

SF 424
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Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	<input type="text"/> * Other (Specify) <input type="text"/>
---	--	---

* 3. Date Received: <input type="text" value="05/17/2021"/>	4. Applicant Identifier: <input type="text" value="KYATCHUM"/>
--	---

5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
--	---

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:

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

d. Address:

* Street1:
Street2:
* City:
County/Parish:
* State:
Province:
* Country:
* Zip / Postal Code:

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
--	--

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: Fax Number:

* Email:

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Substance Abuse and Mental Health Services Adminis

11. Catalog of Federal Domestic Assistance Number:

93.243

CFDA Title:

Substance Abuse and Mental Health Services Projects of Regional and National Significance

*** 12. Funding Opportunity Number:**

TI-21-009

* Title:

First Responders-Comprehensive Addiction and Recovery Act Grants

13. Competition Identification Number:

TI-21-009

Title:

FR-CARA

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

File Name:

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

Pinellas County First Responder and Community Education and Engagement

Attach supporting documents as specified in agency instructions.

File Name:

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project:

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

File Name: Congressional_Districts.pdf

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="499,999.00"/>
* b. Applicant	<input type="text" value="14,000.00"/>
* 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="513,999.00"/>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

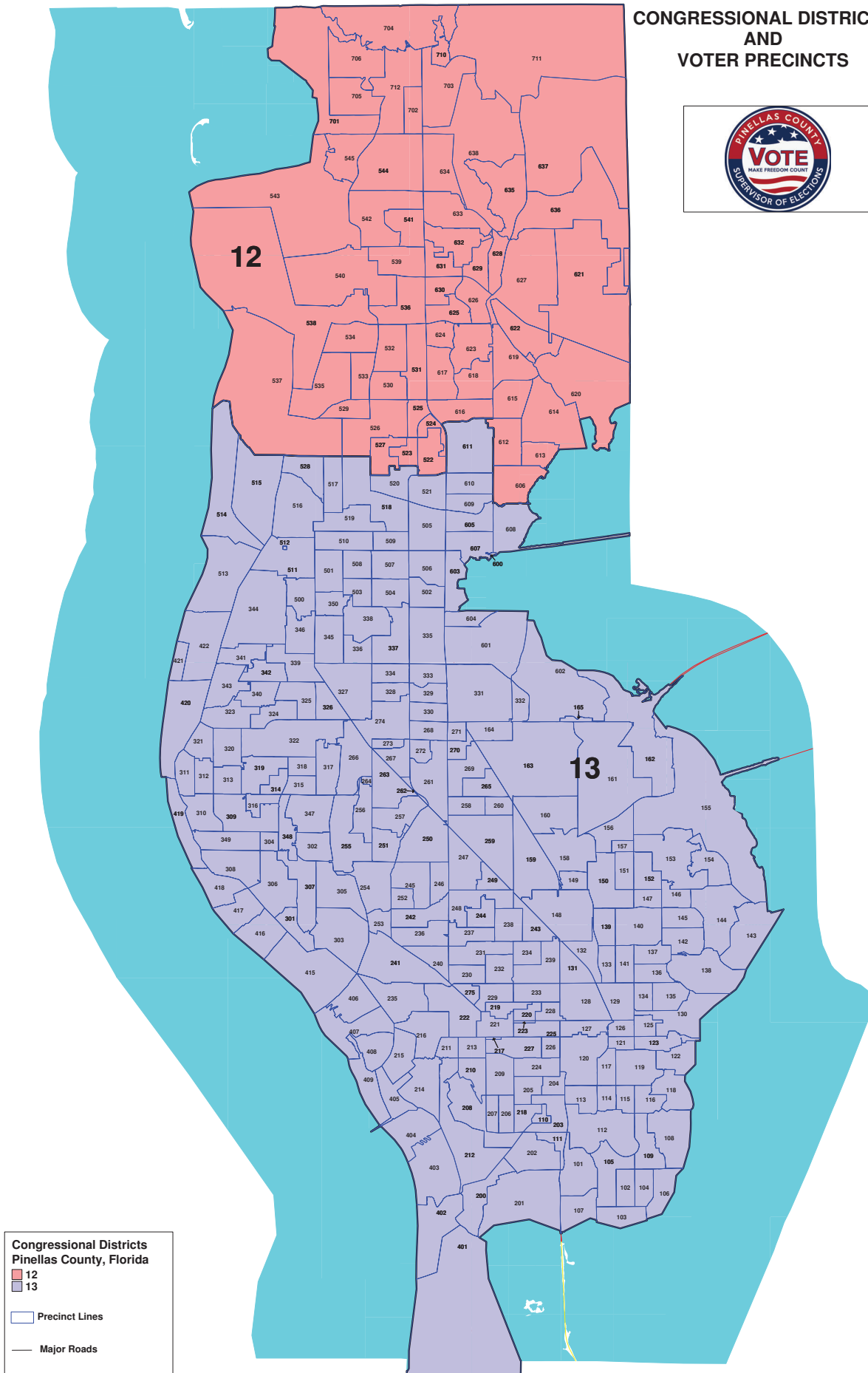
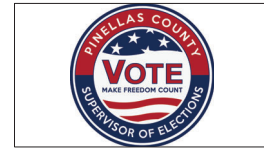
Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed:

CONGRESSIONAL DISTRICTS AND VOTER PRECINCTS



**BUDGET INFORMATION -
Non-Construction Programs**

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

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. FY 2021 First Responders- Comprehensive Addiction and Recovery Act Grants	93.243			\$499,999.00		\$499,999.00
2.						\$0.00
3.						\$0.00
4.						\$0.00
5. Totals		\$0.00	\$0.00	\$499,999.00	\$0.00	\$499,999.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) FY 2021 First Responders- Comprehensive Addiction and Recovery Act Grants	(2)	(3)	(4)	
a. Personnel	\$0.00				\$0.00
b. Fringe Benefits	\$0.00				\$0.00
c. Travel	\$0.00				\$0.00
d. Equipment	\$0.00				\$0.00
e. Supplies	\$112,500.00				\$112,500.00
f. Contractual	\$387,499.00				\$387,499.00
g. Construction	\$0.00				\$0.00
h. Other	\$0.00				\$0.00
i. Total Direct Charges (sum of 6a-6h)	\$499,999.00				\$499,999.00
j. Indirect Charges	\$0.00				\$0.00
k. TOTALS (sum of 6i and 6j)	\$499,999.00				\$499,999.00
7. Program Income	\$0.00				\$0.00

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Prescribed by OMB Circular A-102

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

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ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Approval No. 4040-0007
Expiration Date 06/30/2014

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 (0348-0040), 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 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 cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. 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.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for 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).
6. Will comply with all Federal statutes relating to nondiscrimination. 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.
7. 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 or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with 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.

