

**From:** [Burbridge, Katherine A](#)  
**To:** [Lomas, Meghan R](#)  
**Cc:** [Rodriguez, Daisy M](#); [Berry, Deborah](#); [Harmon Schaefer, Joshua](#); [Miller, Jason P](#); [Ettel, Veronica E](#); [Magyar, Emily M](#)  
**Subject:** RE: Grants - Intent to Apply Submitted to OMB - Comprehensive Opioid Abuse Site-based...  
**Date:** Tuesday, May 22, 2018 3:56:18 PM  
**Attachments:** [image001.gif](#)  
[image003.jpg](#)

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OMB has no objection to the department submitting a grant application to the US Department of Justice, Bureau of Justice Assistance to obtain funding to develop an information sharing partnerships to respond effectively to the opioid epidemic within the County.

Requested funding is \$1M from the FY18 Comprehensive Opioid Abuse Site-base grant program. A match is not required. The department plans to partner with Emergency Medical Services and the Florida Department of Health-Pinellas to utilize grant funding. Total project cost is estimated to be \$1M. The grant period is 36 months or 3 years.

The Department Director can sign off on the application. Please include this email when you send the application through Granicus to be placed on the County Administrator's Delegated log.

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


Thank you.  
Katherine

**Katherine Burbridge, AICP, LEED AP**  
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[www.pinellascounty.org/surveys/OMB](http://www.pinellascounty.org/surveys/OMB)

**From:** Grants Center of Excellence [mailto:no-reply@sharepointonline.com]  
**Sent:** Tuesday, May 22, 2018 10:00 AM  
**To:** Burbridge, Katherine A <kburbridge@co.pinellas.fl.us>  
**Subject:** Grants - Intent to Apply Submitted to OMB - Comprehensive Opioid Abuse Site-based...

[Comprehensive Opioid Abuse Site-based...](#) has been added

 Lomas, Meghan R  
5/22/2018 9:58 AM  
**Program Manager:** Rodriguez, Daisy M  
**Program Manager Phone #:** 464-4206  
**County Department:** HS - Human Services

**Director's Name:** Rodriguez, Daisy M

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

**CFDA/CSFA #:** 16.838

**Grant Funding Program Name:** Comprehensive Opioid Abuse Site-based Program - Category 6: Public Safety, Behavioral Health, and Public Health Information-sharing Partnerships

**Grant Funding Type:** Project

**Grant Award Type:** Reimbursement

**Grant Funding Program Funding Cap (\$):** \$1,000,000.00

**Amount Requested:** \$1,000,000.00

**What fiscal year(s) will the award amount be made available?:** FY19-21

**Match Amount:**

**Required Match Type:** None

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

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

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

**Total Cost of Project (including Grant, County match, and other Resources):** \$1,000,000.00

**Granting Agency Contact Name:** National Criminal Justice Reference Service (NCJRS)

**Granting Agency Phone or Email:** 1-800-851-3420

**Granting Agency Address:** <https://webcontact.ncjrs.gov/ncjchat/chat.jsp>

**OPUS Project Title:**

**Duration:** Multi Year

**Proposed Abstract (Project Scope of Work):** Pinellas County Human Services, in coordination with its partners in Emergency Medical Services and the Florida Department of Health will propose to utilize grant funding to develop an information-sharing partnership to respond effectively to the opioid epidemic. Through the development of this partnership, stakeholders will have access to timely and accurate information providing a comprehensive view of the drug abuse environment within Pinellas County.

**Benefit Summary (How will this benefit the County, Dept,** Pinellas County Human Services, Emergency Medical Services and the Florida Department of Health have been working with community stakeholders to develop a strategic plan to address the impact of opioids within our community. Through this funding, the partners and stakeholder will be able to integrate data in a way to best target resources within Pinellas to save lives and minimize the impact of opioid misuse throughout our community. Leveraging data from various sources will inform community stakeholders to areas of greatest need to target limited resources to those communities

etc?): most in need that offer the opportunity for the greatest impact.

**Director Approval (Attach):**

**Is the proposal submitted for a different Department?:** No

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

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

**Grant Application Due Date:** 6/7/2018

**Source of Notification of Grant Solicitation:** Administering Agency

**If Other, provide source:**

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

**OMB Analyst:**

**Assigned To:**

**Priority:** (2) Normal

**Task Status:** Not Started

**OPUS Project #:**

**Grant Contract #:**

**Award Amount:**

**Grant Status:** Submitted to OMB

**Grant Start Date:**

**Grant End Date:**

**OMB Comments:**

**Granicus #:**

**Description:**

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