOURCES AND SERVICES ADMINISTRATION</b></p> <p><b>ENVIRONMENTAL INFORMATION AND DOCUMENTATION (EID)</b></p>	<b>FOR HRSA USE ONLY</b>		
	Award Recipient Name	Pinellas County Board of County Commissioners	
	Award Number		Application Tracking #
	Project #		Project Type
	Project Title	American Rescue Plan – Health Center Construction and Capital Improvements	
<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><b>Award Recipient Authorized Official:</b> Karen Yatchum  <b>Phone:</b> 727-464-5045  <b>Email:</b> kyatchum@pinellascounty.org</p> <p><b>Award Recipient EID Preparer:</b> Derek Weaver  <b>Phone:</b> 727-464-5309  <b>Email:</b> dweaver@pinellascounty.org  <b>Address:</b> Pinellas County Department of Administrative Services, 509 East Avenue South, Clearwater, FL 33756</p> <p><b>Project Location/Address (Please note - separate EID forms are required for each project location)</b>                  Please provide the address where the action will occur (e.g. where equipment will be located or where renovations/new construction will occur)                  Bayside Health Clinic, 14808 49th Street N., Clearwater, FL 33762</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 construction project scope includes building an approximate 1,000 square foot addition to the clinic to expand dental exam, office and storage space as well as offices for behavioral health service expansion.

**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, built in 2016, approximately 3,000 square feet

Vegetation on site (e.g. grasses, shrub, heavily wooded, none because it's paved, etc.): Grass, trees, paved parking

Streams/wetlands on site or adjacent to the site: none

Proposed ground disturbance (sq. footage): Approximately 1,000 square 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

If yes explain:

The construction project scope includes adding approximately 1,000 square feet to the existing footprint of the Bayside Health Clinic.

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><b>C. Degradation of Environmental Conditions</b></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>If yes, please obtain and submit a connection permit or other approval from local sewer authority.</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><b>D. New or Unproven Technology</b></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><b>E. Presence of cultural, archaeological, historical or other protected resources</b></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><b>G. Special Status Areas and Critical Resources</b></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. <b>Clearly mark</b> the location of the facility, and the NFIP Panel Number. FIRMettes can be generated electronically at no cost at the <a href="#">FEMA Map Service Center</a> 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>



<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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes explain: The proposed action will add approximately 1,000 square feet to the existing building including an expansion of the dental exam room, storage and office space. No additional fences, parking lots or signage.</p>
<p>G.6. Will the proposed action adversely impact flood flows in a floodplain or support development in a floodplain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>G.7. Will the proposed action include alter floodplain levels? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>G.8. Will the proposed action discharge stormwater to the floodplain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p>G.9. Is the project located in a state that borders the Atlantic Ocean, Pacific Ocean, Great Lake, Chesapeake Bay, or Gulf of Mexico? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If yes, is your project located in the state's coastal zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>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.</p>

<p><b>G.10. Will the action adversely affect a specifically designated Wildlife Refuge or Wilderness Area?</b>                  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.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p><b>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.)</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p><b>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.)</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p><b>H. Pollutants</b></p> <p>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.</p>
<p><b>H.1. Will the action include renovation of an existing building or ground disturbing activities?</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, has a Phase I Environmental Site Assessment been prepared for the property within the last 3 years?</p>
<p><b>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?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes explain:</p>
<p><b>I. Health and Safety</b></p> <p>This set of questions is concerned with the potential for adverse impacts to human health and safety from the proposed action.</p>

<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><b>J. Environmental Justice (Executive Order 12898)</b></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:  <b>Bayside 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.</b></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><b>K. Other Federal, State, Local, or Tribal Laws</b></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:

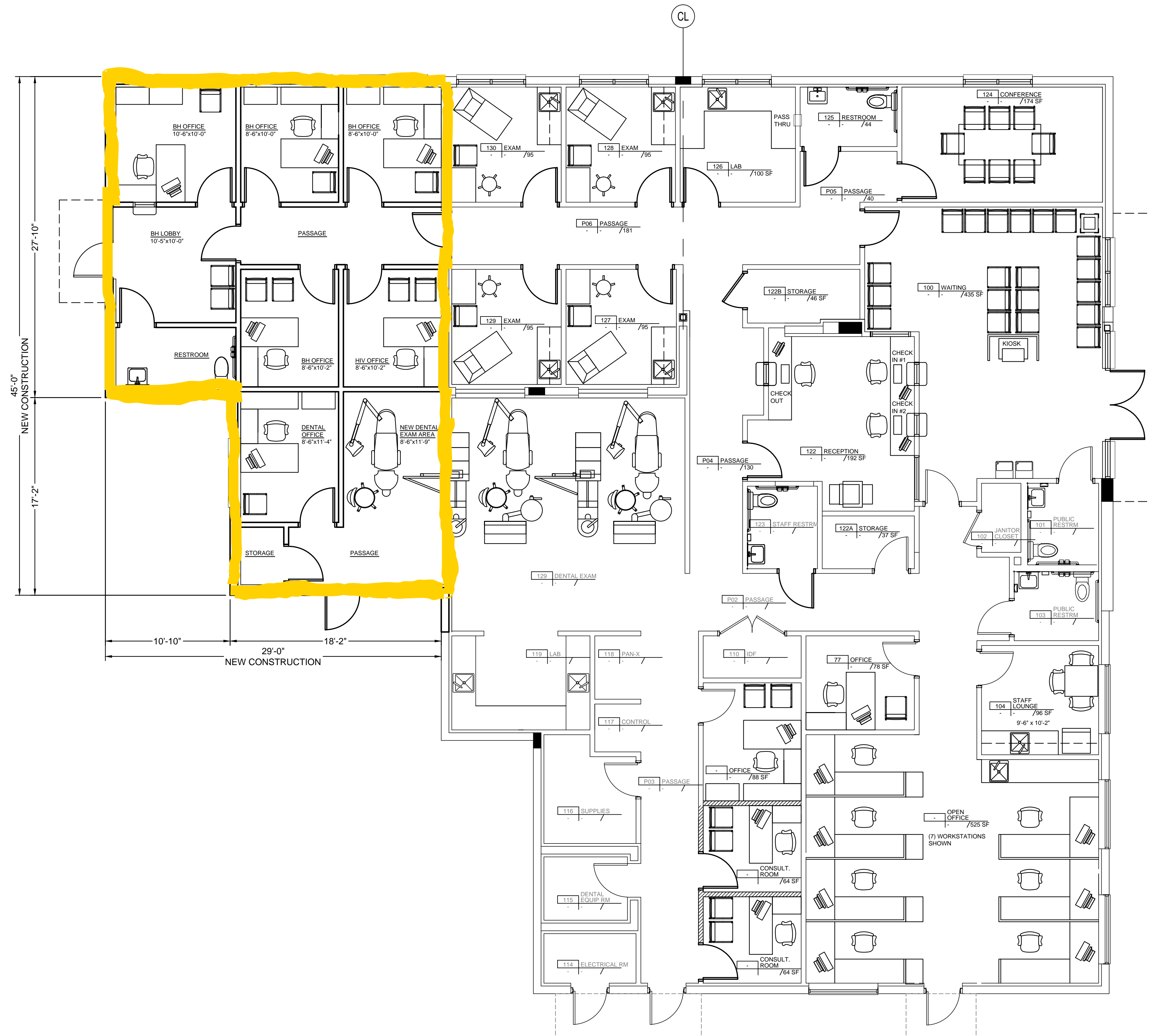
**L. Cumulative Impacts**

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:

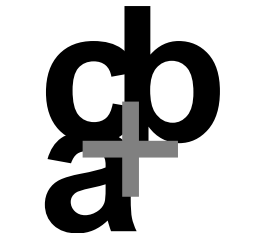




LEANDRO A. ARROYO  
FL. REG. NO. 12326

**PINELLAS  
COUNTY**  
**BAYSIDE  
HEALTH CLINIC**

06-23-2021  
CB+A #2101



CANERDAY  
BELFSKY  
+  
ARROYO  
ARCHITECTS  
1411 SIXTEENTH STREET NORTH  
ST. PETERSBURG, FL 33704  
(727) 823-0675  
AA26000587

SK-1

 WEST SIDE EXPANSION  
BUILDING ADDITION PLAN  
SCALE: 3/16" = 1'-0"