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9. 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.
10. Will comply, if applicable, 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.
11. 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).
12. 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.
13. 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.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. 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.
17. 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."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. 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 Meghan Westbrook	* TITLE County Administrator
* APPLICANT ORGANIZATION Pinellas County dba Board of County Commissioners	* DATE SUBMITTED 05-17-2021

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Project Abstract Summary

Program Announcement(CFDA):	93.243	
Program Announcement (Funding Opportunity Number):	TI-21-009	
Closing Date:	05/17/2021	
Application Name:	Pinellas County dba Board of County Commissioners	
Length of Proposed Project:	4	
Application Control No.:		
Federal Share Requested (for each year)		
Federal Share 1st Year:	Federal Share 2nd Year:	Federal Share 3rd Year:
\$ 499999.00	\$ 499999.00	\$ 499999.00
Federal Share 4th Year:	Federal Share 5th Year:	
\$ 499999.00	\$ 0.00	
Non-Federal Share Requested (for each year)		
Non-Federal Share 1st Year:	Non-Federal Share 2nd Year:	Non-Federal Share 3rd Year:
\$ 14000.0	\$ 14000.0	\$ 14000.0
Non-Federal Share 4th Year:	Non-Federal Share 5th Year:	
\$ 14000.0	\$ 0.0	
Project Title: Pinellas County First Responder and Community Education and Engagement		

Project Summary:

Pinellas County's Overdose to Care Connections (OCC) Project will be a new partnership between Emergency Medical Services (EMS) and Human Services (HS) to enhance the current first responder's Naloxone program throughout Pinellas County by creating additional training opportunities, increasing community access to a drug or device for opioid reversal, and by increasing connections and engagements in community substance use treatment services. Pinellas County's data will be evaluated through the FR-CARA program's evaluation activities to identify actionable intelligence that will inform grant funded outreach staff allowing them the opportunity to connect individuals revived by EMS on scheduled intervals and to seek connection and engagement in community treatment. Outreach efforts will employ motivational interviewing techniques and occur at 7 day intervals to allow for rapport development. Efforts will occur for up to 90 days post-overdose.

Estimated number of people to be served as a result of the award of this grant:

500

Project/Performance Site Location(s)

Project/Performance Site Primary Location

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Pinellas County dba Board of County Commissioners
Duns Number: 0552002160000
Street1*: C/O Human Services
Street2: 440 Court Street - 2nd Floor
City*: Clearwater
County:
State*: FL: Florida
Province:
Country*: USA: UNITED STATES
Zip / Postal Code*: 33756-5139
Project/Performance Site Congressional District*: FL-013

Additional Location(s)

File Name:

Section A: Statement of Need

A-1. Identify your population(s) of focus and the geographic catchment area

Population of Focus: Pinellas County Human Services (PCHS) will partner with first responder organizations in Pinellas County to provide training and access to naloxone, and provide peer recovery resources (Quick Response Team) to conduct wellness checks, coordinate access to treatment resources, distribute naloxone, and provide education to adults at risk for **overdosing in Pinellas County**. Medical Examiner data indicates that the majority (57.5%) of opioid deaths in 2019 were middle-aged individuals. Demographic data for 2019 indicates 72% of opioid-related decedents were males and 28% were females. The predominant age group affected were between 35 to 39 years old; making up 17% of cases.

Geographic Catchment Area: Pinellas County is a 280 square mile peninsula located on Florida's west coast and is home to 974,996 people based upon 2019 US Census Estimate (ACS). Based on the 2019 census estimates, Pinellas County's population is approximately 83% white, 11% African American or Black, and 10% Hispanic or Latino (any race). Pinellas has a larger proportion of individuals age 65 and over (25%) when compared to the state of Florida (21%). In 2019, approximately 11.4% of Pinellas County's population were reportedly living in poverty.

A-2. Describe the extent of the problem in the catchment area, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus

Extent of the Problem: In 2020, **one person died every 16.5 hours** from a drug-related overdose in Pinellas County. This problem affects every demographic of every community across the county. From 2016 - 2020, 911 transports of suspected **overdoses increased by nearly 331%** (going from 1,513 in FY 16 to 6,528 in FY 20) and 911 transports with naloxone administered increased by 56.4% (going from 1,978 in FY 16 to 3,094 in FY 20).

Fatalities: The COVID-19 pandemic in the United States introduced new risks to Americans impacted by substance use disorder, as well as a series of new challenges related to treatment and recovery. According to the Florida Department of Health, in the first eight months of 2020 there was an unprecedented 43% spike in drug overdose deaths statewide in Florida, compared to the same time in 2019. In Pinellas County, according to the data obtained from the Medical Examiners office, from 2015 to 2020, the number of drug-related overdose deaths increased by 205%. 534 residents died from overdoses which is an increase of 29% from 2019.

Emergency Medical Services (EMS) Overdose Response: During April 4-10, 2021, the Florida Department of Health in Pinellas County (DOH) and its partners in the Pinellas County Opioid Task Force observed an alarming increase in non-fatal overdose encounters at emergency departments in the county. During this single week in April 2021, the number of 911 transports for suspected overdoses totaled 207 encounters, which is an increase in previous years during the same timeframe. In CY 2020, first responders were dispatched to 5,725 suspected overdoses, a 34% increase from 2019. From County FY 2016 - 2020, 911 transports of suspected overdoses increased by nearly 331% (going from 1,513 in FY 16 to 6,528 in FY 20) and 911 transports with naloxone administered increased by 56.4% (going from 1,978 in FY 16 to 3,094 in FY 20). These trends continue to increase into FY 21 and are anticipated to continue beyond 2022 until the issue is addressed through local, county, and statewide initiatives.

Forensic Seized Drug Trends: Data provided by the Pinellas County Forensic Laboratory showed in 2017, a total of 204 opioid-related deaths, 39% were attributed to prescription drugs, 17% were a combination of prescriptions and illicit drugs, and 38% were illicit opioids. Historical mortality data in Pinellas County has shown low rates of heroin use; however, from 2010-2016, heroin and fentanyl seized by law enforcement increased sharply from 114 to 952 (735% increase). This recent trend was also identified in postmortem testing by the Forensic Lab increasing from 25 in 2010 to 131 in 2016 (424% increase). Furthermore, Pinellas County saw close to 3,000 lab submissions containing fentanyl in the 15 months from January 2019 through June 2020.

Service Gaps: Responding to the opioid/overdose crisis in Pinellas County is multi-faceted. PCHS works with the Pinellas County Opioid Task Force (PCOTF) to identify and address any service gaps by leveraging State resources, community partnerships and seeking additional funding resources. The PCOTF formed in 2017 as a collaboration of community partners that implemented a Strategic Plan to guide community members and resources in order to confront the opioid epidemic. While the pandemic has certainly impacted the community response, County partners have continued to seek out and adapt available resources to continue response efforts. However, more needs to be done to start reversing the trend in Pinellas County. Below you will find how Pinellas County is leveraging existing resources and what the service gaps still exist for each of the required activities of the grant opportunity:

➤ **Administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act (FD&C Act) for emergency reversal of known or suspected opioid overdose:**

Leveraging Existing Resources - At the state level, two agencies are distributing naloxone and training community organizations and first responders in the use of naloxone. The Florida Department of Children and Families (DCF) State Opioid Response Project (SOR), funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), is designed to address the opioid crisis and reduce opioid-related deaths by providing a comprehensive array of evidence-based prevention, medication-assisted treatment, and recovery support services. Additionally, SOR funds are used to expand the Department's Overdose Prevention Program, which distributes and trains on the use of naloxone. The Florida Department of Health (DOH) administers the Helping Emergency Responders Obtain Support (HEROS) Program which provides first responder agencies with naloxone at no cost.

Service Gaps – Geographic saturation rates, multi-dose administrations of naloxone, and expiration of undistributed and undispensed naloxone are the leading barriers/gaps in Pinellas County. The SOR & HEROS programs provide a small percentage of funding and resources to Pinellas County with a majority of SOR grant funds being utilized for methadone and buprenorphine maintenance treatment. For individuals seeking to obtain access to these life-saving medications, it would be difficult or geographically sparse based on review of the DCF website (www.isavefl.com) for naloxone providers. Only four (4) organizations with 17 locations are listed with a physical address in Pinellas County.

Pinellas County Emergency Medical Services (EMS) participates in the HEROS program to obtain naloxone for staff and law enforcement use, however, EMS does not have a sufficient supply for the additional first responder groups/organizations identified in this application or to initiate a “leave behind” program for overdose patients and/or family or friends at the scene. EMS reports that rarely has there been a reported case in which the patient had naloxone immediately on-hand before their arrival, which suggests that the saturation in the community is low. Additionally,

EMS reports that approximately two doses are being utilized (on average) to assist the patients prior to EMS arrival, which supports first responders' need to carry at least two doses. Given the alarming increase in overdoses and overdose deaths throughout the County, it is imperative that the County achieve saturation of access to this life-saving medication.

EMS also noted that the naloxone supplies received from SOR/HEROS have expiration dates too close to each other. While the recipient may not be able to control the dates sent, it does create an issue of having to switch-out with agencies who have deployed it to their officers on patrol. EMS deploys to the agency; they, in turn, deploy to their carrying first responders, who turn in the expiring product, and then the agency returns the expiring naloxone to EMS. Having some control of purchasing supply can improve coordination amongst the first responders.

➤ **Train and provide resources to first responders and members of other key community sectors on carrying and administering a drug or device approved or cleared under the FD&C Act for emergency treatment of known or suspected opioid overdose**

Leveraging Existing Resources – The Pinellas County Medical Director has been handling all naloxone administration training for first responder organizations. In-person classes trained 200 first responders with some sessions being “train the trainer” which has continued within agencies in Pinellas County. The opportunity to assist first responder agencies by expanding naloxone supply and providing training on the administration of naloxone has many significant benefits. The ability to respond to the interest of first responders to distribute a life-saving medication improves their ability to save lives. Improving distribution and access to naloxone within more homes and communities where access is currently insufficient expands the reach of this life-saving tool for use prior to the first responder's arrival, when every second matters. By providing educational training about the administration of naloxone, opportunities exist to also improve the understanding of opioid use disorder in general, including the chronic nature of this condition, as well as optimizing access to resources, such as referrals to MAT or promotion of other harm reducing techniques, to encourage recovery-seeking behaviors.

Service Gaps – There are a number of entities in the county available to provide naloxone administration training (treatment providers, EMS, law enforcement); however, it is unclear, without further survey, how many first responders from the 24 municipalities/law enforcement/fire department and various community organizations have been trained. A recent national survey of First Responder Deflection Programs (Center for Health & Justice, 2021) found that many first responder programs do not have specialized training that would help staff members who conduct deflection and outreach to increase their effectiveness. If awarded this opportunity, a local survey would be administered with baseline measurement to establish initial, follow-up and any additional relevant addiction related training needs in support of these first responder organizations.

➤ **Establish processes, protocols, mechanisms for referral to appropriate treatment and recovery support services.**

Leveraging Existing Resources - Through community partnerships and PCHS's behavioral health initiatives, collaborations currently exist between law enforcement and behavioral health staff to respond to calls where a behavioral health issue may be the root cause of the call. Currently, several mental health units are paired with law enforcement organizations, however, few, if any, have substance use/addiction trained staff engaged within those outreach units. Utilizing newly awarded federal funding from the Department of Justice, the PCHS is piloting a Quick Response Team (QRT) effort with the County's EMS personnel and substance use treatment providers. The

pilot funds one peer and case manager to follow-up with consenting overdose victims within 24-72 hours after an EMS response. At the current pace of EMS overdose calls within the County, averaging 573 calls per month, if just 10% consent to a post-overdose wellness check by this team, the staff would exceed its capacity to conduct outreach to all the consenting individuals. As a pilot program, these processes, protocols, and mechanisms for referral to appropriate treatment and recovery support services need to be refined and expanded.

Service Gaps – Pinellas County, if awarded, would expand its QRT pilot program to assist with refinement of the referral and engagement program. By partnering with the identified jurisdictions, they would gain additional addiction expert resources to outreach and engage with residents in their communities who are at increased risk for overdose. Nationally identified promising/best practice programs have found success with engaging clients through concerted, repeated, and varied outreach efforts. This area of service is not well-funded in the County as a majority of funds are directed to treatment services with existing providers. This QRT staff would become intimately aware of the various treatment programs available to patients based on location, income, insurance status, etc.

Extent of the Need: EMS has seen 911 transports of suspected overdoses with naloxone administrations that climb year over year from 1,109 in FY 16 to 2,554 in FY 20. In the first six months of FY 21, Pinellas saw 1,323, 52% of FY 20’s total suggesting that Pinellas County is already on track to surpass previous years.

Section B: Proposed Approach (35 pts/5 pages)

B-1. Describe the goals and objectives of the proposed project. State the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds. Provide the following table:

Number of Unduplicated Individuals to be Trained with Grant Funds				
Year 1	Year 2	Year 3	Year 4	Total
100	150	150	100	500

Goals & Objectives of Proposed Project: Pinellas County remains steadfast in its commitment to reduce opioid-related deaths through the promotion of naloxone use, increased training on the administration of naloxone, and connecting individuals into appropriate evidence-based treatment options. In Pinellas County, EMS response to calls for service is prompt; however, the more we can prepare individuals who are on the scene to initiate these life-saving techniques, the better.

