

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	SAMHSACONTINUATION2017
Opportunity Title:	SAMHSA 2017 Continuations
Opportunity Package ID:	PKG00229494
CFDA Number:	93.243
CFDA Description:	Substance Abuse and Mental Health Services_Projects of Regional and National Significance
Competition ID:	CFDA93243
Competition Title:	CFDA93.243
Opening Date:	11/29/2016
Closing Date:	01/23/2017
Agency:	Substance Abuse and Mental Health Services Admin
Contact Information:	Roger George Grants Management Officer Roger.George@samhsa.hhs.gov 240-276-1400

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00023703
Application Filing Name:	SAMHSACONTINUATION2017
DUNS:	0552002160000
Organization:	PINELLAS, COUNTY OF
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	2.1
Requirement:	Mandatory
Upload Count:	0
Download Date:	01/04/2017
Form State:	No Errors

FORM ACTIONS:

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/> 5H79TI026408
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name: County, Pinellas of

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 59-6000800	* c. Organizational DUNS: <input type="text"/> 0552002160000
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d. Address:

* Street1: 315 Court Street
Street2:
* City: Clearwater
County/Parish:
* State: FL: Florida
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 33756-5165

e. Organizational Unit:

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

Prefix: Ms. * First Name: Deborah
Middle Name:
* Last Name: Berry
Suffix:

Title: Operations Manager

Organizational Affiliation:

* Telephone Number: 727-453-7441 Fax Number:

* Email: dberry@pinellascounty.org

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Substance Abuse and Mental Health Services Admin

11. Catalog of Federal Domestic Assistance Number:

93.243

CFDA Title:

Substance Abuse and Mental Health Services_Projects of Regional and National Significance

*** 12. Funding Opportunity Number:**

SAMHSACONTINUATION2017

* Title:

SAMHSA 2017 Continuations

13. Competition Identification Number:

CFDA93243

Title:

CFDA93.243

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

Add Attachment

Delete Attachment

View Attachment

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

Elevate:Raising Problem Solving to Another Level
Narrative Attached

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="324,518.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="324,518.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed: