

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text"/> Pinellas County dba Board of County Commissioners	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 596000800	* c. Organizational DUNS: <input type="text"/> 0552002160000

d. Address:

* Street1: <input type="text"/> c/o Office of Management and Budget
Street2: <input type="text"/> 14 S. Ft. Harrison Ave - 5th FL
* City: <input type="text"/> Clearwater
County/Parish: <input type="text"/>
* State: <input type="text"/> FL: Florida
Province: <input type="text"/>
* Country: <input type="text"/> USA: UNITED STATES
* Zip / Postal Code: <input type="text"/> 33756-5105

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text"/> Ms.	* First Name: <input type="text"/> Karen
Middle Name: <input type="text"/>	
* Last Name: <input type="text"/> Yatchum	
Suffix: <input type="text"/>	

Title: <input type="text"/> Health Care Administrator

Organizational Affiliation: <input type="text"/>
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* Telephone Number: <input type="text"/> 727-464-5405	Fax Number: <input type="text"/>
---	----------------------------------

* Email: <input type="text"/> kyatchum@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:**

Bureau of Justice Assistance

11. Catalog of Federal Domestic Assistance Number:

16.838

CFDA Title:

Comprehensive Opioid Abuse Site-Based Program

*** 12. Funding Opportunity Number:**

BJA-2020-17023

* Title:

BJA FY 20 Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program (COSSAP)

13. Competition Identification Number:

BJA-2020-17024

Title:

Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program: Local or Tribal Applications

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

Add Attachment

Delete Attachment

View Attachment

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

Pinellas County CARE Team Expansion

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

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,199,163.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,199,163.00"/>

*** 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: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

<p>SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>TITLE</p> <p>County Administrator</p>
<p>APPLICANT ORGANIZATION</p> <p>Pinellas County dba Board of County Commissioners</p>	<p>DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

Standard Form 424B (Rev. 7-97) Back

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 02/28/2022

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
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4. Name and Address of Reporting Entity:

Prime SubAwardee

* Name:

* Street 1: Street 2:

* City: State: Zip:

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: <input type="text" value="Bureau of Justice Assistance"/>	7. * Federal Program Name/Description: <input type="text" value="Comprehensive Opioid Abuse Site-Based Program"/> CFDA Number, if applicable: <input type="text" value="16.838"/>
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8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>
--	--

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name: Prefix * First Name Middle Name
* Last Name Suffix

Title: Telephone No.: Date:

Federal Use Only: Authorized for Local Reproduction
Standard Form - LLL (Rev. 7-97)



**U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS**

OMB Number: 1121-0329
Expiration Date: 11/30/2020

Background

Recipients' financial management systems and internal controls must meet certain requirements, including those set out in the "Part 200 Uniform Requirements" (2.C.F.R. Part 2800).

Including at a minimum, the financial management system of each OJP award recipient must provide for the following:

- (1) Identification, in its accounts of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification must include, as applicable, the CFDA title and number, Federal award identification number and year, and the name of the Federal agency.
- (2) Accurate, current, and complete disclosure of the financial results of each Federal award or program.
- (3) Records that identify adequately the source and application of funds for federally-funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income and interest and be supported by source documentation.
- (4) Effective control over, and accountability for, all funds, property, and other assets. The recipient must adequately safeguard all assets and assure that they are used solely for authorized purposes.
- (5) Comparison of expenditures with budget amounts for each Federal award.
- (6) Written procedures to document the receipt and disbursement of Federal funds including procedures to minimize the time elapsing between the transfer of funds from the United States Treasury and the disbursement by the OJP recipient.
- (7) Written procedures for determining the allowability of costs in accordance with both the terms and conditions of the Federal award and the cost principles to apply to the Federal award.
- (8) Other important requirements related to retention requirements for records, use of open and machine readable formats in records, and certain Federal rights of access to award-related records and recipient personnel.

1. Name of Organization and Address:

Organization Name:

Street1:

Street2:

City:

State:

Zip Code:

2. Authorized Representative's Name and Title:

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

3. Phone: 4. Fax:

5. Email:

6. Year Established: <input type="text" value="1912"/>	7. Employer Identification Number (EIN): <input type="text" value="596000800"/>	8. DUNS Number: <input type="text" value="0552002160000"/>
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9. a) Is the applicant entity a nonprofit organization (including a nonprofit institution of higher education) as described in 26 U.S.C. 501(c)(3) and exempt from taxation under 26 U.S.C. 501(a)? Yes No

If "No" skip to Question 10.

If "Yes" skip to Questions 9. b) and 9. c).



**U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS**

OMB Number: 1121-0329
Expiration Date: 11/30/2020

AUDIT INFORMATION

9. b) Does the applicant nonprofit organization maintain offshore accounts for the purpose of avoiding paying the tax described in 26 U.S.C. 511(a)?

Yes No

9. c) With respect to the most recent year in which the applicant nonprofit organization was required to file a tax return, does the applicant nonprofit organization believe (or assert) that it satisfies the requirements of 26 C.F.R. 53.4958-6 (which relate to the reasonableness of compensation of certain individuals)?

Yes No

If "Yes", refer to "Additional Attachments" under "What an Application Should Include" in the OJB solicitation (or application guidance) under which the applicant is submitting its application. If the solicitation/guidance describes the "Disclosure of Process related to Executive Compensation," the applicant nonprofit organization must provide -- as an attachment to its application -- a disclosure that satisfies the minimum requirements as described by OJP.

For the purposes of this questionnaire, an "audit" is conducted by an independent, external auditor using generally accepted auditing standards (GAAS) or Generally Governmental Auditing Standards (GAGAS), and results in an audit report with an opinion.

10. Has the applicant entity undergone any of the following types of audit(s)(Please check all that apply):

- "Single Audit" under OMB A-133 or Subpart F of 2 C.F.R. Part 200
- Financial Statement Audit
- Defense Contract Agency Audit (DCAA)
- Other Audit & Agency (list type of audit):

None (if none, skip to question 13)

11. Most Recent Audit Report Issued: Within the last 12 months Within the last 2 years Over 2 years ago N/A

Name of Audit Agency/Firm:

AUDITOR'S OPINION:

12. On the most recent audit, what was the auditor's opinion?

- Unqualified Opinion
- Qualified Opinion
- Disclaimer, Going Concern or Adverse Opinions
- N/A: No audits as described above

Enter the number of findings (if none, enter "0"):

Enter the dollar amount of questioned costs (if none, enter "\$0"):

Were material weaknesses noted in either the report or opinion? Yes No

13. Which of the following best describes your accounting system:

- Manual
- Automated
- Combination of Manual and Automated

14. Does the applicant entity's accounting system have the capability to identify the receipt and expenditure of award funds separately for each Federal award?

Yes No Not Sure

15. Does the applicant entity's accounting system have the capability to record expenditures for each Federal award by budget cost categories shown in the approved budget?

Yes No Not Sure



**U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS**

OMB Number: 1121-0329
Expiration Date: 11/30/2020

<p>16. Does the applicant entity's accounting system have the capability to record cost sharing ("match") separately for each Federal award, and maintain documentation to support recorded match or cost share?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>17. Does the applicant entity's accounting system have the capability to accurately track employees actual time spent performing work for each federal award, and to accurately allocate charges for employee salaries and wages for each federal award, and maintain records to support the actual time spent and specific allocation of charges associated with each applicant employee?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>18. Does the applicant entity's accounting system include budgetary controls to preclude the applicant entity from incurring obligations or costs that exceed the amount of funds available under a federal award (the total amount of the award, as well as the amount available in each budget cost category)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>19. Is the applicant entity familiar with the "cost principles" that apply to recent and future federal awards, including the general and specific principles set out in 2 C.F.R. Part 200?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
PROPERTY STANDARDS AND PROCUREMENT STANDARDS	
<p>20. Does the applicant entity's property management system(s) maintain the following information on property purchased with federal award funds: (1) a description of the property; (2) an identification number; (3) the source of the funding for the property, including the award number; (4) who holds title; (5) acquisition date; (6) acquisition cost; (7) federal share of acquisition cost; (8) location and condition of the property; (9) ultimate disposition information?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>21. Does the applicant entity maintain written policies and procedures for procurement transactions that -- (1) are designed to avoid unnecessary or duplicative purchases; (2) provide for an analysis of lease and purchase alternatives; and (3) set out a process for soliciting goods and services and (4) include standards of conduct the address conflicts of interest?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>22. a) Are the applicant entity's procurement policies and procedures designed to ensure that procurements are conducted in a manner that provides full and open competition to the extent practicable, and to avoid practices that restrict competition?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>22. b) Do the applicant entity's procurement policies and procedures require documentation of the history of a procurement, including the rationale for the method of procurement, selection of contract type, selection or rejection of contractors, and basis for the contract price?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>23. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from entering into a procurement contract under a federal award with any entity or individual that is suspended or debarred from such contracts, including provisions for checking the "Excluded Parties List" system (www.sam.gov) for suspended or debarred sub-grantees and contractors, prior to award?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
TRAVEL POLICY	
<p>24. Does the applicant entity:</p> <p>(a) maintain a standard travel policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) adhere to the Federal Travel Regulation? (FTR) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	



**U.S. DEPARTMENT OF JUSTICE
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OMB Number: 1121-0329
Expiration Date: 11/30/2020

SUBRECIPIENT MANAGEMENT AND MONITORING

25. Does the applicant entity have written policies, procedures, and/or guidance designed to ensure that any subawards made by the applicant entity under a federal award -- (1) clearly document applicable federal requirements, (2) are appropriately monitored by the applicant, and (3) comply with the requirements in 2 CFR Part 200 (see 2 CFR 200.331)?

- Yes No Not Sure
 N/A - Applicant does not make subawards under any OJP awards

26. Is the applicant entity aware of the differences between subawards under federal awards and procurement contracts under federal awards, including the different roles and responsibilities associated with each?

- Yes No Not Sure
 N/A - Applicant does not make subawards under any OJP awards

27. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from making a subaward under a federal award to any entity or individual who is suspended or debarred from such subawards?

- Yes No Not Sure
 N/A - Applicant does not make subawards under any OJP awards

DESIGNATION AS 'HIGH-RISK' BY OTHER FEDERAL AGENCIES

28. Is the applicant entity designated "high risk" by a federal grant-making agency outside of DOJ? (High risk includes any status under which a federal awarding agency provides additional oversight due to the applicant's past performance, or other programmatic or financial concerns with the applicant.)

- Yes No Not Sure

If "Yes", provide the following:

(a) Name(s) of the federal awarding agency:

(b) Date(s) the agency notified the applicant entity of the "high risk" designation:

(c) Contact information for the "high risk" point of contact at the federal agency:

Name:

Phone:

Email:

(d) Reason for "high risk" status, as set out by the federal agency:

CERTIFICATION ON BEHALF OF THE APPLICANT ENTITY

(Must be made by the chief executive, executive director, chief financial officer, designated authorized representative ("AOR") or other official with the requisite knowledge and authority)

On behalf of the applicant entity, I certify to the U.S. Department of Justice that the information provided above is complete and correct to the best of my knowledge. I have the requisite authority and information to make this certification on behalf of the applicant entity.

Name: Date:

Title: Executive Director Chief Financial Officer Chairman
 Other:

Phone:

Other Attachment File(s)

* **Mandatory Other Attachment Filename:**

To add more "Other Attachment" attachments, please use the attachment buttons below.

Pinellas County CARE Team Expansion

Time Task Plan Category 1 – Local Applications	Expected Start (Date)	Expected Completion (Date)	Responsible Person/ Organization
Objective: To encourage and support the development of comprehensive, locally driven responses to opioids, stimulants, and other substances that expand access to supervision, treatment, and recovery support service across the criminal justice systems			
Activity: Develop and execute contractual agreements with subrecipient	October 2020	December 2020	PCHS
Activity: Hire grant funded positions	December 2020	March 2021	Operation PAR
Activity: Implement regular meetings of identified stakeholders	October 2020	September 2023	PCHS
Activity: Establish a network of recovery support services and referral mechanisms for project staff.	March 2021	June 2021	PCHS and Operation PAR
Activity: Establish Overdose Fatality Review Committee	October 2020	February 2021	PCHS, Operation PAR, EMS
Activity: Develop Overdose Fatality Review protocols and operating manual	February 2021	June 2021	OFR Committee
Activity: Conduct Overdose Fatality Reviews	June 2021	September 2023	OFR Committee
Objective: Support law enforcement and other first responder diversion programs for non-violent drug offenders			
Activity: Coordinate with BJA’s TTA provider to identify best practices and lessons learned with regards to local communication efforts to combat the opioid epidemic	October 2020	September 2021	PCHS, Operation PAR, and TTA Provider
Activity: Develop working relationship between grant funded staff and local EMS to obtain referrals of individuals who have suffered an overdose	March 2021	September 2023	Operation PAR and EMS
Activity: Provide naloxone to first responder agencies	January 2021	September 2023	Operation PAR
Objective: Promote education and prevention activities			
Activity: Provide survivors of non-fatal overdoses with substance use treatment and peer recovery support services.	June 2021	September 2023	Operation PAR
Activity: Utilize grant funded staff to participate in and/or conduct any outreach, awareness, and overdose prevention activities throughout the grant project period.	June 2021	September 2023	PCHS, Operation PAR and EMS
Activity: Provide naloxone to individuals and family members as a harm reduction strategy	June 2021	September 2023	Operation PAR



Administrative Offices
6655 66th Street North
Pinellas Park, FL 33781
Ph: 727-545-7564
Fax: 727-545-7584
www.operationpar.org

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FUNDERS



May 14, 2020

Barry Burton
Pinellas County Administrator
315 Court Street
Clearwater, FL 33756

RE: BJA-2020-17023, Application from Pinellas County Government

Dear Administrator Burton

I am pleased to offer this letter of commitment from Operation PAR to Pinellas County in its request to the Bureau of Justice Assistance's (BJA), Comprehensive Opioid, Stimulant, and Substance Abuse Site-Based Program (COSSAP) grant opportunity.

Operation PAR has been committed to the Opioid Epidemic throughout our community. As Chief Executive Officer, I have co-chaired the Pinellas County Opioid Task Force with our partner, the Department of Health in Pinellas, since its inception in June 2017. The Task Force developed five strategic goals intended to communicate and address community opioid abuse.

Operation PAR is excited to participate in the proposed project via the hiring of staff to establish a team to connect individuals receiving opioid reversal drugs to follow up services and through the Overdose Fatality Review process, which helps understand missed opportunities for prevention and gaps in the system of care to help prevent future opioid-related deaths from occurring.

Pinellas County has our full support and partnership in this project. Thank you for your continued efforts to seek solutions to the opioid epidemic in Pinellas County.

Sincerely,

Dianne Clarke, PhD
Chief Executive Officer

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

May 14, 2020

Barry Burton
Pinellas County Administrator
315 Court Street
Clearwater, FL 33756

Re: BJA-2020-17023, Application from Pinellas County Government

Dear Mr. Burton:

The Florida Department of Health in Pinellas County (DOH-Pinellas) is pleased to support Pinellas County Government in its request to the Bureau of Justice Assistance (BJA), Comprehensive Opioid, Stimulant, and Substance Abuse Site-Based Program (COSSAP) grant opportunity.

DOH-Pinellas has been committed to the opioid epidemic throughout our community. As Director, I have co-chaired the Pinellas Opioid Task Force with our partner in substance use disorder services, Operation PAR, since its inception in 2017. The Task Force developed five strategic goals intended to communicate and address community opioid abuse.

The overdose crisis affects the health outcomes and the social and economic welfare of citizens across Florida and the United States. DOH-Pinellas is committed to protecting, promoting, and improving the health of all people in Florida through integrated state, county and community efforts necessary to provide innovative methods for action and to foster response and prevention in impactful ways.

DOH-Pinellas is excited to participate in the Overdose Fatality Review process to help understand missed opportunities for prevention and gaps in the system of care to help prevent future opioid-related deaths from occurring.

Pinellas County has our full support and partnership in this project. Thank you for your continued efforts to seek solutions to the opioid epidemic in Pinellas County.

Sincerely,

Ulyee Choe, DO
County Health Department Director

UC/dt

Florida Department of Health
in Pinellas County
205 Dr. Martin Luther King Jr. St. N. • St. Petersburg, FL 33701-3109
PHONE: (727) 824-6900 • FAX (727) 820-4285
FloridaHealth.gov





Sheriff Bob Gualtieri

Pinellas County Sheriff's Office

"Leading The Way For A Safer Pinellas"

May 14, 2020

Barry Burton
Pinellas County Administrator
315 Court Street
Clearwater, FL 33756

RE: BJA-2020-17023, Application from Pinellas County Government

Dear Administrator Burton:

I am pleased to offer this letter of support from the Pinellas County Sheriff's Office to Pinellas County in its request to the Comprehensive Opioid, Stimulant, and Substance Abuse Site-Based Program (COSSAP) grant opportunity.

The Pinellas County Sheriff's Office remains committed to combatting the opioid epidemic through participation in the Operation Medicine Cabinet program for safe prescription drug disposal, the Narcotic Overdose Prevention and Education (NOPE) Task Force, the Pinellas Opioid Task Force and Fusion Group.

Pinellas County's proposed project to increase connections and engagements in community substance use treatment services, provide peer support to overdose survivors and families, conduct overdose fatality reviews to identify trends and potential gaps in the system of care, and increase first responder and community access to naloxone supports the overarching goals to combat the opioid epidemic in Pinellas County.

The Pinellas County Sheriff's Office provides our full support and partnership in this project. Thank you for your continued efforts to seek solutions to the opioid epidemic in Pinellas County.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Gualtieri", written over a horizontal line.

Sheriff Bob Gualtieri
Pinellas County, Florida

BG/dc

BJA Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program FY 2020
Competition ID: BJA-2020-17023 | Subcategory 1a | Pinellas County (Florida)
Pinellas County CARE Team Expansion

Applicant Disclosure of Pending Applications

Pinellas County dba Board of County Commissioners does not have and is not proposed as a subrecipient under any pending applications submitted within the last 12 months for federally funded grants or cooperative agreements or for subawards under federal grants or cooperative agreements that request funding to support the same project being proposed in this application to OJP and that would cover any identical cost items outlined in the budget submitted as part of this application.

BJA Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program FY 2020
Competition ID: BJA-2020-17023 | Subcategory 1a | Pinellas County (Florida)
Pinellas County CARE Team Expansion

Subrecipient and Procurement Contract Disclosures

Pinellas County dba Board of County Commissioners proposes the following subrecipient:

Subrecipient's Last Name, First Name, if available	Subrecipient's Organization Name	Subrecipient's City, State
Not Applicable	Operation PAR	Pinellas Park, FL

Project Abstract

The Project Abstract must not exceed one page and must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This Abstract must not include any proprietary/confidential information.

* Please click the add attachment button to complete this entry.

Add Attachment

Delete Attachment

View Attachment

Project Abstract - COSSAP FY20 - Pine

Project Abstract

Pinellas County is applying for a Category 1, Subcategory 1a cooperative agreement in the amount of \$1,199,163.00. This project will serve Pinellas County, Florida, estimated population of 970,532. The purpose of the project is to expand substance use/opioid response team efforts within Pinellas County. In 2019, Pinellas County launched the CARE (Co-Occurring Assistance Recovery and Empowerment) Team to identify homeless individuals admitted to one hospital emergency room for an overdose and/or substance use issue and connect the individuals to treatment. The CARE Team Expansion project would provide immediate treatment interventions at on-scene overdoses whenever first responders are involved to help reduce opioid abuse and the number of overdose fatalities.

Pinellas County will utilize COSSAP funding to initiate a partnership between Pinellas County Human Services and Safety & Emergency Services to enhance the current overdose response by:

- Increasing connections and engagements in community substance use treatment services;
- Providing peer support to overdose survivors and families;
- Conducting overdose fatality reviews to identify trends and potential gaps in the system of care;
- Increasing first responder and community access to naloxone.

Pinellas County's data will be evaluated to identify actionable intelligence that will inform grant funded outreach staff allowing them the opportunity to provide support to individuals administered naloxone by EMS personnel to seek connection and engagement in community treatment. Outreach efforts will occur frequently, up to 90 days post Narcan administration. Pinellas County will partner with Operation PAR for this proposed project.

Project Narrative File(s)

* **Mandatory Project Narrative File Filename:**

[Add Mandatory Project Narrative File](#)

[Delete Mandatory Project Narrative File](#)

[View Mandatory Project Narrative File](#)

To add more Project Narrative File attachments, please use the attachment buttons below.

[Add Optional Project Narrative File](#)

[Delete Optional Project Narrative File](#)

[View Optional Project Narrative File](#)

Statement of the Problem

Identify the applicant agency.

The Pinellas County Board of County Commissioners (Pinellas County)

Clearly identify the state and region(s) or communities included in the proposed program, including population of the proposed service area.

The proposed Co-Occurring Assistance Recovery and Empowerment (CARE) Team Expansion project will serve Pinellas County, Florida. Pinellas County is a 280 square mile peninsula on Florida's Gulf Coast with an estimated population of 970,532 residents. The county is home to approximately five percent (4.77%) of Florida's population although accounting for less than a half of one percent of the land area (0.43%). With more than 3,300 people per square mile, Pinellas is Florida's most densely populated county.

Provide information that documents the impact of the opioids, stimulants and other illicit drugs within the proposed service area.

The opioid epidemic in Pinellas County is a pressing matter as more than one person dies every 37 hours from a drug-related overdose. A recent community health assessment conducted by the Florida Department of Health in Pinellas County (DOH) identified "addiction" as a top health problem of concern and "alcohol and drug abuse" as the leading behavior concern within Pinellas County. This problem affects every demographic of every community across the county. While prescription opioid use appears to decrease, illicit opioid use continues to increase resulting in a growing number of fatalities. At the peak of the "pill mill" epidemic in 2010, eighty-nine percent (89%) of opioid-related overdose deaths in Pinellas were due to prescription pain medications.

BJA Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program FY 2020
 Competition ID: BJA-2020-17023 | Subcategory 1a | Pinellas County (Florida)
Pinellas County CARE Team Expansion

According to Florida’s 2019 Medical Examiner’s Interim Drug Report, data collected for the period of January-June 2019 the District 6 Medical Examiner’s Office, which serves Pinellas and Pasco Counties, ranked within the top five highest districts in overdose deaths as depicted in the table below:

Primary Drug Associated with Death	Number of Deaths in District 6	Number of Deaths in Florida	State Rank Out of 25
Alprazolam	74	763	4 th
Cocaine	129	1,418	4 th
Diazepam	32	206	1 st
Fentanyl	145	1,644	4 th
Heroin	37	475	3 rd
Hydrocodone	31	261	2 nd
Methadone	19	167	2 nd
Methamphetamine	72	645	2 nd
Morphine	96	908	2 nd
Oxycodone	72	564	1 st

Data provided by the Pinellas County Forensic Laboratory for 2015 to 2019 shows the number of accidental illicit drug related fatalities increased by an alarming 810.7% (28 to 255) while the number of accidental opioid/opiate related deaths increased by 145.9% (135 to 332). Pinellas County’s population increased only 2.9% during the same period. Emergency Medical Services (EMS) data regarding 9-1-1 transports with Narcan administered have increased year over year as well. In 2019 there were 3,003 transports, which is a 43.9% increase from the 2,087 reported in 2016.

Identify any specific challenges motivating the applicant's interest to apply for this grant.

In 2019, 332 citizens died from an opioid-related overdose which is 94 more than 2018 and a 145.9% increase since 2015. Preliminary statistics show the figures in 2020 continue this trend. While the County has several targeted initiatives started (see below), the most significant challenge to be addressed in the community remains connecting individuals to treatment after an overdose. Oftentimes, individuals are transported to the hospital and released within a short time frame severely limiting staff's ability to intervene in the emergency room. Pinellas County does not currently have the resources available to follow-up with patients after discharge from the hospital. The opioid response team model proposed by Pinellas County, the CARE Team, will look to work with the County Emergency Medical Services (EMS) staff to follow-up on overdose patients in the days following the overdose.

Pinellas County Human Services has a history of successful collaborations to address behavioral health issues including programs with law enforcement, court systems, and community based mental health and substance use providers. The Pinellas County Opioid Task Force, a collaboration of community partners that started in June 2017 in response to the alarming increase in opioid-related drug misuse and opioid-related deaths in the county, developed a comprehensive strategic plan that efficiently guides community members and resources in order to confront the opioid crisis. Pinellas County has received several grants that support the task force's strategic plan goals.

In 2018, as a BJA Comprehensive Opioid Abuse Program (COAP) award recipient, Pinellas County developed a "Strategic Information Partnership" to provide more timely and accurate data that presents a comprehensive view of the drug abuse environment in Pinellas County. With this initiative, Pinellas developed connections with the National High Intensity Drug Trafficking Area's (HIDTA) Overdose Detection and Mapping Application Program (ODMAP) and the University of Florida's Florida Drug-Related Outcomes Surveillance and Tracking (FROST) System, with a goal of obtaining robust, real time data to support outreach efforts and identify hot-spots of fatal and non-fatal overdoses in Pinellas County.

In 2019, Pinellas County was awarded grant funding from the University of Baltimore's Combating Opioid Overdose through Community-level Intervention (COOCLI) to pilot the Homeless Overdose Mitigation & Engagement (HOME) Program to address the top locations within the county where overdoses occurred in areas where the homeless population is known to congregate.

The CARE team, opioid response model, will be able to broaden its reach beyond the education and prevention efforts for the homeless population, to deliver a real-time response of individuals who overdose in the days following the incident.

Explain the inability to fund the proposed program without federal assistance and describe any existing funding or resources that are being leveraged to support the proposed program.

Pinellas County's opioid epidemic is a multifaceted problem with many stakeholders and community wide resources have been strained in response. The Opioid Task Force has worked to coordinate information and best practice sharing amongst the many partners as well as developing a strategic plan for Pinellas County. The five strategic goals selected include: 1) Increase Education and Awareness, 2) Reduce Opioid Deaths, 3) Connect to Effective Treatment, 4) Decrease the Supply of Opioids, and 5) Integrate and Collaborate Data Sources. While considerable strides have been made, funding limitations have restricted the various stakeholders from expanding access to treatment or starting new programs. Many of the Opioid Task Force participants have tapped out budgets that further lack the flexibility necessary to focus financial resources towards expanded services or expensive capital investments needed to fill system gaps. The governmental partners run into competing priorities. In Pinellas County the local general fund relies heavily on property taxes as the largest source of revenue. These revenues are impacted by property tax revenue caps enacted by the Florida Legislature, Homestead Exemption, and Save Our Homes limitations. The County continues to make investments in behavioral health services for the underinsured/uninsured populations but seeking additional grant funding is always part of the funding equation for new and

expanded programs to address system gaps and public health needs. In addition, at the time of writing and submission of this grant opportunity, Pinellas County, and the nation, are also working to mitigate the effects of COVID-19 on the community. We know that mental health and substance use services will grow as we begin to recover from this pandemic. Resources will become further strained as COVID-19 has certainly strained all economic resources of the local government.

Category 1: Local Applicant - Identify whether the application is for Subcategory 1a, 1b, or 1c.

Pinellas County is applying for Subcategory 1a, as an urban area with a population greater than 500,000.

Program Design and Implementation

Describe how the proposed project addresses one or more of the allowable uses outlined on pages 5–7 and describe, in detail, how the project will be implemented.

Proposed Allowable Uses: Pinellas County’s CARE Team Proposal addresses the following allowable uses of funding: 1) first responder (EMS) coordinated diversion and referral; 2) evidence-based treatment including, but not limited to, Medication Assisted Treatment; 3) Naloxone for law enforcement and other first responders; and 4) Comprehensive, information, data collection and analysis through a newly created opioid fatality review committee.

Program Design: In 2019, Pinellas County launched the Co-Occurring Assistance Recovery and Empowerment (CARE) Team to identify homeless individuals admitted to one hospital emergency room for an overdose and/or substance use issue and connect the individuals to treatment. To date, the team has received 59 referrals and is currently providing services to 22 clients. Pinellas County proposes to utilize COSSAP funding to expand the CARE Team to a broader population of overdose survivors in a more comprehensive response team model and provide outreach and interventions to all individuals who have experienced an overdose, as identified by EMS transports, link survivors to evidence-based treatment such

as medication-assisted treatment (MAT) and peer recovery support. In addition, Pinellas County proposes to initiate an Overdose Fatality Review (OFR) Committee to conduct fatality reviews following overdose deaths and provide naloxone to first responders through a partnership with the Pinellas County Sheriff's Office, and other interested law enforcement agencies.

Program Implementation – CARE Team: Pinellas County Human Services (PCHS) will be the lead applicant for the grant program and provide Project Director oversight of the grant program. The County will contract with Operation PAR, a local substance use treatment provider, to expand the CARE Team who will coordinate with Emergency Medical Services (EMS) to provide outreach to individuals receiving an opioid reversal drug through EMS. The CARE Team consists of a Counselor, Case Manager, and Peer Recovery Specialist under the supervision of the Outpatient Director/CARE Team Supervisor. Operation PAR will leverage the current CARE Team Supervisor to work directly with PCHS staff on implementation of the grant and management of the day-to-day operations of the initiative. The CARE Team Supervisor will work with local EMS to receive referrals for clients in need of treatment services as well as provide first responders with naloxone for use within in the community. The CARE Team Supervisor will oversee relationships with the referring agencies, track engagement of individuals referred, and manage peer support specialist(s). The County has an experienced staff at managing and implementing new grant programs and will work closely with the subrecipients on start-up and ongoing implementation and programmatic oversight.

The CARE Team will use a data driven approach to work closely with Pinellas County EMS to target efforts on individuals who have had Narcan administrations by first responders and will be tasked with outreach to individuals administered Narcan by EMS. Staff will provide multiple outreach “touches” to individuals via a variety of methods, i.e., home visits, phone calls, mail. Efforts will employ motivational interviewing techniques to encourage connection to and engagement in substance use treatment. Outreach efforts will be tailored to individuals based upon their needs and circumstances. At initial review of a case

by outreach staff an outreach plan will be developed to determine the interval at which the next attempt will be made. Outreach efforts identified earlier are utilized to meet an individual where they are. Outreach efforts will be attempted for approximately 60 to 90 days. Through multiple, metered outreach efforts staff will be able to develop the rapport and familiarity with the individual essential to engaging them in treatment services. PCHS works with various community partners on other behavioral health projects throughout the community. Coordination with the PCHS Project Director will help educate and connect the CARE Team to various programs. Outreach efforts made continually and conscientiously provide individuals struggling with addictions the opportunity to build necessary trust with the outreach staff to understand the program is truly there to help them. Pinellas County is proposing to provide post-overdose CARE Team services to 250 unique individuals per year, for a total of 750 clients served during the three-year grant period. Services will include multiple “touches” to provide recovery support and linkage to treatment for indigent and insured individuals, with a goal of engaging 54 clients in treatment by the end of the project period.

Program Implementation – Fatality Review Committee: Pinellas County, through the Pinellas County Opioid Task Force, will propose to create the Overdose Fatality Review Committee. Overdose fatality reviews will be conducted by a committee of multi-agency and multi-disciplinary members bringing forth information collected from their respective agencies to conduct an informed case study about select decedents’ life cycle of addiction and treatment. The goal of this thorough committee review is to gain a deeper understanding of overdose fatalities and identify missed opportunities for prevention and/or gaps in the current system of care. The results of the review will assist with future public health practice related to the prevention of opioid addiction and reduction of overdose fatalities. It is anticipated that ten (10) overdose fatality reviews will be conducted during the 36-month project period.

Describe which areas the proposed project will address (refer to the “Allowable Uses of Funds” section on pages 5–6).

The Pinellas County COSSAP will address the following Allowable Uses of Category 1 Funds:

- **Multidisciplinary Overdose Prevention, Response, and Referral with Pinellas County Emergency Medical Services.** Pinellas County EMS will work closely with the contracted CARE Team to provide referrals of overdose victims for education, outreach, and connection to treatment.
- **Evidence-based treatment, such as medication-assisted treatment (MAT), as well as recovery support services including transitional or recovery housing and peer recovery support services:** The CARE Team will provide outreach and intervention to individuals who have experienced an overdose. This includes linking overdose survivors to evidence-based treatment such as MAT, short-term residential treatment, and peer recovery support services.
- **Naloxone for law enforcement and other first responders:** Operation PAR will utilize COSSAP grant funds to purchase naloxone kits to be distributed to first responders and members of other key community sectors (i.e., families, peers, treatment providers) throughout Pinellas County as identified through outreach activities and Opioid Task Force input.
- **Comprehensive, real-time, regional information collection, analysis, and dissemination.** Pinellas County will fully support data collection in support of the Pinellas Strategic Information Partnership, the County’s FY18 COAP grant, which works to support the Overdose Detection Mapping (ODMAP) in Pinellas County, and the County’s evolving website on the current state of overdoses/deaths the targeted area. In addition, The County will initiate the Overdose Fatality Review Committee, to collect information and analysis by key stakeholders on overdose victims.

Describe the deliverables to be produced.

Pinellas County Human Services is committed to documented performance management of all its programs. The grant team works with the Planning and Quality Assurance section to develop a logic model with desired outcomes, short and long-term objectives. The team then develops a set of data points to be collected by the contracted partner(s) quarterly for presentation through a business intelligence dashboard that can be shared with local government leaders and community stakeholders. This data, where appropriate, may support the Pinellas Strategic Information Partnership data collection and analysis program.

The proposed Overdose Fatality Review Committee, as a developing committee, will establish formal protocols and an operating manual for overdose reviews, similar to those produced by other best practice communities, like Erie County, NY. The County may utilize existing technical assistance resources in this area.

Describe any potential barriers to implementing the project and the strategies that will be used to overcome those barriers.

The County's Emergency Medical Services Department may be a key source of referrals for the program; however, the County's Human Services Department and the Emergency Medical Services (EMS) Department have not yet formally engaged the exchange of direct client information of individuals at risk of or victims of a non-fatal overdose. The proposed program intends to work with a population of individuals who are oftentimes vulnerable and stigmatized due to their substance use and experience with overdoses and naloxone administration. This population has some inherent challenges including distrust of first responders and substance use service providers. Staff hired to provide outreach and connection to treatment will be trained in motivational interviewing to assist in encouraging individuals to connect and engage in treatment.

Another barrier could be the exchange of records between partners for the Overdose Fatality Review Committee. Florida statute defines the death review process for children; however, no statute exists for this type of adult fatality review to the applicant's knowledge. Data sharing legal agreements will need review and may delay the implementation of the Committee. The County and partners will continue to build upon and have further motivation to move towards this type of health information exchange as these proposed programs grow.

If an evaluation is proposed, articulate how it will provide meaningful insights into solving local, state, or regional challenges while contributing to the national body of knowledge with respect to best practices.

Pinellas County does not propose conducting a formal evaluation of the proposed program.

If the proposed project involves the delivery of MAT, please specify which forms of MAT will be provided and describe the coordination between in-custody and community-based treatment.

Operation PAR is a comprehensive substance use and mental health services provider in West Central Florida with 50 years of experience and a national, statewide and local reputation for providing effective substance use treatment. The agency has deep organizational experience serving the target populations through its 44 programs in 15 locations with program components including: substance use education, prevention and intervention, case management, outpatient and residential treatment services; medical detoxification and outpatient detoxification services; methadone and medication assisted program, continuing care services; and juvenile justice services. Operation PAR's community-based Medication Assisted Patient Services (MAPS) program offers Methadone Maintenance, Methadone Detox, Buprenorphine Maintenance and Detox, and other medication assisted treatments. All patients who qualify for treatment receive the following: physical examination and laboratory workup, in-depth assessment of

their life systems, individualized treatment plan, and regular counseling by trained staff. The treatment center atmosphere is one of a professional medical office, complete with dedicated and caring staff. MAT services proposed through this opportunity will include Methadone, Suboxone/Buprenorphine, and/or Vivitrol, depending on the client's qualifications and needs.

If the proposed project involves supporting peer recovery services, describe the type of peer training offered (formal/informal); the type of training certification peers will possess; the peer supervision structure; and the manner in which peer support services will be evaluated and measured.

The Recovery Peer Support Specialist (RPSS) will be an active member of the outpatient team and provide peer support services to clients with primary substance use disorders. Within the treatment team, the RPSS will function as a role model to peers; exhibiting competency in personal recovery and use of coping skills; serve as a consumer advocate, providing consumer information and peer support for clients in outpatient settings. The RPSS performs a wide range of tasks to assist adult peers in regaining independence within the community and mastery over their own recovery process. The RPSS will assist clients using one-on-one meetings as well as group meetings.

Internal Trainings include, but not limited to the following: At time of hire-Ethics, Verbal De-escalation, MI-MET-CBT, GAIN Certification, Peer Recovery Specialist Certification, Risk and Safety Orientation, compliance, Incident Reporting/Risk Management, Diversity Orientation, Introduction to PAR and Substance Use Disorders, Privacy and Confidentiality, CPR and First Aid and Benefits. Quarterly Trainings: Customer Care, MAT 101, and Trauma Informed Care. The RPSS will receive three (3) hours of supervision per month and triannual evaluations.

If the proposed project involves serving children impacted by substance abuse, describe the types of services to be provided.

Pinellas County does not anticipate serving children impacted by the opioid epidemic with this funding opportunity.

Capabilities and Competencies

Describe the management structure and staffing, specifically identifying the key person (or people) responsible for carrying out program or project activities. Demonstrate the capability to implement the project successfully.

Pinellas County is governed by an elected seven-member Board of County Commissioners (BCC). The BCC's strategic initiatives have always focused on improving the quality of life of Pinellas' residents. Pinellas County Human Services (PCHS) supports these initiatives by providing programs such as the Pinellas County Health Program, Health Care for the Homeless Program, Homeless Prevention, Disability Advocacy, Justice Coordination and Veterans Services that encourage and promote improved health outcomes, maintain self-sufficiency of low-income Pinellas County residents. PCHS has provided access to these services through outreach, case management, eligibility determination and enrollment into programs for county residents for over 50 years. PCHS has experience in serving the uninsured, underserved, vulnerable, and special needs population as a federal grantee for the Health Resources and Administration's Health Center program for the homeless, SAMHSA's Cooperative Agreement to Benefit Homeless Individuals (CABHI), for individuals with SMI, SED, COD, SUD, and SAMHSA's Assisted Outpatient Treatment (AOT) Grant Program for Individuals with Serious Mental Illness. PCHS also works with the County Court System on drug treatment programs as a grantee and a funder. In 2016, the PCHS began a behavioral health pilot program for individuals with the highest utilization of county jails, hospitals, and crisis units. Locally, PCHS is actively involved in the Opioid Task Force.

The COSSAP Program will be spearheaded by PCHS, which is managed by a Director responsible for Business Services, Health Care Administration, Programs, Operations, and Veteran Services. This COSSAP grant program will be overseen by the Health Care Administrator as the Project Director and

work directly with the contracted CARE Team Supervisor. Post award, PCHS Health Care Administrator, Grants Management and Contract Management Section will initiate program planning implementation, develop and incorporate performance measures and incorporate a comprehensive scope of services into the contractual agreements to ensure goals and objectives are met throughout the life of the grant. PCHS will maintain fiscal and programmatic oversight of the various components of the COSSAP. PCHS has found that the most expedient and efficient way to ensure that key program activities are implemented is through regular meetings of all staff identified at the onset of grant funded activities. These meetings are scheduled for an hour and chaired by the Health Care Administrator who serves as the in-kind Project Director. The Project Director maintains a standing agenda highlighting key activities and milestones. The CARE Team Supervisor will report on progress towards key activities, barriers identified, and solutions presented for implementation moving forward. Report backs are reviewed at the starts of the next scheduled meeting and the end of the meeting is open to discuss any specific issues, problems, and/or successes. Minutes are taken during the meetings. This process has allowed past projects to meet timelines, project goals, and effectively implement programmatic changes efficiently.

The Overdose Fatality Review Committee will be multi-agency and multi-disciplinary members bringing forth information collected from their respective agencies to conduct an informed case study about select decedents' life cycle of addiction and treatment. The committee will be chaired by the PCHS Health Care Administrator who has experience serving on the Child Abuse Death Review Board for Pinellas County.

Identify each partner agency that has demonstrated commitment to this effort via an interagency agreement or letter of support. Discuss any previous collaboration that occurred that will help to achieve the objectives. Explain existing partnership agreements.

Operation PAR, a proposed subrecipient/subaward, has demonstrated their commitment to provide substance use treatment services and project coordination. Operation PAR is a comprehensive substance

abuse and mental health services provider in West Central Florida with 50 years of experience and a national, statewide and local reputation for providing effective substance abuse treatment. The agency has deep organizational experience serving the target populations through its 44 programs in 17 locations with program components including: substance abuse education, prevention and intervention, case management, outpatient and residential treatment services; medical detoxification and outpatient detoxification services; methadone and medication assisted program, continuing care services; and juvenile justice services. Pinellas County has worked extensively with Operation PAR on both grant-funded and non-grant funded programs for various levels of community care with vulnerable populations and will work to leverage Operation PAR's experience as a substance use treatment provider to enhance COSSAP outreach efforts to individuals.

The Florida Department of Health in Pinellas County provides complex technical, analytical, and consultative work which involves disease surveillance, assessment, management and planning for DOH-Pinellas, Disease Control Division. The Department assists with the necessary data compilation, analysis and distribution of statistical information as needed for tracking disease trends and reporting cases, to guide actions and policies to improve the health of the people of Pinellas County. The DOH and Operation PAR agreed to co-chair and provide the core support team for the Pinellas County Opioid Task Force. The Florida Department of Health in Pinellas County has provided a letter of support for the COSSAP program as this funding opportunity would provide expanded access to treatment services which is an identified goal of the strategic plan developed by the task force.

The Pinellas County Sheriff's Office is the is the primary law enforcement agency for Pinellas County and is responsible for law enforcement services in the unincorporated areas of the county as well as contract cities, jail facilities and courthouse security for Florida's 6th Judicial Circuit. The Pinellas County Sheriff's Office is one of the few law enforcement agencies in the nation to receive the Triple Crown Award for professional accreditation in law enforcement, corrections and inmate health care. In 2019, the Sheriff's

Office Forensic Science Division was awarded accreditation from the ANSI National Accreditation Board. The Pinellas County Sheriff's Office remains committed to combatting the opioid epidemic through participation in the Operation Medicine Cabinet program for safe prescription drug disposal, the Narcotic Overdose Prevention and Education (NOPE) Task Force, and the Pinellas Opioid Task Force.

For applications involving a research component, describe the qualifications of the research partner and their prior experience with action research, including prior work with drug monitoring and treatment agencies and other partners. Describe the roles and responsibilities of the research partner in the project.

Pinellas County does not propose the involvement of research component for this project.

Describe who will serve as the project coordinator, the project coordinator's project-related duties, the amount of time this position will dedicate to the project per week, and which agency will house the project coordinator. If the project coordinator will be hired after the award, please provide a job description.

As the subrecipient, Operation PAR employs the CARE Team Supervisor who will dedicate 10% of their duties to serve as the project coordinator on the CARE Team project. The CARE Team Supervisor responsibilities include, but are not limited to, maintaining and monitoring project plans, project schedules, budgets and expenditures; Organizing, attending and participating in partner/stakeholder communications and meetings; Determining project changes; Providing administrative support as needed; Undertaking project tasks as required; Developing project strategies; ensuring project deadlines are met, and managing peer support specialist(s).

Indicate a willingness to work closely with an evaluator who may conduct a site-specific or cross-site evaluation in future years.

Pinellas County agrees to work closely with BJA's designated training and technical assistance provider and any identified researchers for a site-specific or cross site evaluation.

Plan for Collecting the Data Required for this Solicitation's Performance Measures

Describe who will be responsible for collecting and reporting the required performance measures and how data will be collected.

The PCHS Project Director, in coordination with the CARE Team Supervisor, will spearhead weekly meetings upon award to ensure any barriers to implementation are addressed in a timely manner and performance measures are established. PCHS will engage its Planning and Quality Assurance team to develop a logic model and identify key data points for collection on a quarterly basis. The subrecipient partner, Operation PAR, will utilize its electronic health record to track referrals, outreach attempts and track engagement and participation in services from individuals who choose to participate. Each quarter, data will be collected and the PCHS Planning staff will utilize business intelligence-based computer programs to develop dashboards for review by the leadership and community stakeholders. In addition, weekly/monthly meetings will be utilized to track implementation, referrals, and trends related to the data. Pinellas County Human Services has had success in several grant funded programs utilizing this strategy. Weekly meetings will transition to monthly as the program matures. Regularly scheduled meetings with minutes and action items will work to keep staff and the program implementation on track. The Project Director and/or CARE Team Supervisor will report the program's progress and discuss any successes, challenges or barriers identified as the program progresses.

List any additional performance metrics that will be used to assess the project’s effectiveness and the process for collecting the information, including who will be responsible and how data will be collected.

The County, in collaboration with the stakeholders, continually reviews program data collected from subrecipient/contracted partners (below) and completes business intelligence-based dashboards to periodically review the status of the program against the goals of the grant. This allows the County to make any course corrections and improvements to the program in a timely manner. Additional Performance measures to be tracked include, but are not limited to:

- Development of policies or procedures surrounding the CARE Team
- CARE/ Team data for clients referred, served, declined, and discharged
- Development of protocols surrounding the overdose fatality review committee
- Number of overdose fatality reviews conducted
- Number of Narcan kits distributed to first responders, families and community members

Discuss what data sources will be used and any legal, policy, or other barriers to gaining access to the data and how those barriers will be addressed.

Data Source	Description	Collected By	Frequency/ Availability	Legal/Policy Barriers
Naloxone Administrations	Data captured by Emergency Medical Services (EMS) personnel. Track overdoses and naloxone administration in ODMAPS.	EMS	ODMAP inputs daily/weekly/monthly; Quarterly presentation to Community Stakeholders	None currently.
	Data captured by Law Enforcement administrations and reported in ODMAPS	Law Enforcement Agencies	ODMAP inputs daily/weekly/monthly; Quarterly presentation to Community Stakeholders	None currently.
Fatal Overdose Data	Data from the medical examiner’s office regarding drug toxicities in post mortem testing	Medical Examiner’s Office	Pending Toxicology Reports	None currently.

Pinellas County CARE Team Expansion

Outreach Measures	# of attempts, type, referrals made	Operation PAR	Monthly reporting to PD; Quarterly Program Outcome Reporting	None anticipated.
Time to Treatment Engagement Post-Overdose	To be collected for individuals to whom outreach is initiated post overdose	Operation PAR/ CARE Team	Monthly via Mtgs; Quarterly through Outcomes Reports	None anticipated.
Treatment Services Provided	MAT Services, Counseling, Case Management, Peer Support etc.	Operation PAR	Monthly via Mtgs; Quarterly through Outcome Reports	None anticipated.
Treatment Retention	To be collected for individuals to whom treatment engagement is initiated through the grant program	Operation PAR/ CARE Team	TBD	None anticipated.
Treatment Discharge	Data associated with the discharge type for individuals connected to treatment through the grant program – data is capture per the discharge definitions identified by the Florida Department of Children and Families	Operation PAR – Electronic Health Record	As Needed	None anticipated.
Overdose Fatality Reviews	Data associated with the various social and system “touches” of an individual throughout their substance use history, leading up to their death	Medical Examiner, Treatment Providers, EMS, Hospitals, Family	TBD	TBD – possible 42 CFR Pt 2; HIPAA

The table above identifies data sources to be leveraged by the grant funded program. The federal Health Insurance Portability and Accountability Act (HIPAA) and 42CFR Part 2 – Confidentiality of Substance Use Disorder Patient Records act could be barriers to accessing data collection for the program. For 42, the County and its partners will make sure to have proper releases in place upon engagement of a potential client. Other data sources that may be of interest include the EMS system and hospital data.

Budget Narrative File(s)

* **Mandatory Budget Narrative Filename:**

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To add more Budget Narrative attachments, please use the attachment buttons below.

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Budget Summary

Budget Summary											
<i>Note: Any errors detected on this page should be fixed on the corresponding Budget Detail tab.</i>											
Budget Category	Year 1		Year 2 (if needed)		Year 3 (if needed)		Year 4 (if needed)		Year 5 (if needed)		Total(s)
	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	
A. Personnel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Travel	\$1,500	\$0	\$1,500	\$0	\$1,500	\$0	\$0	\$0	\$0	\$0	\$4,500
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
F. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G. Subawards (Subgrants)	\$398,221	\$0	\$398,221	\$0	\$398,221	\$0	\$0	\$0	\$0	\$0	\$1,194,663
H. Procurement Contracts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
I. Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$399,721	\$0	\$399,721	\$0	\$399,721	\$0	\$0	\$0	\$0	\$0	\$1,199,163
J. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Project Costs	\$399,721	\$0	\$399,721	\$0	\$399,721	\$0	\$0	\$0	\$0	\$0	\$1,199,163
Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N											No

Budget Detail - Year 1

Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N
[\(DOJ Financial Guide, Section 3.10\)](#)

A. Personnel

Name <i>List each name, if known.</i>	Position <i>List each position, if known.</i>	Computation <i>Show annual salary rate & amount of time devoted to the project for each name/position.</i>						
		Salary	Rate	Time Worked <i>(# of hours, days, months, years)</i>	Percentage of Time	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total(s)						\$0	\$0	\$0

Narrative

Pinellas County is not requesting personnel costs in this application.

Purpose Area #4

B. Fringe Benefits					
Name	Computation				
<i>List each grant-supported position receiving fringe benefits.</i>	<i>Show the basis for computation.</i>				
	Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total(s)			\$0	\$0	\$0
Narrative					
Pinellas County is not requesting fringe benefit costs in this application.					

Purpose Area #4

C. Travel										
Purpose of Travel	Location	Type of Expense	Basis	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Lodging, Meals, Etc.</i>	<i>Per day, mile, trip, Etc.</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
				Cost	Quantity	# of Staff	# of Trips	Total Cost	Non-Federal Contribution	Federal Request
Grant Required Travel	Washington, DC	Transportation	Round-trip	\$475.00	1	1	1	\$475	\$0	\$475
Grant Required Travel	Washington, DC	Transportation	Round-trip	\$50.00	1	1	1	\$50	\$0	\$50
Grant Required Travel	Washington, DC	Lodging	Night	\$229.00	3	1	1	\$687	\$0	\$687
Grant Required Travel	Washington, DC	Meals	Day	\$76.00	3	1	1	\$228	\$0	\$228
Grant Required Travel	Wasdington, DC	Other	N/A	\$60.00	1	1	1	\$60	\$0	\$60
Total(s)								\$1,500	\$0	\$1,500
Narrative										
Travel above is for grant required travel indicated in the FOA.										

Purpose Area #4

D. Equipment					
Item	Computation				
<i>List and describe each item of equipment that will be purchased</i>	<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
	# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total(s)			\$0	\$0	\$0
Narrative					
Pinellas County is not requesting equipment costs in this application.					

Purpose Area #4

E. Supplies						
Supply Items		Computation				
<i>Provide a list of the types of items to be purchased with grant funds.</i>		<i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						
Pinellas County is not requesting supply costs in this application.						

Purpose Area #4

F. Construction						
Purpose <i>Provide the purpose of the construction</i>	Description of Work <i>Describe the construction project(s)</i>	Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						
Pinellas County is not requesting construction costs in this application.						

Purpose Area #4

G. Subawards (Subgrants)										
Description <i>Provide a description of the activities to be carried out by subrecipients.</i>		Purpose <i>Describe the purpose of the subaward (subgrant)</i>			Consultant? <i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>					
							Total Cost	Non-Federal Contribution	Federal Request	
Project Staff and Treatment Services		Operation PAR is a local substance use treatment provider offering medication assisted treatment.					\$396,721		\$396,721	
							Total(s)	\$398,221	\$0	\$398,221
Consultant Travel (if necessary)										
Purpose of Travel <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>		Location <i>Indicate the travel destination.</i>	Type of Expense <i>Hotel, airfare, per diem</i>		Computation <i>Compute the cost of each type of expense X the number of people traveling.</i>					
					Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
Grant Required Meeting		Washington, D.C.	Transportation		475	1	1	\$475		\$475
Grant Required Meeting		Washington, D.C.	Transportation		50	1	1	\$50		\$50
Grant Required Meeting		Washington, D.C.	Lodging		229	3	1	\$687		\$687
Grant Required Meeting		Washington, D.C.	Meals		76	3	1	\$228		\$228
Grant Required Meeting		Washington, D.C.	Other		60	1	1	\$60		\$60
							Total	\$1,500	\$0	\$1,500
Narrative										
<p>(1) Project Supervisor .10 FTE @\$7,500. The Project Supervisor will be tasked with coordination of services and overseeing day-to-day project operations; (2) Grant Data Analyst .10 FTE @ \$7,860. The Grant Data Analyst will be responsible for collecting project data for analysis and performance reporting; (3) Case Manager 1 FTE @ \$35,000. The Case Manager will be tasked with connecting program participants with services based upon thier individual needs; (4) Counselor 1 FTE @ \$40,000. The Counselor will be responsible for providing direct treatment services to the program participants; (5) Peer Recovery Support Specialist 1 FTE @ \$35,000. The Peer Recovery Support Specialist will provide direct support services to the program participants; (6) Fringe benefits @ 28% of salaries = \$125,360 x 28% = \$35,100.80; (7) Medication Assisted Treatment (MAT) @ an average of \$474 per month x 12 months x 18 clients = \$102,500. MAT services will be tailored to the clients' individual needs to aid in the treatment of opioid disorder and will include Vivitrol, Methadone and/or Buprenorphine; (8) Short Term Residential @ \$250 per bed x 140 bed days = \$35,000; (9) Physician oversight of MAT treatment services @ \$500 per month x 12 months = \$6,000; (10) Overdose Peer Reviewer @ \$35 per hour x 8 hours per month x 12 months = \$3,360. Peer will conduct social and family interviews for the overdose fatality review committee; (11) Local travel @ 1,000 miles per month x 12 months x \$.485 per mile = \$5,800; (12) Naloxone for law enforcement, first responders, individuals and families @ \$2,500 per month x 12 months = \$30,000; (13) Bus passes @ \$500 per month x 12 months = \$6,000; (14) Staff cellular phones @ \$83.33 per month x 12 months x 3 phones = \$3,000; (15) Professional liability @ 1.2% of salaries x \$125,360 = \$1, 504.32; (16) Office/Medical supplies @ 150 per month x 12 months = \$1,800; (17) Computer Maintenance @ \$34.50 per month x 12 months x 3 computers = \$1,242; (18) Office occupancy @ \$100 per month x 12 months x 3 staff members = \$3,600; (19) Federally approved indirect cost rate @ 14.06% of direct costs = 14.06% x \$361,767.12 = \$36,452.96. Travel indicated above reflects the required grant travel identified in the FOA.</p>										

Purpose Area #4

H. Procurement Contracts									
Description		Purpose		Consultant?					
<i>Provide a description of the products or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source procurements in excess of the Simplified Acquisition Threshold (currently \$150,000).</i>		<i>Describe the purpose of the contract</i>		<i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>					
						Total Cost	Non-Federal Contribution	Federal Request	
								\$0	
Total(s)						\$0	\$0	\$0	
Consultant Travel (if necessary)									
Purpose of Travel	Location	Type of Expense		Computation					
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>		<i>Compute the cost of each type of expense X the number of people traveling.</i>					
				Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
							\$0		\$0
Total						\$0	\$0	\$0	
Narrative									

Budget Summary

Budget Summary											
<i>Note: Any errors detected on this page should be fixed on the corresponding Budget Detail tab.</i>											
Budget Category	Year 1		Year 2 (if needed)		Year 3 (if needed)		Year 4 (if needed)		Year 5 (if needed)		Total(s)
	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	
A. Personnel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Travel	\$1,500	\$0	\$1,500	\$0	\$1,500	\$0	\$0	\$0	\$0	\$0	\$4,500
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
F. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G. Subawards (Subgrants)	\$398,221	\$0	\$398,221	\$0	\$398,221	\$0	\$0	\$0	\$0	\$0	\$1,194,663
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I. Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$399,721	\$0	\$399,721	\$0	\$399,721	\$0	\$0	\$0	\$0	\$0	\$1,199,163
J. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Project Costs	\$399,721	\$0	\$399,721	\$0	\$399,721	\$0	\$0	\$0	\$0	\$0	\$1,199,163
Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N											No

Budget Detail - Year 1

Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N
[\(DOJ Financial Guide, Section 3.10\)](#)

A. Personnel

Name <i>List each name, if known.</i>	Position <i>List each position, if known.</i>	Computation <i>Show annual salary rate & amount of time devoted to the project for each name/position.</i>						
		Salary	Rate	Time Worked <i>(# of hours, days, months, years)</i>	Percentage of Time	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total(s)						\$0	\$0	\$0

Narrative

Pinellas County is not requesting personnel costs in this application.

Purpose Area #4

B. Fringe Benefits					
Name <i>List each grant-supported position receiving fringe benefits.</i>	Computation <i>Show the basis for computation.</i>				
	Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total(s)			\$0	\$0	\$0
Narrative					
Pinellas County is not requesting fringe benefit costs in this application.					

Purpose Area #4

C. Travel										
Purpose of Travel	Location	Type of Expense	Basis	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Lodging, Meals, Etc.</i>	<i>Per day, mile, trip, Etc.</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
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Grant Required Travel	Wasdington, DC	Other	N/A	\$60.00	1	1	1	\$60	\$0	\$60
Total(s)								\$1,500	\$0	\$1,500
Narrative										
Travel above is for grant required travel indicated in the FOA.										

Purpose Area #4

D. Equipment					
Item	Computation				
<i>List and describe each item of equipment that will be purchased</i>	<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
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Total(s)			\$0	\$0	\$0
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Purpose Area #4

E. Supplies						
Supply Items		Computation				
<i>Provide a list of the types of items to be purchased with grant funds.</i>		<i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
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Total(s)				\$0	\$0	\$0
Narrative						
Pinellas County is not requesting supply costs in this application.						

Purpose Area #4

F. Construction						
Purpose <i>Provide the purpose of the construction</i>	Description of Work <i>Describe the construction project(s)</i>	Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						
Pinellas County is not requesting construction costs in this application.						

Purpose Area #4

G. Subawards (Subgrants)										
Description <i>Provide a description of the activities to be carried out by subrecipients.</i>		Purpose <i>Describe the purpose of the subaward (subgrant)</i>			Consultant? <i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>					
							Total Cost	Non-Federal Contribution	Federal Request	
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							Total(s)	\$398,221	\$0	\$398,221
Consultant Travel (if necessary)										
Purpose of Travel <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>		Location <i>Indicate the travel destination.</i>	Type of Expense <i>Hotel, airfare, per diem</i>		Computation <i>Compute the cost of each type of expense X the number of people traveling.</i>					
					Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
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							Total	\$1,500	\$0	\$1,500
Narrative										
<p>(1) Project Supervisor .10 FTE @\$7,500. The Project Supervisor will be tasked with coordination of services and overseeing day-to-day project operations; (2) Grant Data Analyst .10 FTE @ \$7,860. The Grant Data Analyst will be responsible for collecting project data for analysis and performance reporting; (3) Case Manager 1 FTE @ \$35,000. The Case Manager will be tasked with connecting program participants with services based upon thier individual needs; (4) Counselor 1 FTE @ \$40,000. The Counselor will be responsible for providing direct treatment services to the program participants; (5) Peer Recovery Support Specialist 1 FTE @ \$35,000. The Peer Recovery Support Specialist will provide direct support services to the program participants; (6) Fringe benefits @ 28% of salaries = \$125,360 x 28% = \$35,100.80; (7) Medication Assisted Treatment (MAT) @ an average of \$474 per month x 12 months x 18 clients = \$102,500. MAT services will be tailored to the clients' individual needs to aid in the treatment of opioid disorder and will include Vivitrol, Methadone and/or Buprenorphine; (8) Short Term Residential @ \$250 per bed x 140 bed days = \$35,000; (9) Physician oversight of MAT treatment services @ \$500 per month x 12 months = \$6,000; (10) Overdose Peer Reviewer @ \$35 per hour x 8 hours per month x 12 months = \$3,360. Peer will conduct social and family interviews for the overdose fatality review committee; (11) Local travel @ 1,000 miles per month x 12 months x \$.485 per mile = \$5,800; (12) Naloxone for law enforcement, first responders, individuals and families @ \$2,500 per month x 12 months = \$30,000; (13) Bus passes @ \$500 per month x 12 months = \$6,000; (14) Staff cellular phones @ \$83.33 per month x 12 months x 3 phones = \$3,000; (15) Professional liability @ 1.2% of salaries x \$125,360 = \$1, 504.32; (16) Office/Medical supplies @ 150 per month x 12 months = \$1,800; (17) Computer Maintenance @ \$34.50 per month x 12 months x 3 computers = \$1,242; (18) Office occupancy @ \$100 per month x 12 months x 3 staff members = \$3,600; (19) Federally approved indirect cost rate @ 14.06% of direct costs = 14.06% x \$361,767.12 = \$36,452.96. Travel indicated above reflects the required grant travel identified in the FOA.</p>										

Purpose Area #4

H. Procurement Contracts								
Description		Purpose	Consultant?					
<i>Provide a description of the products or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source procurements in excess of the Simplified Acquisition Threshold (currently \$150,000).</i>		<i>Describe the purpose of the contract</i>	<i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>					
					Total Cost	Non-Federal Contribution	Federal Request	
							\$0	
					Total(s)	\$0	\$0	\$0
Consultant Travel (if necessary)								
Purpose of Travel		Location	Type of Expense		Computation			
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>		<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>		<i>Compute the cost of each type of expense X the number of people traveling.</i>			
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
					Total	\$0	\$0	\$0
Narrative								

Budget Summary

Budget Summary											
<i>Note: Any errors detected on this page should be fixed on the corresponding Budget Detail tab.</i>											
Budget Category	Year 1		Year 2 (if needed)		Year 3 (if needed)		Year 4 (if needed)		Year 5 (if needed)		Total(s)
	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	
A. Personnel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Travel	\$1,500	\$0	\$1,500	\$0	\$1,500	\$0	\$0	\$0	\$0	\$0	\$4,500
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
F. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G. Subawards (Subgrants)	\$398,221	\$0	\$398,221	\$0	\$398,221	\$0	\$0	\$0	\$0	\$0	\$1,194,663
H. Procurement Contracts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
I. Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$399,721	\$0	\$399,721	\$0	\$399,721	\$0	\$0	\$0	\$0	\$0	\$1,199,163
J. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Project Costs	\$399,721	\$0	\$399,721	\$0	\$399,721	\$0	\$0	\$0	\$0	\$0	\$1,199,163
Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N											No

Budget Detail - Year 1

Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N
[\(DOJ Financial Guide, Section 3.10\)](#)

A. Personnel

Name <i>List each name, if known.</i>	Position <i>List each position, if known.</i>	Computation <i>Show annual salary rate & amount of time devoted to the project for each name/position.</i>						
		Salary	Rate	Time Worked <i>(# of hours, days, months, years)</i>	Percentage of Time	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total(s)						\$0	\$0	\$0

Narrative

Pinellas County is not requesting personnel costs in this application.

Purpose Area #4

B. Fringe Benefits					
Name	Computation				
<i>List each grant-supported position receiving fringe benefits.</i>	<i>Show the basis for computation.</i>				
	Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total(s)			\$0	\$0	\$0
Narrative					
Pinellas County is not requesting fringe benefit costs in this application.					

Purpose Area #4

C. Travel										
Purpose of Travel	Location	Type of Expense	Basis	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Lodging, Meals, Etc.</i>	<i>Per day, mile, trip, Etc.</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
				Cost	Quantity	# of Staff	# of Trips	Total Cost	Non-Federal Contribution	Federal Request
Grant Required Travel	Washington, DC	Transportation	Round-trip	\$475.00	1	1	1	\$475	\$0	\$475
Grant Required Travel	Washington, DC	Transportation	Round-trip	\$50.00	1	1	1	\$50	\$0	\$50
Grant Required Travel	Washington, DC	Lodging	Night	\$229.00	3	1	1	\$687	\$0	\$687
Grant Required Travel	Washington, DC	Meals	Day	\$76.00	3	1	1	\$228	\$0	\$228
Grant Required Travel	Wasdington, DC	Other	N/A	\$60.00	1	1	1	\$60	\$0	\$60
Total(s)								\$1,500	\$0	\$1,500
Narrative										
Travel above is for grant required travel indicated in the FOA.										

Purpose Area #4

D. Equipment					
Item	Computation				
<i>List and describe each item of equipment that will be purchased</i>	<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
	# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total(s)			\$0	\$0	\$0
Narrative					
Pinellas County is not requesting equipment costs in this application.					

Purpose Area #4

E. Supplies						
Supply Items		Computation				
<i>Provide a list of the types of items to be purchased with grant funds.</i>		<i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						
Pinellas County is not requesting supply costs in this application.						

Purpose Area #4

F. Construction						
Purpose <i>Provide the purpose of the construction</i>	Description of Work <i>Describe the construction project(s)</i>	Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						
Pinellas County is not requesting construction costs in this application.						

Purpose Area #4

G. Subawards (Subgrants)										
Description <i>Provide a description of the activities to be carried out by subrecipients.</i>		Purpose <i>Describe the purpose of the subaward (subgrant)</i>			Consultant? <i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>					
							Total Cost	Non-Federal Contribution	Federal Request	
Project Staff and Treatment Services		Operation PAR is a local substance use treatment provider offering medication assisted treatment.					\$396,721		\$396,721	
							Total(s)	\$398,221	\$0	\$398,221
Consultant Travel (if necessary)										
Purpose of Travel <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>		Location <i>Indicate the travel destination.</i>	Type of Expense <i>Hotel, airfare, per diem</i>		Computation <i>Compute the cost of each type of expense X the number of people traveling.</i>					
					Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
Grant Required Meeting		Washington, D.C.	Transportation		475	1	1	\$475		\$475
Grant Required Meeting		Washington, D.C.	Transportation		50	1	1	\$50		\$50
Grant Required Meeting		Washington, D.C.	Lodging		229	3	1	\$687		\$687
Grant Required Meeting		Washington, D.C.	Meals		76	3	1	\$228		\$228
Grant Required Meeting		Washington, D.C.	Other		60	1	1	\$60		\$60
							Total	\$1,500	\$0	\$1,500
Narrative										
<p>(1) Project Supervisor .10 FTE @\$7,500. The Project Supervisor will be tasked with coordination of services and overseeing day-to-day project operations; (2) Grant Data Analyst .10 FTE @ \$7,860. The Grant Data Analyst will be responsible for collecting project data for analysis and performance reporting; (3) Case Manager 1 FTE @ \$35,000. The Case Manager will be tasked with connecting program participants with services based upon thier individual needs; (4) Counselor 1 FTE @ \$40,000. The Counselor will be responsible for providing direct treatment services to the program participants; (5) Peer Recovery Support Specialist 1 FTE @ \$35,000. The Peer Recovery Support Specialist will provide direct support services to the program participants; (6) Fringe benefits @ 28% of salaries = \$125,360 x 28% = \$35,100.80; (7) Medication Assisted Treatment (MAT) @ an average of \$474 per month x 12 months x 18 clients = \$102,500. MAT services will be tailored to the clients' individual needs to aid in the treatment of opioid disorder and will include Vivitrol, Methadone and/or Buprenorphine; (8) Short Term Residential @ \$250 per bed x 140 bed days = \$35,000; (9) Physician oversight of MAT treatment services @ \$500 per month x 12 months = \$6,000; (10) Overdose Peer Reviewer @ \$35 per hour x 8 hours per month x 12 months = \$3,360. Peer will conduct social and family interviews for the overdose fatality review committee; (11) Local travel @ 1,000 miles per month x 12 months x \$.485 per mile = \$5,800; (12) Naloxone for law enforcement, first responders, individuals and families @ \$2,500 per month x 12 months = \$30,000; (13) Bus passes @ \$500 per month x 12 months = \$6,000; (14) Staff cellular phones @ \$83.33 per month x 12 months x 3 phones = \$3,000; (15) Professional liability @ 1.2% of salaries x \$125,360 = \$1,504.32; (16) Office/Medical supplies @ 150 per month x 12 months = \$1,800; (17) Computer Maintenance @ \$34.50 per month x 12 months x 3 computers = \$1,242; (18) Office occupancy @ \$100 per month x 12 months x 3 staff members = \$3,600; (19) Federally approved indirect cost rate @ 14.06% of direct costs = 14.06% x \$361,767.12 = \$36,452.96. Travel indicated above reflects the required grant travel identified in the FOA.</p>										

Purpose Area #4

H. Procurement Contracts										
Description		Purpose	Consultant?							
<i>Provide a description of the products or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source procurements in excess of the Simplified Acquisition Threshold (currently \$150,000).</i>		<i>Describe the purpose of the contract</i>	<i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>							
					Total Cost	Non-Federal Contribution	Federal Request			
							\$0			
					Total(s)	\$0	\$0	\$0		
Consultant Travel (if necessary)										
Purpose of Travel		Location	Type of Expense		Computation					
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>		<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>		<i>Compute the cost of each type of expense X the number of people traveling.</i>					
					Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
								\$0		\$0
					Total	\$0	\$0	\$0		
Narrative										

Pinellas County is not requesting procurement contract costs in this application.

I. Other Costs							
Description <i>List and describe items that will be paid with grants funds (e.g. rent, reproduction, telephone, janitorial, or security services, and investigative or confidential funds).</i>	Computation <i>Show the basis for computation</i>						
	Quantity	Basis	Cost	Length of Time	Total Cost	Non-Federal Contribution	Federal Request
					\$0		\$0
Total(s)					\$0	\$0	\$0

Narrative

Pinellas County is not requesting other costs in this application.

Purpose Area #4

J. Indirect Costs						
Description <i>Describe what the approved rate is and how it is applied.</i>		Computation <i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
		Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						
Pinellas County is not requesting indirect costs in this application.						

Budget Detail - Year 2

Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N
[\(DOJ Financial Guide, Section 3.10\)](#)

A. Personnel

Name <i>List each name, if known.</i>	Position <i>List each position, if known.</i>	Computation <i>Show annual salary rate & amount of time devoted to the project for each name/position.</i>						
		Salary	Rate	Time Worked <i>(# of hours, days, months, years)</i>	Percentage of Time	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total(s)						\$0	\$0	\$0

Narrative

Pinellas County is not requesting personnel costs in this application.

Purpose Area #4

B. Fringe Benefits					
Name <i>List each grant-supported position receiving fringe benefits.</i>	Computation <i>Show the basis for computation.</i>				
	Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total(s)			\$0	\$0	\$0
Narrative					
Pinellas County is not requesting fringe benefit costs in this application.					

Purpose Area #4

C. Travel										
Purpose of Travel	Location	Type of Expense	Basis	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Lodging, Meals, Etc.</i>	<i>Per day, mile, trip, Etc.</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
				Cost	Quantity	# of Staff	# of Trips	Total Cost	Non-Federal Contribution	Federal Request
Grant Required Travel	Washington, DC	Transportation	Round-trip	\$475.00	1	1	1	\$475	\$0	\$475
Grant Required Travel	Washington, DC	Transportation	Round-trip	\$50.00	1	1	1	\$50	\$0	\$50
Grant Required Travel	Washington, DC	Lodging	Night	\$229.00	3	1	1	\$687	\$0	\$687
Grant Required Travel	Washington, DC	Meals	Day	\$76.00	3	1	1	\$228	\$0	\$228
Grant Required Travel	Wasdington, DC	Other	N/A	\$60.00	1	1	1	\$60	\$0	\$60
Total(s)								\$1,500	\$0	\$1,500
Narrative										
Travel above is for grant required travel indicated in the FOA.										

Purpose Area #4

D. Equipment					
Item	Computation				
<i>List and describe each item of equipment that will be purchased</i>	<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
	# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total(s)			\$0	\$0	\$0
Narrative					
Pinellas County is not requesting equipment costs in this application.					

Purpose Area #4

E. Supplies						
Supply Items		Computation				
<i>Provide a list of the types of items to be purchased with grant funds.</i>		<i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						
Pinellas County is not requesting supply costs in this application.						

Purpose Area #4

F. Construction						
Purpose <i>Provide the purpose of the construction</i>	Description of Work <i>Describe the construction project(s)</i>	Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						
Pinellas County is not requesting construction costs in this application.						