Table 1: Goals & Objectives

Goals & Objectives	Performance Measure
Goal 1: Reduce Opioid Related Deaths	
Objective 1A: <u>Increase the availability of drug overdose reversal treatment kits throughout the county by distributing 4000 naloxone kits by the end of the grant period.</u>	# kits distributed to First Responders/Community organizations, individuals
Strategy: Provide access to naloxone overdose reversal kits to first responder/ community organizations not eligible for SOR/HEROS funding	
Strategy: Provide access to naloxone overdose reversal kits to Pinellas County Park Rangers/Lifeguards	
Strategy: Distribute contactless naloxone Emergency Boxes in public spaces across the County filled w/kits	
Strategy: EMS/QRT to provide a “leave behind” naloxone kit with the overdose patient and/or family and friends following an EMS response.	

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

B-2. Describe how you will implement the Required Activities as stated in Section I.1.

The FR-CARA program will be led by the **Pinellas County Human Services (PCHS) Department**. A **Project Director** will serve as the liaison between SAMHSA, contracted partners, other County Departments (EMS, Parks/Rec) and committed first responder/community organizations. The Project Director will ensure that required activities are implemented, performance measures collected and reported to SAMHSA and the Pinellas County Opioid Task Force. The **Program Manager**, from the contracted provider, will be responsible for day-to-day operations and programmatic coordination. This position will provide outreach efforts to first responder organizations and community partners to coordinate naloxone needs, training opportunities, and educate community organizations on available resources. The FR-CARA Project Director and Program Manager will lead planning meetings upon award to ensure any barriers to implementation are addressed in a timely manner. Weekly meetings will transition to monthly as the program matures. Minutes and action items will keep staff and the program implementation on track and document the program’s progress, successes, challenges, or barriers.

• Administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act (FD&C Act) for emergency reversal of known or suspected opioid overdose:

Pinellas County Safety & Emergency Services (SES), a department within the County Board of County Commissioners, coordinates a diverse set of programs (including Emergency Medical Services) geared towards effective and efficient public safety. SES will utilize FR-CARA grant funds to purchase naloxone kits to be distributed to first responders who do not currently have access to kits through other sources and/or for members of other key community sectors (i.e., families, peers, treatment providers). In addition, SES is developing a “leave behind” program (when funded) for overdose patients/family.

- ***Train and provide resources for first responders and members of other key community sectors on safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs to protect themselves from exposure to such drugs and respond appropriately when exposure occurs;***

SES will contract with trainers to provide naloxone administration classes and will coordinate with the Program Manager on a training schedule provided to first responders and members of other community sectors (i.e., County Parks Dept, families, peers, treatment providers). Training will provide education on how to properly carry and administer naloxone, along with training on safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs to protect them from exposure to such drugs and to respond appropriately when exposure does occur. In the initial planning phase of FR-CARA, the Program Manager will work with the Opioid Task Force to determine the needs within the community and among first responders. This planning will include finalization of pre- and post-test materials to be utilized during the training to inform the program of its impact with respect to the performance measures.

- ***Establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities, and safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs.***

Contracted Quick Response Team (QRT) - PCHS will utilize FR-CARA funding to contract with a substance use treatment provider in Pinellas County to staff a Quick Response Team (QRT) focused on the required activities as stated in Section I.1 specifically to establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery support services. SES is developing a consent/release of information process that optimizes the ability to refer those individuals who overdose by authorizing the release of their contact information to the QRT contracted through PCHS. SES has committed to serve as a liaison with local law enforcement/fire departments across the County.

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

B-3. Provide a chart or graph depicting a realistic timeline for the entire 4-year project period

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

Section C: Staff, Management, and Relevant Experience (20 pts/1page)

C-1. Describe the experience of your organization with similar projects and/or providing services to the population(s) of focus for this FOA.

Pinellas County Human Services (lead applicant): Pinellas County Human Services (PCHS), a department under the elected seven-member Board of County Commissioners (BCC), will serve as the lead applicant for the FR-CARA program. PCHS supports the BCC’s strategic initiatives by providing programs such as the Pinellas County Health Program, Health Care for the Homeless Program, Homeless Prevention, Disability Advocacy, Justice Coordination and Veterans Services. PCHS has provided access to these services for uninsured, underserved, vulnerable, and special needs county residents for over 50 years. PCHS is the recipient of over \$18M in federal grant funds for medical and behavioral health and justice related programs. PCHS will commit to providing the Project Director, in-kind, to oversee the implementation of the program.

Pinellas County Safety and Emergency Services (SES) (LOC included): Pinellas County Safety & Emergency Services (SES), a department under the BCC, coordinates a diverse set of programs geared towards ensuring effective and efficient public safety for residents and visitors within Pinellas County. The department works to provide significant support – operational,

technology and funding – to fire, EMS and law enforcement agencies. SES will partner on this program with obtaining access to and distributing naloxone to partners, contracting with training partners and serving as a liaison with first responder organizations throughout the County. SES will serve on the planning and implementation committee.

Florida Department of Health in Pinellas County/Opioid Task Force (LOC included): The Florida Department of Health (DOH) provides complex technical, analytical, and consultative work which involves disease surveillance, assessment, management and planning for Pinellas County. DOH and Operation PAR, local substance use treatment provider, are the core support team for the **Pinellas County Opioid Task Force**. The task force developed a strategic plan to guide community members and resources to confront the opioid epidemic. The task force will be leveraged to assist in informing the FR-CARA program and will serve on the planning committee.

City of Pinellas Park (LOC included): The City of Pinellas Park commits to engaging first responder staff in training to carry and administer naloxone, along with any addiction related training; offering and obtaining consent from overdose patients, family and/or friends to allow the QRT to conduct a follow-up wellness check; and accepting additional training, peer support, and naloxone supply for specialty teams or units (such as homeless street outreach/mental health units) within the agency that frequently encounter individuals who have experienced an overdose.

Support from other Community Partners/Agencies (no LOCs): PCHS and SES has also confirmed the support of the City of Clearwater, Largo and the Pinellas County Sheriff's Office (PCSO) for this grant opportunity. PCHS also works closely with and convenes regularly with PCSO and County Administration to discuss behavioral health system needs. All of these groups and others provide a mechanism to update and communicate the benefits associated with this service to drive interest, adoption of new practices, and support for sustainability.

Contracted Substance Use Treatment Provider (contract TBD): PCHS will contract with a substance abuse treatment provider who will hire staff to provide substance abuse education, prevention and intervention, case management, and outreach services to overdose patients. Several providers have extensive qualifications to meet the needs outlined in a procurement request.

C-2. Provide a complete list of staff positions for the project.

Project Director - 10% LOE (in-kind): PCHS will identify the Project Director to serve as the liaison between SAMHSA, contracted partners, other County Departments (EMS, Parks/Rec) and committed first responder/community organizations. The Project Director will ensure that required activities are implemented, performance measures collected and reported to SAMHSA and the Pinellas County Opioid Task Force.

