Appendices

Pinellas County Human Services
Funding Agreement with
Operation PAR

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Human Services Funding Agreement 5th Amendment

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Appendix A

Grant Applications

Application for Federal Assistance SF-424

OMB Approval No. 4040-0004
Expiration Date 8/31/2016

*** 1. Type of Submission**
- ☐ Preapplication
- ☑ Application
- ☐ Changed/Corrected Application

*** 2. Type of Application**
- ☐ New
- ☐ Continuation
- ☑ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

*** 3. Date Received:** 9/28/2015

4. Applicant Identifier: H80CS00024

*** 5.a Federal Entity Identifier:** Application #:133538 Grants.Gov #:GRANT12001259

5.b Federal Award Identifier: H80CS00024

*** 6. Date Received by State:**

7. State Application Identifier:

8. Applicant Information:

* a. Legal Name: PINELLAS, COUNTY OF

* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000800

* c. Organizational DUNS: 055200216

d. Address:

* Street1: 14 S. Ft. Harrison Ave.,

Street2:

* City: Clearwater

County:

* State: FL

Province:

* Country: US: United States

* Zip / Postal Code: 33756-

e. Organization Unit:

Department Name: Human Services

Division Name:

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

Prefix:

* First Name: Daisy

Middle Name: Middle Name:

Last Name: Rodriguez

Suffix:

Title: Project Director/Health Care Administrator

Organizational Affiliation:

* Telephone Number: (727) 464-4206

Fax Number:

* Email: darodriguez@pinellascounty.org

9. Type of Applicant 1: B: County Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

*** 10. Name of Federal Agency:** N/A

11. Catalog of Federal Domestic Assistance Number: 93.527

CFDA Title: Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program

*** 12. Funding Opportunity Number:** HRSA-16-074

* Title: Substance Abuse Service Expansion

13. Competition Identification Number: 6633

Title: Substance Abuse Service Expansion

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

*** 15. Descriptive Title of Applicant's Project:** Health Center Cluster

Project Description:
See Attachment

16. Congressional Districts Of:

* a. Applicant: FL-13

* b. Program/Project: FL-13

Additional Program/Project Congressional Districts:
See Attachment

17. Proposed Project:

* a. Start Date:	3/1/2016	* b. End Date:	2/28/2018

18. Estimated Funding ($):

* a. Federal	$325,000.00
* b. Applicant	$0.00
* c. State	$0.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$325,000.00

*** 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 Of Any Federal Debt(If "Yes", provide explaination in attachment.)**

☐ Yes ☑ No

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:	Daisy
Middle Name:	M		
* Last Name:	Rodriguez		
Suffix:			
* Title:			
* Telephone Number:	(727) 464-4206	Fax Number:	
* Email:	darodriguez@pinellascounty.org		
* Signature of Authorized Representative:	Daisy M Rodriguez	* Date Signed:	

OMB Approval No. 4040-0010
Expiration Date 9/30/2016

Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name: Pinellas County Board of County Commissioners

* Street1: 440 Court Street, 2nd Floor

Street2:

* City: Clearwater

County:

* State: Florida Province:

* Country US: United States * ZIP / Postal Code: 33756-

DUNS Number:

Project/ Performance Site Congressional District: FL-13

OMB Approval No. 4040-0004

SF-424A: BUDGET INFORMATION - Non-Construction Programs

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	**Catalog of Federal Domestic Assistance Number**	**Estimated Unobligated Funds**		**New or Revised Budget**		
		Federal	**Non-Federal**	**Federal**	**Non-Federal**	**Total**
Health Care for the Homeless	93.224	$0.00	$0.00	$325,000.00	$0.00	$325,000.00
Total		**$0.00**	**$0.00**	**$325,000.00**	**$0.00**	**$325,000.00**

SECTION B - BUDGET CATEGORIES			
Object Class Categories	Federal	Non-Federal	Total
a. Personnel	$0.00	$0.00	$0.00
b. Fringe Benefits	$0.00	$0.00	$0.00
c. Travel	$500.00	$0.00	$500.00
d. Equipment	$0.00	$0.00	$0.00
e. Supplies	$3468.00	$0.00	$3468.00
f. Contractual	$316630.00	$0.00	$316630.00
g. Construction	$0.00	$0.00	$0.00
h. Other	$4402.00	$0.00	$4402.00
i. Total Direct Charges (sum of a-h)	**$325000.00**	**$0.00**	**$325000.00**
j. Indirect Charges	$0.00	$0.00	$0.00
k. TOTALS (sum of i and j)	**$325000.00**	**$0.00**	**$325000.00**

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	**Applicant**	**State**	**Other Sources**	**TOTALS**
Health Care for the Homeless	$0.00	$0.00	$0.00	**$0.00**
Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
Federal	**$0.00**	$0.00	$0.00	$0.00	$0.00
Non-Federal	**$0.00**	$0.00	$0.00	$0.00	$0.00
Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
Grant Program	**FUTURE FUNDING PERIODS (YEARS)**			
	First	**Second**	**Third**	**Fourth**
Health Care for the Homeless	$325,000.00	$0.00	$0.00	$0.00
TOTAL	**$325,000.00**	**$0.00**	**$0.00**	**$0.00**

SECTION F - OTHER BUDGET INFORMATION	
Direct Charges	No information added.
Indirect Charges	No information added.
Remarks	No information added.