Purpose Area #4

G. Subawards (Subgrants)										
Description <i>Provide a description of the activities to be carried out by subrecipients.</i>		Purpose <i>Describe the purpose of the subaward (subgrant)</i>			Consultant? <i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>					
							Total Cost	Non-Federal Contribution	Federal Request	
Project Staff and Treatment Services		Operation PAR is a local substance use treatment provider offering medication assisted treatment.					\$396,721		\$396,721	
							Total(s)	\$398,221	\$0	\$398,221
Consultant Travel (if necessary)										
Purpose of Travel <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>		Location <i>Indicate the travel destination.</i>	Type of Expense <i>Hotel, airfare, per diem</i>		Computation <i>Compute the cost of each type of expense X the number of people traveling.</i>					
					Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
Grant Required Meeting		Washington, D.C.	Transportation		475	1	1	\$475		\$475
Grant Required Meeting		Washington, D.C.	Transportation		50	1	1	\$50		\$50
Grant Required Meeting		Washington, D.C.	Lodging		229	3	1	\$687		\$687
Grant Required Meeting		Washington, D.C.	Lodging		76	3	1	\$228		\$228
Grant Required Meeting		Washington, D.C.	Other		60	1	1	\$60		\$60
							Total	\$1,500	\$0	\$1,500
Narrative										
<p>(1) Project Supervisor .10 FTE @\$7,500. The Project Supervisor will be tasked with coordination of services and overseeing day-to-day project operations; (2) Grant Data Analyst .10 FTE @ \$7,860. The Grant Data Analyst will be responsible for collecting project data for analysis and performance reporting; (3) Case Manager 1 FTE @ \$35,000. The Case Manager will be tasked with connecting program participants with services based upon thier individual needs; (4) Counselor 1 FTE @ \$40,000. The Counselor will be responsible for providing direct treatment services to the program participants; (5) Peer Recovery Support Specialist 1 FTE @ \$35,000. The Peer Recovery Support Specialist will provide direct support services to the program participants; (6) Fringe benefits @ 28% of salaries = \$125,360 x 28% = \$35,100.80; (7) Medication Assisted Treatment (MAT) @ an average of \$474 per month x 12 months x 18 clients = \$102,500. MAT services will be tailored to the clients' individual needs to aid in the treatment of opioid disorder and will include Vivitrol, Methadone and/or Buprenorphine; (8) Short Term Residential @ \$250 per bed x 140 bed days = \$35,000; (9) Physician oversight of MAT treatment services @ \$500 per month x 12 months = \$6,000; (10) Overdose Peer Reviewer @ \$35 per hour x 8 hours per month x 12 months = \$3,360. Peer will conduct social and family interviews for the overdose fatality review committee; (11) Local travel @ 1,000 miles per month x 12 months x \$.485 per mile = \$5,800; (12) Naloxone for law enforcement, first responders, individuals and families @ \$2,500 per month x 12 months = \$30,000; (13) Bus passes @ \$500 per month x 12 months = \$6,000; (14) Staff cellular phones @ \$83.33 per month x 12 months x 3 phones = \$3,000; (15) Professional liability @ 1.2% of salaries x \$125,360 = \$1, 504.32; (16) Office/Medical supplies @ 150 per month x 12 months = \$1,800; (17) Computer Maintenance @ \$34.50 per month x 12 months x 3 computers = \$1,242; (18) Office occupancy @ \$100 per month x 12 months x 3 staff members = \$3,600; (19) Federally approved indirect cost rate @ 14.06% of direct costs = 14.06% x \$361,767.12 = \$36,452.96. Travel indicated above reflects the required grant travel identified in the FOA.</p>										

Purpose Area #4

H. Procurement Contracts									
Description		Purpose		Consultant?					
<i>Provide a description of the products or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source procurements in excess of the Simplified Acquisition Threshold (currently \$150,000).</i>		<i>Describe the purpose of the contract</i>		<i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>					
						Total Cost	Non-Federal Contribution	Federal Request	
								\$0	
Total(s)						\$0	\$0	\$0	
Consultant Travel (if necessary)									
Purpose of Travel	Location	Type of Expense		Computation					
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>		<i>Compute the cost of each type of expense X the number of people traveling.</i>					
				Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
							\$0		\$0
Total						\$0	\$0	\$0	
Narrative									

Pinellas County is not requesting procurement contract costs in this application.

I. Other Costs							
Description <i>List and describe items that will be paid with grants funds (e.g. rent, reproduction, telephone, janitorial, or security services, and investigative or confidential funds).</i>	Computation <i>Show the basis for computation</i>						
	Quantity	Basis	Cost	Length of Time	Total Cost	Non-Federal Contribution	Federal Request
					\$0		\$0
Total(s)					\$0	\$0	\$0

Narrative

Pinellas County is not requesting other costs in this application.

Purpose Area #4

J. Indirect Costs						
Description <i>Describe what the approved rate is and how it is applied.</i>		Computation <i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
		Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						
Pinellas County is not requesting indirect costs in this application.						

Budget Detail - Year 3

Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N
[\(DOJ Financial Guide, Section 3.10\)](#)

A. Personnel

Name <i>List each name, if known.</i>	Position <i>List each position, if known.</i>	Computation <i>Show annual salary rate & amount of time devoted to the project for each name/position.</i>						
		Salary	Rate	Time Worked <i>(# of hours, days, months, years)</i>	Percentage of Time	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total(s)						\$0	\$0	\$0

Narrative

Pinellas County is not requesting personnel costs in this application.

Purpose Area #4

B. Fringe Benefits					
Name <i>List each grant-supported position receiving fringe benefits.</i>	Computation <i>Show the basis for computation.</i>				
	Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total(s)			\$0	\$0	\$0
Narrative					
Pinellas County is not requesting fringe benefit costs in this application.					

Purpose Area #4

C. Travel										
Purpose of Travel	Location	Type of Expense	Basis	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Lodging, Meals, Etc.</i>	<i>Per day, mile, trip, Etc.</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
				Cost	Quantity	# of Staff	# of Trips	Total Cost	Non-Federal Contribution	Federal Request
Grant Required Travel	Washington, DC	Transportation	Round-trip	\$475.00	1	1	1	\$475	\$0	\$475
Grant Required Travel	Washington, DC	Transportation	Round-trip	\$50.00	1	1	1	\$50	\$0	\$50
Grant Required Travel	Washington, DC	Lodging	Night	\$229.00	3	1	1	\$687	\$0	\$687
Grant Required Travel	Washington, DC	Meals	Day	\$76.00	3	1	1	\$228	\$0	\$228
Grant Required Travel	Wasdington, DC	Other	N/A	\$60.00	1	1	1	\$60	\$0	\$60
Total(s)								\$1,500	\$0	\$1,500
Narrative										
Travel above is for grant required travel indicated in the FOA.										

Purpose Area #4

D. Equipment					
Item <i>List and describe each item of equipment that will be purchased</i>	Computation <i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
	# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total(s)			\$0	\$0	\$0
Narrative					
Pinellas County is not requesting equipment costs in this application.					

Purpose Area #4

E. Supplies						
Supply Items <i>Provide a list of the types of items to be purchased with grant funds.</i>		Computation <i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						
Pinellas County is not requesting supply costs in this application.						

Purpose Area #4

F. Construction						
Purpose <i>Provide the purpose of the construction</i>	Description of Work <i>Describe the construction project(s)</i>	Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						
Pinellas County is not requesting construction costs in this application.						

Purpose Area #4

G. Subawards (Subgrants)										
Description <i>Provide a description of the activities to be carried out by subrecipients.</i>		Purpose <i>Describe the purpose of the subaward (subgrant)</i>			Consultant? <i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>					
							Total Cost	Non-Federal Contribution	Federal Request	
Project Staff and Treatment Services		Operation PAR is a local substance use treatment provider offering medication assisted treatment.					\$396,721		\$396,721	
Total(s)							\$398,221	\$0	\$398,221	
Consultant Travel (if necessary)										
Purpose of Travel <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>		Location <i>Indicate the travel destination.</i>	Type of Expense <i>Hotel, airfare, per diem</i>		Computation <i>Compute the cost of each type of expense X the number of people traveling.</i>					
					Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
Grant Required Meeting		Washington, D.C.	Transportation		475	1	1	\$475		\$475
Grant Required Meeting		Washington, D.C.	Transportation		50	1	1	\$50		\$50
Grant Required Meeting		Washington, D.C.	Lodging		229	3	1	\$687		\$687
Grant Required Meeting		Washington, D.C.	Meals		76	3	1	\$228		\$228
Grant Required Meeting		Washington, D.C.	Other		60	1	1	\$60		\$60
Total								\$1,500	\$0	\$1,500
Narrative										
<p>(1) Project Supervisor .10 FTE @\$7,500. The Project Supervisor will be tasked with coordination of services and overseeing day-to-day project operations; (2) Grant Data Analyst .10 FTE @ \$7,860. The Grant Data Analyst will be responsible for collecting project data for analysis and performance reporting; (3) Case Manager 1 FTE @ \$35,000. The Case Manager will be tasked with connecting program participants with services based upon thier individual needs; (4) Counselor 1 FTE @ \$40,000. The Counselor will be responsible for providing direct treatment services to the program participants; (5) Peer Recovery Support Specialist 1 FTE @ \$35,000. The Peer Recovery Support Specialist will provide direct support services to the program participants; (6) Fringe benefits @ 28% of salaries = \$125,360 x 28% = \$35,100.80; (7) Medication Assisted Treatment (MAT) @ an average of \$474 per month x 12 months x 18 clients = \$102,500. MAT services will be tailored to the clients' individual needs to aid in the treatment of opioid disorder and will include Vivitrol, Methadone and/or Buprenorphine; (8) Short Term Residential @ \$250 per bed x 140 bed days = \$35,000; (9) Physician oversight of MAT treatment services @ \$500 per month x 12 months = \$6,000; (10) Overdose Peer Reviewer @ \$35 per hour x 8 hours per month x 12 months = \$3,360. Peer will conduct social and family interviews for the overdose fatality review committee; (11) Local travel @ 1,000 miles per month x 12 months x \$.485 per mile = \$5,800; (12) Naloxone for law enforcement, first responders, individuals and families @ \$2,500 per month x 12 months = \$30,000; (13) Bus passes @ \$500 per month x 12 months = \$6,000; (14) Staff cellular phones @ \$83.33 per month x 12 months x 3 phones = \$3,000; (15) Professional liability @ 1.2% of salaries x \$125,360 = \$1, 504.32; (16) Office/Medical supplies @ 150 per month x 12 months = \$1,800; (17) Computer Maintenance @ \$34.50 per month x 12 months x 3 computers = \$1,242; (18) Office occupancy @ \$100 per month x 12 months x 3 staff members = \$3,600; (19) Federally approved indirect cost rate @ 14.06% of direct costs = 14.06% x \$361,767.12 = \$36,452.96. Travel indicated above reflects the required grant travel identified in the FOA.</p>										

Purpose Area #4

H. Procurement Contracts									
Description		Purpose		Consultant?					
<i>Provide a description of the products or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source procurements in excess of the Simplified Acquisition Threshold (currently \$150,000).</i>		<i>Describe the purpose of the contract</i>		<i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>					
						Total Cost	Non-Federal Contribution	Federal Request	
								\$0	
Total(s)						\$0	\$0	\$0	
Consultant Travel (if necessary)									
Purpose of Travel	Location	Type of Expense		Computation					
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>		<i>Compute the cost of each type of expense X the number of people traveling.</i>					
				Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
							\$0		\$0
Total						\$0	\$0	\$0	
Narrative									

Pinellas County is not requesting procurement contract costs in this application.

I. Other Costs

Description <i>List and describe items that will be paid with grants funds (e.g. rent, reproduction, telephone, janitorial, or security services, and investigative or confidential funds).</i>	Computation <i>Show the basis for computation</i>						
	Quantity	Basis	Cost	Length of Time	Total Cost	Non-Federal Contribution	Federal Request
					\$0		\$0
Total(s)					\$0	\$0	\$0

Narrative

Pinellas County is not requesting other costs in this application.

Purpose Area #4

J. Indirect Costs						
Description <i>Describe what the approved rate is and how it is applied.</i>		Computation <i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
		Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						
Pinellas County is not requesting indirect costs in this application.						