Program Manager – 100% LOE: The contracted treatment provider will hire 1.0 FTE to manage the program's day to day operations, facilitate training schedules, leading planning & implementation meetings with all committed partners and other programmatic requirements of the FR-CARA grant program. This position will be hired post award, a job description is attached. **Required qualifications include:** Six (6) years of responsible experience in health care administration; or a Bachelor's degree in business, public administration, health care administration, or related field and two (2) years of experience as described above; or an equivalent combination of education, training, and/or experience.

Quick Response Team | Outreach/Case Mgmt Staff – 4 FTEs @ 100% LOE: The contracted treatment provider will hire 4.0 FTEs to serve on the QRT to conduct outreach, motivational

interviewing, establish meaningful connections with consenting overdose patients referred to the team and assist with making “warm handoff” connections. Qualifications requested: At least 50% of the staff will have lived experience with addiction recovery. Familiarity with the culture(s) and language(s) of the population of focus.

Evaluator – 100% LOE: PCHS will contract with an organization/individua to compile reports and data summaries to assist and inform the program. Required qualifications include: Graduate Degree in Public Health, Behavioral Sciences, or similar and at least two years professional experience evaluating programs.

Section D: Data Collection and Performance Measurement

D-1. Provide specific information about how you will collect the required data for this program and how such data will be utilized to manage, monitor and enhance the program.

Collecting, Storing & Maintaining Required Data: PCHS and SES, County departments under the BCC, have a data-sharing agreement in place for PCHS to collect 1) EMS overdose responses and trends in Pinellas County and 2) Consenting overdose patient referrals information. The second data file will be shared with PCHS and the contracted treatment provider providing the QRT for follow-up. EMS has an electronic consent system that sorts consenting and non-consenting patients before sending data to PCHS. EMS sends the data through secure file transfer to PCHS. PCHS will have final responsibility for collection of all grant related program data from various data sources. Data is collected monthly. This data is stored on a secure server hosted by the County’s IT Dept. Access to the data is limited to individuals in PCHS who need to report the data for program requirements. All County staff are required to take several trainings annually (i.e., HIPAA, Cybersecurity). The program evaluator will be granted access to the data after security clearances have been obtained for use in evaluation activities only. The contracted treatment provider will collect and provide additional information on naloxone kit distribution, individuals trained and QRT efforts in response to referrals provided. The contracted provider will be responsible for ensuring data security and reporting raw data to PCHS monthly. The contracted provider will employ the grant Project Manager responsible for ensuring the data is collected, stored and reported accurately, securely and timely. Secure file transfer protocol will be given to contracted partners for the transfer of data. Any additional information, if required by SAMHSA, will be collected and submitted via SAMHSA’s Performance Accountability and Reporting System (SPARS) by the Project Manager.

Table 2: Required Performance Measure Data Collection

<i>Performance Measures</i>	<i>Data Source</i>	<i>Data Collection Frequency</i>	<i>Responsible Staff for Data Collection</i>	<i>Method of Data Analysis</i>
Measure 1 (FR equipped w/emergency reversal drug)	SES/Contracted Tx Provider	Quarterly	Contracted Project Manager	Quantitative Measure, Distribution Count of Emergency Reversal Drug
Measure 2 (# of opioid/ heroin overdoses reversed)	SES/EMS	Monthly	PCHS	Quantitative Measure, Frequency Analysis
Measure 3 (# deaths in targeted area)	Medical Examiner	Quarterly	PCHS	Quantitative Measure, Frequency Analysis

Measure 4 (# of consenting individuals who agree to subcontractor’s follow-up services)	Contracted Tx Provider	Monthly	Contracted Project Manager	Quantitative Measure, Frequency Analysis
Measure 5 (# victims/ families receiving resource information about treatment options)	Contracted Tx Provider	Monthly	Contracted Project Manager	Quantitative Measure, Frequency Analysis
Measure 6 (# of FR & Community trained)	Contracted Tx Provider	Monthly	Contracted Project Manager	Quantitative Measure, Frequency Analysis

Table 3: Data Necessary to meet identified program objectives.

Objective	Data Source	Data Collection Frequency	Responsible Staff for Data Collection	Method of Data Analysis
Objective 1.a <u>Distribute 4000 naloxone kits by the end of the grant period.</u>	SES & Contracted Tx Provider	Monthly	Contracted Project Manager	Quantitative Measure, Frequency Analysis
Objective 1B: <u>Increase promotion / awareness of universal prescription, for friends and family.</u>	Contracted Tx Provider	Monthly	Contracted Project Manager	Cost Allocation Measure, Sum of funds used for promotional materials.
Objective 1.c <u>Provide naloxone administration and supporting addiction/safety training to 500 individuals in first responders/community organizations by 2025.</u>	Contracted Trainers	Monthly	Contracted Project Manager	Quantitative Measure, Frequency Analysis; Count of individuals trained
Objective 2.a <u>Establish meaningful connections with 50% of consenting overdose individuals and/or family members within 72 hours of the response event.</u>	SES & Contracted Tx Provider	Monthly	Contracted Project Manager	Quantitative Measure, Descriptive Analysis; Count of # of consenting individuals where provider’s record of an engaged conversation included current state of SUD (active and using, active and not using, sober, denial) and treatment options.

Managing, Monitoring, Program Data to Enhance the Program: PCHS staff, contracted evaluator, along with the planning and implementation team, will develop a logic model based on the required and additional grant performance measures. PCHS Planning & Quality Assurance staff utilize Microsoft PowerBI software (*Power BI is a collection of software services, apps, and connectors that work together to turn unrelated sources of data into coherent, visually immersive, and interactive insights. Data may be an Excel spreadsheet, or a collection of cloud-based and on-premises hybrid data warehouses*) to analyze and convert raw data provided by the various data sources into presentation dashboards used by the planning and implementation team to manage, monitor and enhance the program. The contracted Program Manager will incorporate the review of the data into the planning meetings at least quarterly, or more often based upon team needs.

Pinellas County Board of County Commissioners
First Responders – Comprehensive Addiction and Recovery Act
SAMHSA | FOA TI-21-009 | APPLICATION

BUDGET JUSTIFICATION NARRATIVE

A. Personnel:

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Project Director	Karen Yatchum	\$140,004	10%	In-Kind
		TOTAL SALARIES		\$0

JUSTIFICATION: Pinellas County Human Services provides 10% of a Project Director to oversee implementation of the program with non-federal funds.

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

B. Fringe Benefits:

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA			
Retirement			
Life Insurance			
Medical Insurance			
	TOTAL FRINGE BENEFITS		\$0

JUSTIFICATION: No fringe benefits requested by Pinellas County.

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

C. Travel:

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Not Applicable				\$0
			TOTAL	\$0

JUSTIFICATION: Local travel is a contractual expense for provider organizations. See contractual.