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# HRSA Electronic Handbooks

## Budget (SF-424C)

**00191162: PINELLAS, COUNTY OF**

Due Date: 06/24/2021 (Due In: 0 Days)

- Announcement Number: HRSA-21-114
- Announcement Name: American Rescue Plan - Health Center Construction and Capital Improvements
- Application Type: New
- Total Federal Requested Amount: \$532,472.00
- Eligible Formula Amount: \$532,472.00

## Resources

As of 06/24/2021 02:32:50 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

## Project Information

<b>Project Title</b>	Expansion of the Bayside Health Clinic	<b>Project Type</b>	Construction/Expansion of an Existing Facility	<b>Project Tracking Number</b>	191162-01	<b>Amount requested in this project</b>	\$532,472.00
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Serial Number	Cost Classification	Total Cost (a)	Costs Not Allowable for Participation (b)	Total Allowable Costs (c = a - b)
1	Administrative and legal expenses	\$19,155	\$0	\$19,155.00
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	\$60,000	\$0	\$60,000.00
5	Other architectural and engineering fees	\$0	\$0	\$0.00
6	Project inspection fees	\$5,000	\$0	\$5,000.00
7	Site work	\$30,000	\$0	\$30,000.00
8	Demolition and removal	\$10,000	\$0	\$10,000.00
9	Construction	\$312,000	\$0	\$312,000.00
10	Equipment	\$78,717	\$0	\$78,717.00
11	Miscellaneous	\$0	\$0	\$0.00
12	SUBTOTAL (sum of lines 1-11)	\$514,872	\$0	\$514,872.00
13	Contingencies	\$17,600	\$0	\$17,600.00
14	SUBTOTAL (sum of lines 12 and 13)	\$532,472	\$0	\$532,472.00
15	Project (program) income	\$0	\$0	\$0.00
16	TOTAL PROJECT COSTS	\$532,472	\$0	\$532,472.00
17	Federal assistance requested			\$532,472.00
	Federal Percentage Share : 100.00 %			

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# HRSA Electronic Handbooks

## Funding Sources

**00191162: PINELLAS, COUNTY OF**

Due Date: 06/24/2021 (Due In: 0 Days)

- Announcement Number: HRSA-21-114
- Announcement Name: American Rescue Plan - Health Center Construction and Capital Improvements
- Application Type: New
- Total Federal Requested Amount: \$532,472.00
- Eligible Formula Amount: \$532,472.00

## Resources

As of 06/24/2021 02:32:52 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

## Project Information

<b>Project Title</b>	Expansion of the Bayside Health Clinic	<b>Project Type</b>	Construction/Expansion of an Existing Facility	<b>Project Tracking Number</b>	191162-01	<b>Amount requested in this project</b>	\$532,472.00
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## Funding Sources Information

1. Total Project Cost (From cell 16a of Budget form) Total \$532,472.00  
Project Cost
2. Federal Grant Requested (From cell 17c of Budget form) \$532,472.00

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

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# HRSA Electronic Handbooks

## Equipment List

**00191162: PINELLAS, COUNTY OF**

Due Date: 06/24/2021 (Due In: 0 Days)

- Announcement Number: HRSA-21-114
- Announcement Name: American Rescue Plan - Health Center Construction and Capital Improvements
- Application Type: New
- Total Federal Requested Amount: \$532,472.00
- Eligible Formula Amount: \$532,472.00

## Resources

As of 06/24/2021 02:32:54 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

## Project Information

<b>Project Title</b>	Expansion of the Bayside Health Clinic	<b>Project Type</b>	Construction/Expansion of an Existing Facility	<b>Project Tracking Number</b>	191162-01	<b>Amount requested in this project</b>	\$532,472.00
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		<b>List of Equipment</b>				
<b>Type</b>	<b>Description</b>	<b>Unit Price</b>	<b>Quantity</b>	<b>Total Price</b>		
Clinical	ADEC Operatory Cabinetry	\$35,000.00	1	\$35,000.00		
Clinical	ADEC Chair Package	\$20,000.00	1	\$20,000.00		
Clinical	Intraoral X-ray – 76” Arm (Single Stud Mount)	\$5,000.00	1	\$5,000.00		
Non-Clinical	Guest Chairs for Offices/Lobby	\$100.00	10	\$1,000.00		
Non-Clinical	L-Shaped Office Desk with Hutch	\$1,600.00	6	\$9,600.00		
Non-Clinical	Desk Chairs	\$400.00	6	\$2,400.00		
Non-Clinical	Telephones	\$300.00	6	\$1,800.00		
Non-Clinical	Wireless Access Point	\$700.00	1	\$700.00		
Non-Clinical	Security System	\$2,617.00	1	\$2,617.00		
Non-Clinical	IT Vertical Wire Manager for Rack	\$600.00	1	\$600.00		
<b>Total</b>			<b>34</b>	<b>\$78,717.00</b>		

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# HRSA Electronic Handbooks

## Form 5B - Service Sites

**00191162: PINELLAS, COUNTY OF**

Due Date: 06/24/2021 (Due In: 0 Days)

- Announcement Number: HRSA-21-114
- Announcement Name: American Rescue Plan - Health Center Construction and Capital Improvements
- Application Type: New
- Total Federal Requested Amount: \$532,472.00
- Eligible Formula Amount: \$532,472.00

### Resources

As of 06/24/2021 02:32:55 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

### Project Information

<b>Project Title</b>	Expansion of the Bayside Health Clinic	<b>Project Type</b>	Construction/Expansion of an Existing Facility	<b>Project Tracking Number</b>	191162-01	<b>Amount requested in this project</b>	\$532,472.00
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						

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# HRSA Electronic Handbooks

## Other Requirements for Sites

**00191162: PINELLAS, COUNTY OF**

Due Date: 06/24/2021 (Due In: 0 Days)

- Announcement Number: HRSA-21-114
- Announcement Name: American Rescue Plan - Health Center Construction and Capital Improvements
- Application Type: New
- Total Federal Requested Amount: \$532,472.00
- Eligible Formula Amount: \$532,472.00

## Resources

As of 06/24/2021 02:32:58 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

## Project Information

Project Title	Project Type	Project Tracking Number	Amount requested in this project
Expansion of the Bayside Health Clinic	Construction/Expansion of an Existing Facility	191162-01	\$532,472.00

## 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.

Star (Required Field): Attachment 4: Property Information (Minimum 1) (Maximum 1)

Document Name	Size	Date Attached	Description
<a href="#">Special Warranty Deed - BK 14810 PG 888 - No Watermark.pdf</a>	623 kB	06/04/2021	Bayside Property Deed

Beginning of dialog window. Pressing escape will cancel and close the window. The property status is 'Leased' in question 1a of this form. Otherwise, do not upload the file.

File Delete - Confirmation

Confirmation: Landlord Letter of Consent (Maximum 1)

No documents attached

- Are you sure you want to delete this file?

Beginning of dialog window. Pressing escape will cancel and close the window.

File Delete - Confirmation

Confirmation:

Are you sure you want to delete this file?

OTC 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 15<sup>th</sup> 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.

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

WITNESSES:

[Signature]  
Signature of Witness #1

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

[Signature]  
Signature of Witness #2

Steven Ross  
Typed/Printed Name of Witness #2

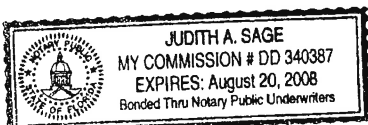
GRANTOR:

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.



(NOTARY SEAL)

[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)

**EXHIBIT A**  
SHEET 1 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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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: <i>Charles N. Gibson, Jr.</i> Charles N. Gibson, Jr. LAND SURVEYOR CERTIFICATE NUMBER: 4238 STATE OF FLORIDA, PHONE # (727) 464-8904
CHECKED BY: S.Z.	
S.F.N.: 1338	

DATE 12/05/05

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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**SKETCH--NOT A SURVEY**

