From: <u>Burbridge, Katherine A</u>
To: <u>DeGregorio, Elisa N</u>

Cc: Harmon Schaefer, Joshua; Rodriguez, Daisy M; Magyar, Emily M

Subject: FW: Grants - Intent to Apply Submitted to OMB - Capital Assistance for Hurricane...

**Date:** Monday, May 21, 2018 8:11:55 AM

OMB has no objection to the department submitting a grant application to the US Department of Health & Human Services, Health Resources & Services Administration (HRSA) to obtain funds for capital equipment.

Requested funding is \$280,000 from the Capital Assistance for Hurricane Response and Recovery Efforts program. A match is not required. Total project costs is estimated at \$280,000. The funding will support procurement of emergency preparedness equipment related to health care access.

The Department Director can sign off on this application package. Please include this email when you send a completed submittal through Granicus. The completed application will be a delegated item to be placed on the County Administrator's Delegated Authority log.

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

## Katherine Burbridge, AICP, LEED AP

Pinellas County Office of Management and Budget (727) 453-3457

kburbridge@pinellascounty.org

All government correspondence is subject to the public records law.

Your opinion matters to us! Please take a moment to answer a brief survey about our service: <a href="https://www.pinellascounty.org/surveys/OMB">www.pinellascounty.org/surveys/OMB</a>

**From:** Grants Center of Excellence [mailto:no-reply@sharepointonline.com]

**Sent:** Thursday, May 17, 2018 3:51 PM

**To:** Burbridge, Katherine A <kburbridge@co.pinellas.fl.us>

Subject: Grants - Intent to Apply Submitted to OMB - Capital Assistance for Hurricane...

Capital Assistance for Hurricane... has been added



DeGregorio, Elisa N

5/17/2018 3:50 PM

Program Manager: Rodriguez, Daisy M

Program Manager Phone #: 727-464-8206

County Department: HS - Human Services

Director's Name: Rodriguez, Daisy M

Granting Agency: U.S. Dept. of Health & Human Services, HRSA

CFDA/CSFA #: 93.224

**Grant Funding Program** Capital Assistance for Hurricane Response and Recovery

Name: Efforts (CARE)

**Grant Funding Type:** Capital

Grant Award Type: Reimbursement

Grant Funding Program Funding Cap (\$): \$280,000.00

Amount Requested: \$280,000.00

What fiscal year(s) will the award amount be made available?: FY18

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 \$280,000.00

Resources):

Granting Agency Contact Name: BPHC

Granting Agency Phone or Email: <a href="mailto:bphccapital@hrsa.gov">bphccapital@hrsa.gov</a>

Granting Agency Address: n/a

OPUS Project Title: Not defined yet

**Duration:** Single Year

**Proposed** Pinellas County's Health Care for the Homeless Program will be seeking **Abstract** funds to to help ensure continuity of access to primary health care services (Project in hurricane-impacted areas and to strengthen core capacities and **Scope of** capabilities of impacted health centers to respond to and/or recover from

Work): future emergencies or disasters.

Benefit Summary (How will this

This funding will support the County's emergency preparedness goals specifically in support of access to health care services and benefit the County, the County's ability to plan for and recover from any future

Dept, etc?): disasters.

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: 6/14/2018

Source of Notification of Grant Solicitation: Administering Agency

If Other, provide source:

LINE:	LINE**
OMB Analyst:	
Assigned To:	
Priority: (2) Normal	
Task Status: Not Started	
OPUS Project #:	
Grant Contract #:	
Award Amount:	
<b>Grant Status:</b> Submitted to OMB	
Grant Start Date:	
Grant End Date:	
OMB Comments:	
Granicus #:	
Description:	

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

Modify my alert settings | View Grants Database