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

D. Equipment:

FEDERAL REQUEST

**Pinellas County Board of County Commissioners
 First Responders – Comprehensive Addiction and Recovery Act
 SAMHSA | FOA TI-21-009 | APPLICATION**

BUDGET JUSTIFICATION NARRATIVE

Item	Rate	Cost
Not Applicable		\$0
	TOTAL	\$0

JUSTIFICATION:

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

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

E. Supplies:

FEDERAL REQUEST

Item	Rate	Cost
Naloxone Kits: Safety and Emergency Services	\$75/ea x 1,500 yr 1	\$112,500
	TOTAL	\$112,500

JUSTIFICATION:

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

FEDERAL REQUEST (enter in Section B column 1 line 6e of form SF424A).....**\$ 112,500**

Pinellas County Board of County Commissioners
First Responders – Comprehensive Addiction and Recovery Act
SAMHSA | FOA TI-21-009 | APPLICATION

BUDGET JUSTIFICATION NARRATIVE

F. Contract:

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
Substance Use Treatment Provider (Procurement Contract)				
Personnel				
Program Manager @ 1 FTE		\$67,000 salary	Yr 1 @ 75%	\$50,250
Peer/Case Manager (QRT members) @ 4 FTEs		\$38,000 salary	Yr 1 @ 75%	\$114,000
			Total Salaries:	\$164,250
Fringe Benefits (30%)				
				\$49,275
			Total Fringe:	\$49,275
Travel				
Local Travel				
Local Travel ~400 miles/mo/FTE		\$0.445/mile		\$8,900
			Total Travel:	\$8,900
Supplies				
Laptops (5 FTEs)		\$1,500/unit		\$7,500
Office Supplies		\$50/mo		\$600
Printed Materials – Education/outreach		\$3,604/year 1		\$3,604
Naloxone Kits – 1,000 for Yr 1		\$75/ea		\$75,000
			Total Supplies:	\$ 86,704
Contractual/Fee for Service				
			Total Contractual:	\$0
Other				
			Total Other:	\$0
Indirect				
<i>Indirect Rate 15% - TBD - \$309,129</i>				\$ 46,370
Subtotal				\$355,499

Pinellas County Board of County Commissioners
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BUDGET JUSTIFICATION NARRATIVE

JUSTIFICATION:

Substance Use Treatment Provider (Procurement Contract)

Contract Personnel

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

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

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

30% of gross salary

Travel:

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

Supplies:

Laptop computers for all staff.

Printed Materials: Any curriculum needed for clients' success.

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

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

Contractual:

No contractual requested for substance use service provider.

Other:

No other requested for substance use service provider.

Indirect:

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

Pinellas County Board of County Commissioners
First Responders – Comprehensive Addiction and Recovery Act
SAMHSA | FOA TI-21-009 | APPLICATION

BUDGET JUSTIFICATION NARRATIVE

Name	Service	Rate	Other	Cost
Contractual Provider(s)				
Personnel Not Applicable				
			Total Salaries:	\$0
Fringe Benefits Not Applicable				
			Total Fringe:	\$0
Travel Not Applicable				
			Total Travel:	\$ 0
Supplies Not Applicable				
			Total Supplies:	\$ 0
Contractual/Fee for Service				
Evaluator – Procurement Contract @ 40 hours per month		\$75/hour	8 mo – Yr 1	\$24,000
Naloxone Trainer(s)/Educator(s) @ 20 hours per month		\$50/hour	8 mo – Yr 1	\$8,000
			Total Contractual	\$32,000
Other				
			Total Other:	\$0
Indirect				\$0
				\$0
	Subtotal			\$32,000

JUSTIFICATION:

Contractual Provider(s)

Contract Personnel:

No personnel requested for contractual provider(s).

Fringe Benefits:

No fringe requested for contractual provider(s).

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

Travel:

No local travel requested for contractual provider(s).

Supplies:

No supplies requested for contractual provider(s).

Contractual:

Evaluator – Procurement Contract @ 40 hours per month

Naloxone Trainer/Educator @ 20 hours per month

Other:

No other requested for contractual provider(s).

Indirect:

No indirect requested for contractual provider(s).

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

(Combine the total of consultant and contract)**\$387,499**

G. Construction:

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

H. Other:

FEDERAL REQUEST

Item	Rate	Cost
Not applicable		\$0
TOTAL		\$0

JUSTIFICATION:

No other requested by Pinellas County.

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

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BUDGET JUSTIFICATION NARRATIVE

Indirect Cost Rate:

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

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

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

Pinellas County Board of County Commissioners
First Responders – Comprehensive Addiction and Recovery Act
SAMHSA | FOA TI-21-009 | APPLICATION

BUDGET JUSTIFICATION NARRATIVE

BUDGET SUMMARY: (identical to SF-424A)

Category	Federal Request
Personnel	\$ 0
Fringe	\$ 0
Travel	\$ 0
Equipment	\$ 0
Supplies	\$ 112,500
Contractual	\$ 387,499
Other	\$ 0
Total Direct Costs*	\$ 499,999
Indirect Costs	\$ 0
Total Project Costs	\$ 499,999

*** TOTAL DIRECT COSTS:**

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

*** TOTAL INDIRECT COSTS:**

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

TOTAL PROJECT COSTS:

Sum of Total Direct Costs and Indirect Costs

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

Pinellas County Board of County Commissioners
First Responders – Comprehensive Addiction and Recovery Act
SAMHSA | FOA TI-21-009 | APPLICATION

BUDGET JUSTIFICATION NARRATIVE

DATA COLLECTION AND PERFORMANCE MEASUREMENT SUMMARY:

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

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

Biographical Sketches and Position Descriptions

Project Director

Karen Yatchum – 10% Level of Effort – Biographical Sketch included

Program Manager

Program Manager - Vacant – 100% Level of Effort – Position Description Included

Quick Response Team – Peer Recovery Specialist/Case Manager TBD

Peer Recovery Specialist/Case Managers - Vacant – 100% Level of Effort – Position Description Included

Evaluator

Research and Statistics Consultant – Vacant – 40 hours per month - Position Description Included

Karen Black Yatchum

(727)-430-5371

Kyatchum@gmail.com

PROFILE

Experienced Professional with 20 years progressively responsible experience in Social Services including Child Welfare and Family Preservation, Behavioral Health Services, Quality Management, Operations and Administration.

PROFESSIONAL EXPERIENCE

PINELLAS COUNTY HUMAN SERVICES 9/2018-Present

Department Director/Health Care Administrator

- Responsible for the management, monitoring and oversight of healthcare services provided to low income residents and persons experiencing homelessness in Pinellas County.
- Evaluates service delivery models to ensure primary health care services are integrated with behavioral health care.
- Acts as the liaison to the Pinellas County Department of Health, Community Health Centers of Pinellas and other organizations delivering health care services.
- Evaluates healthcare services and the alignment with the Six Domains of Healthcare Quality (Safe, Effective, Patient-Centered, Timely, Efficient and Equitable).
- Coordinates and Collaborates with other health care providers to assess community health needs for program planning.