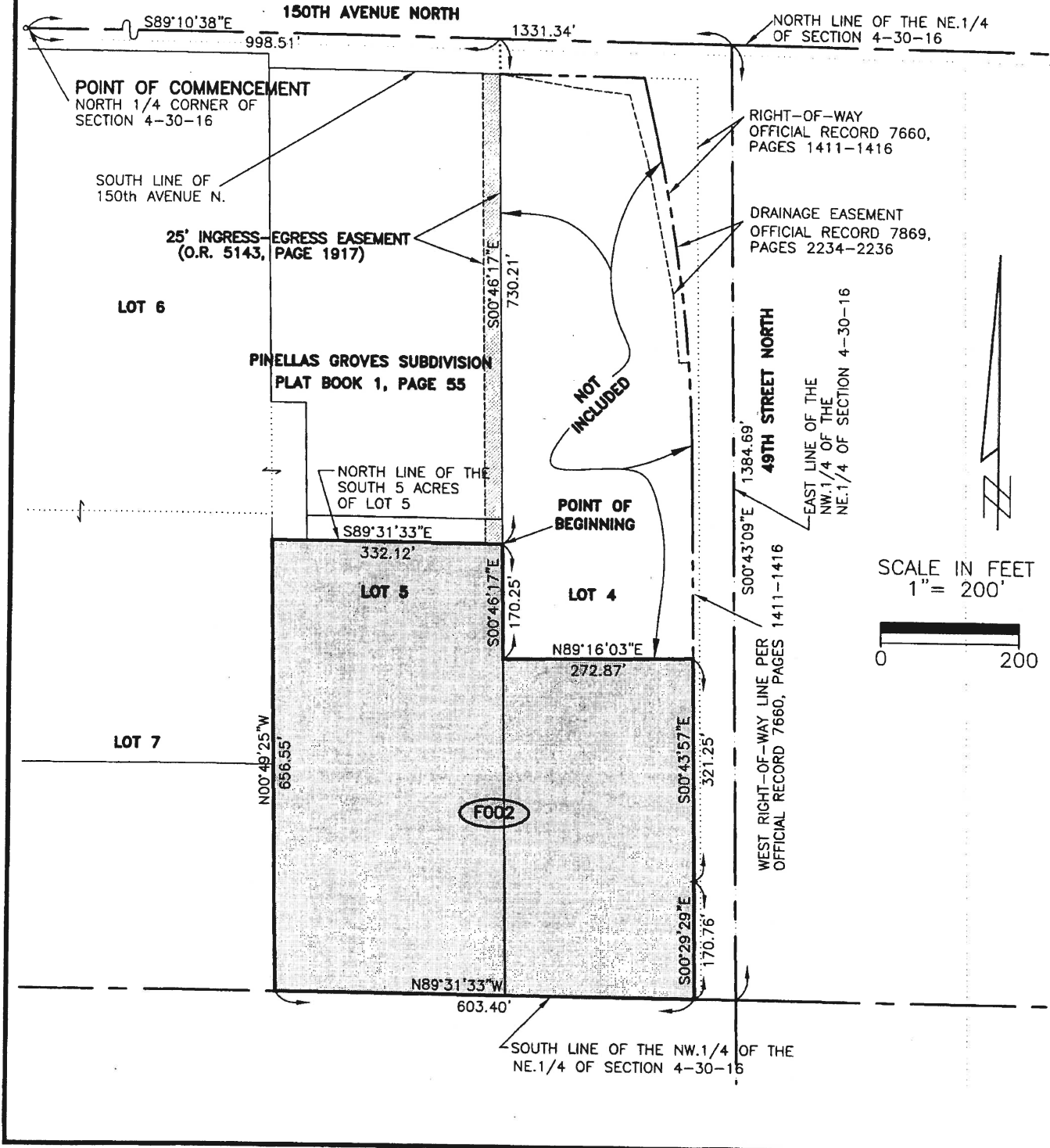


EXHIBIT   A    
 SHEET 3 OF 3

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

[Skip to Main Content](#)

# HRSA Electronic Handbooks

## Add Site Checklist

**00191162: PINELLAS, COUNTY OF**

Due Date: 06/24/2021 (Due In: 0 Days)

- Announcement Number: HRSA-21-114
- Announcement Name: American Rescue Plan - Health Center Construction and Capital Improvements
- Application Type: New
- Total Federal Requested Amount: \$532,472.00
- Eligible Formula Amount: \$532,472.00

## Resources

As of 06/24/2021 02:33:01 PM

**OMB Number:** 0915-0285 **OMB Expiration Date:** 3/31/2023

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.