

**From:** [Williams, Kimberly](#)  
**To:** [Pettye, Kellie](#); [Yatchum, Karen](#); [Mello, Donald L](#)  
**Cc:** [Grants Center Of Excellence Distribution](#)  
**Subject:** RE: Grants - Intent to Apply Form Submitted to OMB - FY21 DNA Capacity Enhancement for...  
**Date:** Wednesday, May 19, 2021 11:43:52 AM  
**Attachments:** [image002.png](#)

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Greetings!

OMB has no objection to the department submitting a grant application to the Bureau of Justice Assistance DNA Capacity Enhancement for Backlog Reduction project.

This is two year reimbursement grant project that will presumably impact FY21-23. The requested funding is \$300,000 with no expected match. The total project is estimated to cost \$300,000.

The County Administrator does not need to sign the application for the County. Please include this email when you send the application through Granicus. The review shall include the Director, Assistant County Administrator, and County Administrator along with any others as defined in Granicus/Legistar standard operating procedures.

If you have any questions, please do not hesitate to contact me.

Sincerely,

**Kimberly Y. Williams**  
Budget & Financial Management Analyst  
Pinellas County Office of Management & Budget  
14 S. Ft. Harrison Avenue - 5th FL, Clearwater, FL 33756  
(727) 464-3507  
[kwilliams@co.pinellas.fl.us](mailto:kwilliams@co.pinellas.fl.us)

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**From:** Grants Center of Excellence <no-reply@sharepointonline.com>  
**Sent:** Wednesday, May 12, 2021 12:02 PM  
**To:** Williams, Kimberly <kwilliams@co.pinellas.fl.us>  
**Subject:** Grants - Intent to Apply Form Submitted to OMB - FY21 DNA Capacity Enhancement for...

 [FY21 DNA Capacity Enhancement for...](#) has been added



Pettye, Kellie  
5/12/2021 12:01 PM

**Program Manager:** Pettye, Kellie

**Program Manager Phone #:** 727-464-6433

**County Department:** HS - Justice Coordination Section

**Director's Name:** Yatchum, Karen

**OMB Analyst:**

**Granting Agency:** Department of Justice

**CFDA/CSFA #:** 16.741

**Grant Funding Program Name:** FY21 DNA Capacity Enhancement for Backlog Reduction (CEBR) Program

**Grant Funding Type:** Other

**Grant Award Type:** Other

**Grant Funding Program Funding Cap (\$):** \$300,000.00

**Amount Requested:** \$300,000.00

**What fiscal year(s) will the award amount be made available?:** FY21-23

**Match Amount:** \$0.00

**Required Match Type:** None

**Anticipated Match Source (Fund/Center/Program):**

**Is the Match in the Current Budget?:**

**Will the Match need to be added to the Budget?:**

**Total Cost of Project (including Grant, County match, and other Resources):** \$300,000.00

**Granting Agency Contact Name:** Bureau of Justice Assistance

**Granting Agency Phone or Email:** 202-616-6500

**Granting Agency Address:** Bureau of Justice Assistance

Office of Justice Programs

810 Seventh Street, NW

Washington, D.C., 20531

**OPUS Project Title:**

**Duration:** Multi Year

**Proposed Abstract (Project Scope of Work):** Federal aid is provided to Pinellas County Forensic Lab that performs DNA analysis for the purposes of capacity enhancement and backlog reduction. The allocation for the next two-years is \$300,000.00

**Benefit Summary (How will this benefit the County, Dept, etc?):**

The award benefits the County by funding the following positions/equipment:

(1) The salaries and benefits of one full-time and one part-time DNA Analyst to perform casework and

technical reviews of casework submitted to the forensic lab by local law enforcement. These positions have been funded by this grant since 2010.  
(2) Fund DNA kits (extraction, quantitation, and amplification) for use by grant funded analysts in casework submitted to the laboratory from the local criminal justice community.

**Director Approval (Attach):**

**Is the proposal submitted for a different Department?:** Yes

**If submitting for a different department, what is that department name?:** Medical Examiner

**Concept Paper Deadline (if applicable):**

**Grant Application Due Date:** 6/22/2021

**Source of Notification of Grant Solicitation:** Other

**If Other, provide source:** Medical Examiner

**FOR OMB USE ONLY BELOW THIS LINE:** \*\*PLEASE DO NOT ENTER DATA BELOW THIS LINE\*\*

**Assigned To:**

**Priority:** (2) Normal

**Task Status:** Not Started

**OPUS Project #:**

**Grant Contract #:**

**Award Amount:**

**Grant Status:** Submitted to OMB

**Grant Start Date:**

**Grant End Date:**

**OMB Comments:**

**Granicus #:**

**Description:**