DIRECTIONS FOR LIVING/DIRECTIONS FOR MENTAL HEALTH 9/2010-9/2018

Chief Operating Officer

- Responsible for all services and operations for a 20 million dollar agency. Management and oversight of all programs which consisted of Dependency Case Management, Family Preservation Services, Integrated Child Welfare and Behavioral Health Programs, Psychiatry Services, Adult Outpatient Services, Children's Outpatient Services, Homeless Services, Marketing/Business Development, Management Information Systems/Reporting and Quality Management.
- Strategic and operational responsibility for all programs and managed a team Directors and responsible for approximately 400 staff. Provided operational leadership to the strategic planning process and implemented new strategic initiatives.

Senior Director of Child Safety and Family Preservation

- Primarily responsible for the implementation, contract oversight and performance of four Child Welfare programs; Child Safety Case Management, Family Preservation Services, Project H.O.P.E and Parents as Peers services.
- Implemented the successful Child Welfare Integration Pilot and served as the liaison with the Department of Children and Families, Eckerd Community Alternatives and the Unified Family Court regarding the implementation and design of the program.

Director of Family Preservation

- Assisted in the development and implementation of the *Family Works* model from transition to service initiation. Responsible for hiring of fifty new staff, staff training and ongoing staff development.
- Developed strong working relationships with the Pinellas County Sheriff's Office Child Protection Division to deliver the highest quality Diversion/Family Preservation program.
- Successfully Diverted over 1000 children per year from the child welfare system with the implementation of the Family Works Program, including the Integrated Decision Team staffing

model. This model created a reduction in removal rates and a dramatic reduction in caseload sizes for the dependency case management organizations.

Director of Child Safety

- Responsible for all aspects of Dependency Case Management Services.
- Supervised approximately 90 staff; charged with meeting DCF and ECA performance outcomes.
- Implemented a re-design of the job duties and tools utilized for the child welfare permanency process within Circuit 6.
- Created the first C6 in-home substance abuse program to expedite services delivered to parents of children in child welfare to expedite permanency.

Assistant Director of Child Safety

- Supervised 3 case management teams; approximately 21 case managers and responsible for all safety, permanency and well-being aspects for children assigned.
- Participated in the Dependency Court Improvement Committee, DCF Alliance Meeting, Community Action Team meetings etc.

PASCO COUNTY SHERIFF'S OFFICE 10/2009-9/2010

Quality Assurance Supervisor

- Responsible for Quality Assurance Reviews for child protection investigation files. Responsible for reporting this information to Pasco Sheriff's Office administration, the Department of Children and Families and Eckerd Community Alternatives.
- Participated in the re-creation of the Statewide Sheriff's office Peer Review tool, to ensure compliance and equity with the Department of Children and Families QA review tool, Chapter 39 and Florida Administrative Code.
- Created an electronic database to track confidential information requested by the public. Database also decreased the reproduction of reports that were requested by numerous participants in the investigation.
- Initiated the creation of the PSO procedure manual to assist investigative staff in daily work.
- Responded to all client complaints regarding investigations, or investigative staff and prepared a summary of the investigation for administrative review.

EDUCATION

UNIVERSITY OF SOUTH FLORIDA

Bachelor of Arts in Psychology, 2001

CERTIFICATIONS

Florida Certified Child Protection Professional October 2013

Florida Child Protection Supervisor April 2010

Department of Children and Families Quality Assurance Reviewer December 2009

Model Approach to Partnerships in Parenting Leader July 2006

Child Protection Professional October 2002

OTHER

Chairperson for the Pinellas and Pasco Counties Local Child Abuse Death Review Committee 2014-2018

JOB DESCRIPTION

JOB TITLE: Project Manager

NAME:

RESPONSIBLE TO: Supervisor: _____

RESPONSIBLE FOR: Supervisory duties not required of this position

GENERAL DESCRIPTION: Project management responsibilities include, but are not limited to, maintaining and monitoring project plans, project schedules, budgets and expenditures. Organizing, attending and participating in partner/stakeholder communications and meetings. Determining project changes. Providing administrative support as needed. Undertaking project tasks as required. Developing project strategies. Ensuring project deadlines are met.

KNOWLEDGE, SKILLS AND ABILITIES:

- Knowledge of substance abuse treatment and available programs & community resources
- Knowledge of chemical dependency and mental health issues
- Knowledge of community and cultural aspects of substance abuse
- Knowledge of assessment, referral and client advocacy techniques
- Knowledge of project management techniques and tools
- Ability to communicate and interact appropriately with clients and staff both verbally and in writing
- Ability to apply knowledge to client outreach, engagement, assessment, referral and advocacy responsibilities
- Ability to document required client and program information and prepare reports and other documentation in an accurate, timely and legible manner
- Ability to work on tight deadlines

EDUCATION AND EXPERIENCE:

- Graduation from an accredited college or university with a Bachelor's degree in a work related field preferred.
- Two years experience in case management, substance abuse, mental health preferred
- Experience in project management, safety and accreditation

(A comparable amount of training, education or experience may be substituted for the above minimum qualifications.)

LICENSES, CERTIFICATIONS AND REGISTRATIONS:

- Current CPR and First Aid Certification if client contact is part of job
- If required, pass background and fingerprinting as required by rules and funders
- Valid Florida State Drivers License, (class "CDL")

ESSENTIAL PHYSICAL SKILLS:

- Ability to travel and move between organization locations
Reasonable accommodations will be made for otherwise qualified individuals with a disability.

ENVIRONMENTAL CONDITIONS:

- Travel to off-site locations

JOB DESCRIPTION

JOB TITLE: Case Manager

NAME:

RESPONSIBLE TO: Supervisor: _____

RESPONSIBLE FOR: Supervisory duties not required of this position

GENERAL DESCRIPTION: Delivery of case management services to individuals with mental health and substance use conditions. Case management services include outreach, identification, screening, assessment and referral to community sources to address their health, social and economic need. Responsible for tracking of assigned clients and maintenance of appropriate records in a timely and accurate manner. Case manager is also responsible for monitoring and expanding referral networks with agencies and organizations.

KNOWLEDGE, SKILLS AND ABILITIES:

- Knowledge of substance abuse treatment and available programs & community resources
- Knowledge of chemical dependency and mental health issues
- Knowledge of community and cultural aspects of substance abuse
- Knowledge of case management techniques
- Knowledge of assessment, referral and client advocacy techniques
- Knowledge of project management techniques and tools
- Knowledge of CARF Standards
- Ability to communicate and interact appropriately with clients and staff both verbally and in writing
- Ability to apply knowledge to client outreach, engagement, assessment, referral and advocacy responsibilities
- Ability to document required client and program information in an accurate, timely and legible manner

EDUCATION AND EXPERIENCE:

- Graduation from an accredited college or university with a Bachelor's degree in a work related field preferred.
- Two years' experience in case management, substance abuse, mental health preferred
- Education in Case Management preferred

(A comparable amount of training, education or experience may be substituted for the above minimum qualifications.)