SF-424B: ASSURANCES, NON-CONSTRUCTION PROGRAMS

OMB Approval No. 4040-0007

Expiration Date 06/30/2014

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. 45 CFR 75, "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.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	* TITLE
Daisy M Rodriguez	
* APPLICANT ORGANIZATION	* DATE SUBMITTED
PINELLAS, COUNTY OF	

OMB Approval No. 0348-0046
Expiration Date 12/31/2013

DISCLOSURE OF LOBBYING ACTIVITIES

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

1. * Type of Federal Action:
- ☐ a. contract
- ☑ b. grant
- ☐ c. cooperative agreement
- ☐ d. loan
- ☐ e. loan guarantee
- ☐ f. loan insurance

2. * Status of Federal Action:
- ☐ a. bid/offer/application
- ☐ b. initial award
- ☐ c. post-award

3. * Report Type:
- ☐ a. initial filing
- ☐ b. material change

For Material Change

Year

Quarter

Date of Last Report

4. Name and Address of Reporting Entity:

☑ Prime ☐ SubAwardee Tier If Known:

*Name PINELLAS, COUNTY OF

*Street 1 14 S. Ft. Harrison Ave.,

Street 2

*City Clearwater *State* FL

*Zip 33756- Congressional District, if known:

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

6. * Federal Department/Agency:
U.S Department of Health and Human Services, HRSA

7. * Federal Program Name/Description:
Health Center Program

CFDA Number, *if applicable*:
93.527

8. Federal Action Number, *if known*:
HRSA-16-074

9. Award Amount, *if known*:

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* Daisy *Middle Name* M

Last Name Rodriguez *Suffix*

Title: **Telephone No.:** (727) 464-4206 **Date:**

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL

Program Review Form - Review

00133538: PINELLAS, COUNTY OF **Due Date: 10/14/2015 (Due In: 0 Days)**

Announcement Number: HRSA-16-074 **Announcement Name:** Substance Abuse Service Expansion **Application Type:** Revision (Supplemental)

Grant Number: H80CS00024 **Total Federal Requested Amount:** $325,000.00 **Maximum Eligible Amount:** $325,000.00

Target Population Type(s): Health Care for the Homeless

Resources

View

FY 2016 Substance Abuse Service Expansion User Guide | Funding Opportunity Announcement

Project Work Plan

As of 10/14/2015 03:15:19 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Required Goals

Goal

Goal A1 (Required) - Establish or enhance an integrated primary care/behavioral health model.

Key Factor Type	Description	Status
Contributing	Working with an additional contracted substance abuse provider on-site and through eServices will enhance the integrated care model. Training for all co-located staff will increase the overall ability to spot substance abuse issues and avoid relapse in patients who are in treatment. Additional training for staff will enable them to be able to better identify patients appropriate for MAT.	Complete
Restricting	Patients seeking primary care may not want to answer questions about substance abuse.	Complete

Activity Description	Person/Area Responsible	Time Frame	Expected Outcome
Employ a CAP who will provide the necessary linkage to MAT treatment, providing effective engagement, on-site assessment, and ongoing counseling for patients receiving MAT.	The newly contracted agency, Operation PAR, will employ the CAP and provide the training to health center staff.	The additional FTE will be hired and trained within the 30 days of the inception of the project.	Integrated care for 40 patients who complete the six months of treatment.
Staff training will be provided four times per year in three hour sessions.	The newly contracted agency, Operation PAR, will employ the CAP and provide the training to health center staff.	Staff training will be provided every three months for three hours, the first session to be completed at the beginning of the project's inception to ensure that all health center staff are trained appropriately in MAT, and the project goals.	Integrated care for 40 patients who complete the six months of treatment.

Goal

Goal A2 (Required) - Increase the number of patients screened for substance use disorders and connected to treatment via Screening, Brief Intervention, and Referral to Treatment (SBIRT) and other evidence-based practices.

Key Factor Type	Description	Status
Contributing	Patients in need of MAT will be assessed on-site by an addictions specialist rather than receiving a referral to treatment. Without the on-site specialist it would not be possible to increase the number of patients screened for MAT.	Complete
Restricting	Space and time limitations at the health center locations.	Complete

Activity Description	Person/Area Responsible	Time Frame	Expected Outcome
Health center nurse will do the initial screening and then refer to the CAP for assessment.	Certified Addiction Professional, Operation PAR	Ongoing throughout the duration of the project in order to achieve a caseload of 40 patients.	40 patients will have access to MAT in a way structured to facilitate completion of treatment. Other patients will benefit from staff increased awareness and skill in substance abuse
Educate clients on the SBIRT assessment and MAT Services.	Health Center Nurse and Certified Addiction Professional, Operation PAR	Ongoing through the project period	Clients who are candidates for substance abuse services will become aware of the new service being offered, as well as detailed information on the assessment and treatment protocol for MAT.

