OMB Number: 4040-0004
Expiration Date: 12/31/2022

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [ ] New
- [x] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:
Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
59-6000800

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Pinellas County Board of County Commissioners

* b. Employer/Taxpayer Identification Number (EIN/TIN):
596000800

* c. UEI:
R37RMC63XKG1

d. Address:

* Street1: c/o Office of Management and Budget,14 S. Ft. Harrison
Street2:
* City: Clearwater
County/Parish:
* State: FL: Florida
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 33756-5105

e. Organizational Unit:

Department Name:
Human Services

Division Name:

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

Prefix: Mr.
* First Name: Joshua
Middle Name:
* Last Name: Barnett
Suffix:

Title: Health Care Administrator

Organizational Affiliation:

* Telephone Number: 727-464-8434
Fax Number:

* Email: jbarnett@pinellascounty.org

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Health Resources and Services Administration

11. Catalog of Federal Domestic Assistance Number:

93.224

CFDA Title:

Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housin

*** 12. Funding Opportunity Number:**

HRSA-23-020

* Title:

Service Area Competition

13. Competition Identification Number:

HRSA-23-020

Title:

Service Area Competition

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

Add Attachment | Delete Attachment | View Attachment

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

Pinellas County Health Care for the Homeless Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: FL-013

* b. Program/Project: FL-013

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

2022WebMapCONGRESS.pdf | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 03/01/2023

* b. End Date: 02/28/2026

18. Estimated Funding ($):

* a. Federal	1,764,565.00
* b. Applicant	3,436,110.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	1,500.00
* g. TOTAL	5,202,175.00

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

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

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

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

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

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms. * First Name: Karen

Middle Name:

* Last Name: Yatchum

Suffix:

* Title: Human Services Department Director

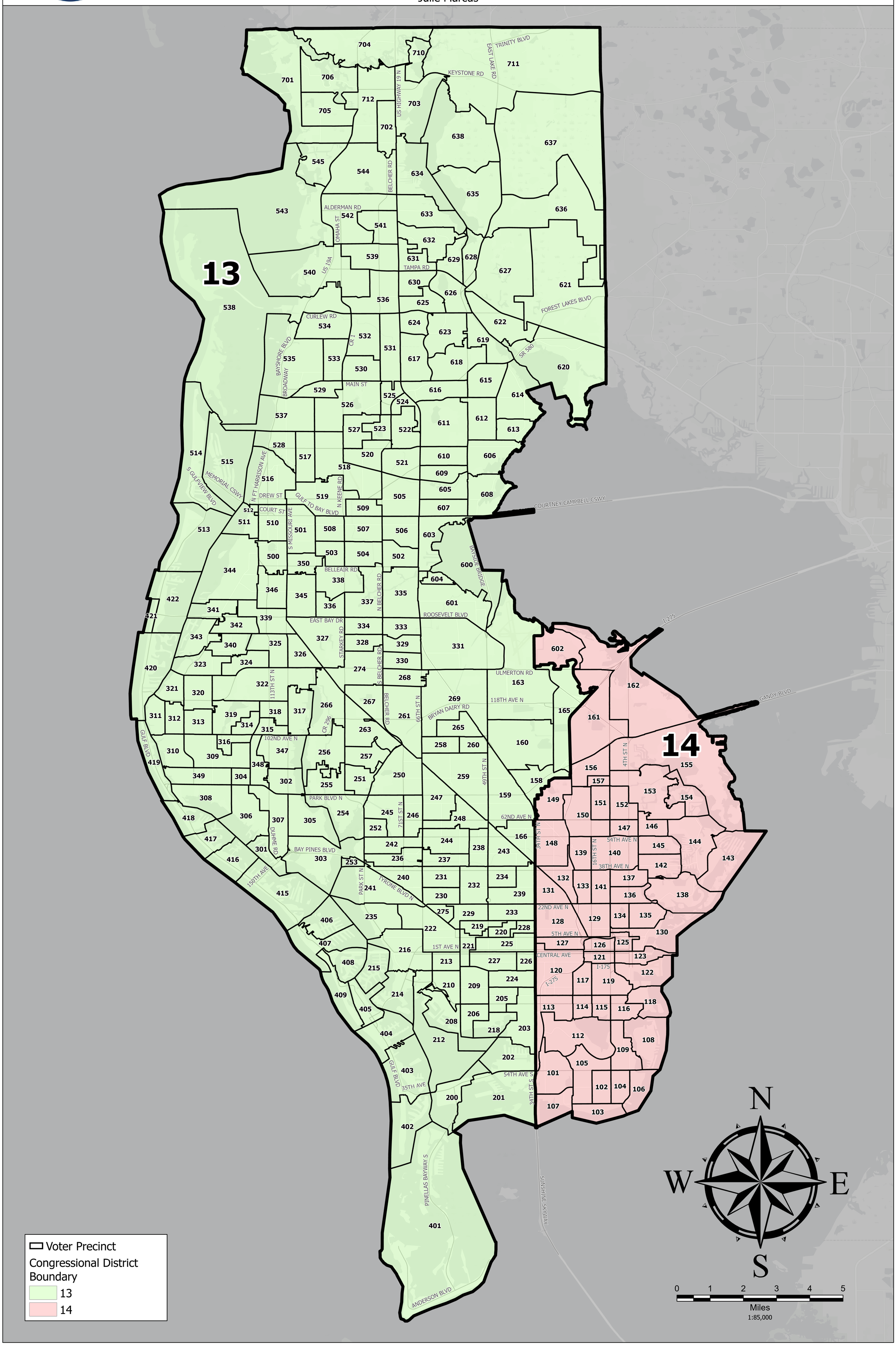
* Telephone Number: 727-464-5045 Fax Number:

* Email: kyatchum@pinellascounty.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

VOTER PRECINCTS AND CONGRESSIONAL DISTRICTS

Pinellas County, Florida
Effective: May 24, 2022
Supervisor of Elections
Julie Marcus



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 BCC

UEI:

* Street1: 440 Court St., 2nd fl

Street2:

* City: Clearwater

County:

* State: FL: Florida

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 33756-5065

* Project/ Performance Site Congressional District: FL-013

Project/Performance Site Location 1

☐ 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 BCC

UEI:

* Street1: 14808 49th Street N

Street2:

* City: Clearwater

County:

* State: FL: Florida

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 33762-2835

* Project/ Performance Site Congressional District: FL-013

Project/Performance Site Location 2

☐ 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 BCC

UEI:

* Street1: 647 1st Ave. North

Street2:

* City: St. Petersburg

County:

* State: FL: Florida

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 33701-3601

* Project/ Performance Site Congressional District: FL-013

Additional Location(s)

Add Attachment | Delete Attachment | View Attachment

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ''Disclosure of Lobbying Activities,'' in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, ''Disclosure of Lobbying Activities,'' in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

* APPLICANT'S ORGANIZATION	Pinellas County Board of County Commissioners
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix:	Ms.
* First Name:	Karen
Middle Name:	
* Last Name:	Yatchum
Suffix:	
* Title:	Human Services Department Director
* SIGNATURE:	Completed on submission to Grants.gov
* DATE:	Completed on submission to Grants.gov

OMB Number: 4040-0010
Expiration Date: 12/31/2022

Key Contacts Form

*** Applicant Organization Name:**

Pinellas County Board of County Commissioners

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 1 Project Role:** Project Director

Prefix: Mr.

* First Name: Joshua

Middle Name:

* Last Name: Barnett

Suffix:

Title: Health Care Administrator

Organizational Affiliation:

* Street1: 440 Court Street, 2nd fl

Street2:

* City: Clearwater

County: Pinellas

* State: FL: Florida

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 33756-5065

* Telephone Number: 7274648131

Fax:

* Email: jbarnett@pinellascounty.org

OMB Number: 4040-0019
Expiration Date: 02/28/2025

Project Abstract Summary

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Funding Opportunity Number

HRSA-23-020

CFDA(s)

93.224

Applicant Name

Pinellas County Board of County Commissioners

Descriptive Title of Applicant's Project

Pinellas County Health Care for the Homeless Program

Project Abstract

Authorized by Pinellas County Board of County Commissioners (BCC) and the Health Care for the Homeless Co-Applicant Board, Pinellas County Human Services' Health Care for the Homeless (HCH) program provides basic medical care and related services. The health center program, Service Area ID 219, is targeted to serve 2,979 homeless individuals in Pinellas County, FL by 2024.

Medical Services include: primary care, including the treatment of illness or injury as well as preventive care, education, limited prescription coverage and referrals for lab work, specialty care, dental assistance, behavioral-mental health assistance and
substance use disorder services. The HCH Program has two service sites including the Bayside Health Clinic located at
14808 49th Street North in Clearwater and the use of a Mobile Medical Unit (MMU) van in varied locations throughout the county where the homeless congregate. The County contracts with the Florida Department of Health in Pinellas County (DOH) to provide primary care clinical services. Both the Pinellas DOH and County contract with various providers in the County for additional medical and supportive care services as needed by the program.