LICENSES, CERTIFICATIONS AND REGISTRATIONS:

- Current CPR and First Aid Certification if client contact is part of job
- If required, pass background and fingerprinting as required by rules and funders
- Case Management Certification preferred
- Valid Florida State Drivers License, (class "CDL")

ENVIRONMENTAL CONDITIONS:

- Travel to off-site locations

Reasonable accommodations will be made for otherwise qualified individuals with a disability

JOB DESCRIPTION

JOB TITLE: Peer Support Specialist

NAME:

RESPONSIBLE TO: Supervisor: _____

RESPONSIBLE FOR: Supervisory duties not required of this position

GENERAL DESCRIPTION: A Peer Support Specialist (PSS) uses their own unique, life-altering experience in order to guide and support others who are in some form of recovery. This typically refers to patients recovering from addiction, mental health disorders or abuse. Peer Support Specialists work in conjunction with highly trained and educated professionals. Using personal experience the PSS will develop meaningful and trusting relationships with patients, acting as a mentor. As someone who successfully managed their own recovery, the Peer Support Specialist provides patients an example of what they can strive for in their recovery.

KNOWLEDGE, SKILLS AND ABILITIES:

- Excellent communication and hospitality skills, listening skills and soft directional/opinion skills welcoming and supportive person in recovery from a substance use disorder
- Ability to work independently as well as collaboratively
- Knowledge of substance abuse treatment and available programs
- Knowledge of community and cultural aspects of substance abuse
- Ability to apply knowledge to client outreach, engagement, assessment, referral and advocacy responsibilities
- Ability to document required client and program information in an accurate, timely and legible manner

KEY RESPONSIBILITIES:

- Conducts initial and follow-up outreach to consenting individuals who have experienced an overdose, builds trusting peer-based relationships
- Utilizes meeting time to encourage overdose victims to continue recovery, provide naloxone emergency overdose reversal kits, and patient safety information.

EDUCATION AND EXPERIENCE:

- High school diploma or GED equivalent
- Two years experience in case management, substance abuse, mental health preferred

(A comparable amount of training, education or experience may be substituted for the above minimum qualifications.)

LICENSES, CERTIFICATIONS AND REGISTRATIONS:

- If required, pass background and fingerprinting as required by rules and funders
- Valid Florida State Drivers License, (class "CDL")

ESSENTIAL PHYSICAL SKILLS:

- Ability to travel and move between organization locations
- Adequate vision and hearing to perform responsibilities

Reasonable accommodations will be made for otherwise qualified individuals with a disability.

JOB DESCRIPTION

JOB TITLE: Evaluator

NAME:

RESPONSIBLE TO: Pinellas County Contract Manager _____

RESPONSIBLE FOR: Supervisory duties not required of this position

GENERAL DESCRIPTION: This position is for a highly independent and detail-oriented person that will be tasked with evaluating data for the FR-CARA grant. This position must perform functions requiring independent judgment. Activities include but are not limited to: Collecting, compiling, and analyzing data from multiple systems for ongoing monitoring of the grant program to evaluate the effectiveness, determine progress on achieving objectives, and for continuous program improvement; Preparing evaluation summaries and reports; Assisting in preparing annual performance reports, including progress on performance measures and evaluation results. Assists in preparing program success stories identified through evaluation results. Prepares program materials and other reports and materials as assigned. Prepares and conducts presentations for staff and partners as needed to share public health data; Applies statistical methodology to provide information for scientific research and statistical analysis.

KNOWLEDGE, SKILLS AND ABILITIES:

- Knowledge of methods of data collection and analysis, including the ability to access and extract information from multiple databases.
- Knowledge of public health policies and public health laws to include information security and HIPAA.
- Skills in computer software programs used to facilitate job duties such as Microsoft Office Suite, Epi Info, SAS and/or SPSS. Skills in extracting and preparing data and information into logical format for presentation in reports, documents, and other written materials that suit the needs of a variety of users.
- Ability to design and conduct evaluation activities and statistical surveys.
- Ability to plan, organize and coordinate work assignments and manage multiple projects.
- Ability to document required \ program information in an accurate, timely and legible manner

EDUCATION AND EXPERIENCE:

- Graduation from an accredited college or university with a bachelor's degree in a work related field preferred.

(A comparable amount of training, education or experience may be substituted for the above minimum qualifications.)

LICENSES, CERTIFICATIONS AND REGISTRATIONS:

- If required, pass background and fingerprinting as required by rules and funders

Reasonable accommodations will be made for otherwise qualified individuals with a disability


**ASSURANCE
of Compliance with SAMHSA Charitable Choice
Statutes and Regulations
SMA 170**

**REQUIRED ONLY FOR APPLICANTS APPLYING FOR GRANTS THAT FUND
SUBSTANCE ABUSE TREATMENT OR PREVENTION SERVICES**

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

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

Will comply, as applicable, with the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Director of Human Services
APPLICANT ORGANIZATION Pinellas County Board of County Commissioners	DATE SUBMITTED May 17, 2021

Appendix C – Statement of Assurance

The authorized representative of the applicant organization (whose signature appears on the Face Page of the application, SF-424) must complete and sign this Assurance, which validates that the information submitted is accurate.

Applicants must specify the geographic catchment area in which the project will be implemented. Rural applicants must specify if the project will be implemented in a community of high need.

The project will be implemented in Pinellas County, Florida

Please check the appropriate box:

- The organization will be implementing the project in a **rural geographic area** not located in a metropolitan statistical area (as defined by the Office of Management and Budget).
- The organization will be implementing the project in a **non-rural geographic area** located in a metropolitan statistical area (as defined by the Office of Management and Budget).

If you are applying as a rural applicant, please check the appropriate box:

- The project **will be** implemented in a community of high need.
- The project **will not be** implemented in a community of high need.

Karen Yatchum, Director of Human Services

Name and Title of Authorized Representative



Signature of Authorized Representative

May 11, 2021

Date of Signature



DEPARTMENT OF HEALTH AND HUMAN SERVICES

ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

- 1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

Date 3/14/19

Signature of Authorized Official (Handwritten signature)

Barry A. Burton, County Administrator
Name and Title of Authorized Official (please print or type)

Please mail form to:
U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Ave., S.W. Room 509F
Washington, D.C. 20201

Pinellas County Board of County Commissioners
Name of Agency Receiving/Requesting Funding

c/o Pinellas County OMB, 14 S. Harrison Ave 5th Floor
Street Address

Clearwater, FL 33756-5105
City, State, Zip Code