

**From:** [Merrill, Toni](#)  
**To:** [DeGregorio, Elisa N](#)  
**Cc:** [Barnett, Joshua T](#); [Yatchum, Karen](#); [Lloyd, Abigail](#)  
**Subject:** FW: Grants - Intent to Apply Form Submitted to OMB - Health Center Program  
**Date:** Thursday, June 23, 2022 3:42:49 PM  
**Attachments:** [532af4fd-0cd4-446c-8b14-5c515ad01ec2](#)  
[3cb0cf4b-d293-4e34-b6a0-67349791f1f3](#)  
[image001.png](#)  
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[image004.png](#)  
[image005.png](#)  
[image006.png](#)  
[image007.png](#)  
[image008.png](#)

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Hello!

OMB has no objection to the Department of HS - Human Services submitting a grant application to the US. Dept of Health & Human Services, Health Resources & Services Administration (HRSA) the purpose of this grant program is to improve the health of the Nation's underserved communities and vulnerable populations by assuring continued access to comprehensive, culturally competent, quality primary health care services to ensure Public Health, Safety, and Welfare.

This is a 1-year reimbursement grant project that will likely impact FY23. The requested funding is \$1,765,000 with \$0 expected match. The total project is estimated to cost \$1,765,000.

Based on the thresholds for delegated approval, this grant application will require Board of Commissioner approval to apply. Please route the grant application through Legistar / Granicus (based on the [Grants COE Granicus Approval Flowchart](#)) to receive Board of Commissioner approval. Please include this email when you send the application through Legistar / Granicus.

Once the application approval is complete, apply for the grant. Good Luck!

In the event you receive the award, please follow  [Grants COE Pre-Award Granicus Approval.pdf](#) these instructions to execute the grant agreement. If you have any questions, do not hesitate to contact me. Thank you!

For additional instructions for grant approval and set-up, please visit the [Grants Center of Excellence Reference Page](#)

**Toni Merrill**

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**From:** Grants Center of Excellence <no-reply@sharepointonline.com>  
**Sent:** Friday, June 17, 2022 7:42 AM  
**To:** Merrill, Toni <tmerrill@co.pinellas.fl.us>  
**Subject:** Grants - Intent to Apply Form Submitted to OMB - Health Center Program

 [Health Center Program](#) has been added



DeGregorio, Elisa N

6/17/2022 7:41 AM

**Program Manager:** Barnett, Joshua T

**Program Manager Phone #:** 727-464-8481

**County Department:** HS - Human Services

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

**Application Submitter:** DeGregorio, Elisa N

**OMB Analyst (CIP or Operating):**

**Granting Agency:** US. Dept of Health & Human Services, Health Resources & Services Administration (HRSA)

**CFDA/CSFA #:** 93.224

**Grant Funding Program Name:** Health Center Program

**Grant Funding Type:** Project

**Grant Award Type:** Reimbursement

**Grant Funding Program Funding Cap (\$):**

**Amount Requested:** \$1,765,000.00

**Does this Grant Cover Administrative or Management Costs?:** Yes

**Amount Requested to Cover Administrative or Management Costs:** \$0.00

**What fiscal year(s) will the award amount be made available?:** FY23

**Match Amount:** \$0.00

**Required Match Type:** None

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

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

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

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

**Granting Agency Contact Name:**

**Granting Agency Phone or Email:**

**Granting Agency Address:**

**OPUS Project Title:**

**Duration:** Single Year

**Proposed Abstract (Project Scope of Work):** This application for federal funding supports the County's Health Care for the Homeless program for a three-year project period starting March 1, 2023 through February 28, 2026. Funding in the amount of \$1,765,000.00 is for the first budget year starting March 1, 2023 through February 28, 2024. The purpose of this grant program is to improve the health of the Nation's underserved communities and vulnerable populations by assuring continued access to comprehensive, culturally competent, quality primary health care services. The program provides basic health care services on the Mobile Medical Unit (MMU) and at Bayside Health Clinic to a projected 2979 homeless patients by the end of CY24.

**Benefit Summary (How will this benefit the County, Dept, etc?):** Ensure Public Health, Safety, and Welfare

2.2 Be a facilitator, convener and purchaser of services for those in need

Deliver First Class Services to the Public and our Customers

5.1 Maximize partner relationship and public outreach

5.2 Be responsible stewards of the public's resources

**Director Approval (Attach):**

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

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

**Grant Application Due Date:** 9/14/2022

**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\*\*

**Grant Status:** Submitted to OMB

**OPUS Project #:**

**Grant Contract #:**

**Award Amount:**

**OMB Comments:**

**Granicus #:**

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