

Program Manager	Magyar, Emily M
Program Manager Phone #	727-251-5181
County Department	Safety and Emergency Services (911, EMS, Fire, and Radio & Technology)
Director's Name	Fogarty, Jim
OMB Analyst	Miller, Jason P
Granting Agency	Health & Human Services
CFDA/CSFA #	93.498
Grant Funding Program Name	CARES Act Provider Relief Fund
Grant Funding Type	Other
Grant Award Type	Advance
Grant Funding Program Funding Cap (\$)	\$20,000,000,000.00
Amount Requested	\$21,406.00
What fiscal year(s) will the award amount be made available?	FY21
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)	\$21,406.00
Granting Agency Contact Name	None
Granting Agency Phone or Email	1-866-569-3522
Granting Agency Address	P.O. Box 31376 Attn: CARES Act Provider Relief Fund Salt Lake City, UT 84131-0376
OPUS Project Title	COVID-19 CARES Act Provider Relief Fund-HHS
Duration	Single Year
Proposed Abstract (Project Scope of Work)	Provides relief funds to hospitals and other healthcare providers on the front lines of the coronavirus response.
Benefit Summary (How will this benefit the County, Dept, etc?)	This funding is for health care providers to prevent, prepare for, and respond to coronavirus. The funding supports healthcare-related expenses or lost revenue attributable to COVID-19 and to ensure uninsured citizens in Pinellas County can get treatment for COVID-19.
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	11/6/2020
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**
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

Related Items

ADD RELATED ITEM

Attachments

[provider-relief-phase-3-fact-sheet.pdf](#)

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