Goal

Goal A3 (Required) - Increase the number of patients with health center-funded access to MAT for opioid use and other substance use disorders treatment by: (1) adding at least 1.0 full time equivalent (FTE) substance abuse services provider(s) directly and/or through contract(s) within 120 days of award; and (2) adding new or enhancing existing substance abuse services directly and/or through contract(s) within 120 days of award.

Key Factor Type	Description		Status
Contributing	The County will contract with the only non- profit facility in the county licensed to provide MAT. The FTE employed through this contracted agency, a Certified Addiction Professional, will be on-site assessing for the need for MAT.		Complete
Contributing	The County will provide eServices at the health center for this group of 40 patients.		Complete
Restricting	Most of the health center patients use alcohol, not opioids as their primary drug of choice, so it may be harder to identify 10 patients appropriate for Methadone Maintenance Therapy. (MMT)		Complete
Activity Description	**Person/Area Responsible**	**Time Frame**	**Expected Outcome**
Complete contract with the new provider.	Designated county staff in Contracts and Planning.	The contract will be drafted immediately upon grant approval and will follow the County's process for Contract Review. This process may take 6 weeks to complete for Board of County Commission approval.	Contract to provide service completed and one FTE hired.
Hire the FTE (CAP).	Operation PAR, the contracted provider will hire the new FTE.	Within 30 days of award.	Newly hired employee begins providing access to clients and delivering services within 30 days of award.

Goal

Goal A4 (Required) - Coordinate services necessary for patients to achieve and sustain recovery.

Key Factor Type	Description		Status
Contributing	Patients will no longer have to travel for assessment and treatment, except for the actual administration of MMT, and Vivitrol in the first year. They will be assessed on-site and be provided with a brief intervention and then selected and approved for the appropriate treatment. Health center care coordinators will also assist with the care coordination process.		Complete
Restricting	Patients may not follow through on any additional steps in the referral process, including the necessary testing for MMT appropriateness, and/or follow up visits for counseling.		Complete
Activity Description	**Person/Area Responsible**	**Time Frame**	**Expected Outcome**
Arrange for transportation for clients based on treatment schedule identified by CAP.	CAP	Transportation arrangements will be secured and client notified of arrangements within 48 hours of scheduled appointment.	Patients will be engaged and successfully complete treatment.
Ensure that the client has received the appointment necessary for follow-up services; either a counseling appointment or medication related appointment.	CAP	Each week, or as required by the MAT plan, clients have scheduled appointments.	Patients will be engaged and successfully complete treatment.

Goal

Goal A5 (Required) - Provide training and educational resources, including updated prescriber guidelines, to help health professionals make informed prescribing decisions and address the over-prescribing of opioids.

Key Factor Type	Description		Status
Contributing	Staff will be trained four times per year in current evidence based practice for the treatment of substance abuse, including prescribing practices for appropriate staff.		Complete
Restricting	Time is taken away from seeing patients.		Complete
Activity Description	**Person/Area Responsible**	**Time Frame**	**Expected Outcome**
Health center staff will be required to participate in in-person training by the contracted provider, Operation PAR, on current evidence based practice for the treatment of substance abuse, including prescribing practices.	Training Staff from Operation PAR, the contract provider	Four times per year/quarterly	Staff will be more proficient in prescribing effectively and appropriately, avoiding risk.
Staff will be provided with resource materials and provided with recommended reading materials/communication subscriptions to bring the latest news, trends, and resources to the health center staff.	Training staff, Operation PAR	Quarterly	Staff stay informed on the latest trends, updates, and breakthroughs related to the treatment of substance abuse and prescribing practices.

Optional Goals

Goal

Goal B1 (Optional) - Increase education, screening, care coordination, risk reduction interventions, and/or counseling regarding the availability of testing, treatment, and clinical

management for patients with or at risk of HIV/AIDS, hepatitis C, and other diseases associated with opioid abuse.

Key Factor Type	Description		Status
Contributing	Staff will also be trained in how to recognize the signs of HIV/AIDS and hepatitis C, and provide further screening as appropriate and agreed to.		Complete
Restricting	Extra time needed and time in training is taken away from seeing patients.		Complete
Activity Description	**Person/Area Responsible**	**Time Frame**	**Expected Outcome**
Training in risk reduction interventions and/or counseling regarding the availability of clinical management of other diseases associated with opioid use, such as HIV/AIDS or hepatitis C.	All health center staff.	Throughout the project.	Staff will be more proficient in care coordination, risk reduction interventions and/or counseling regarding the availability of clinical management of other diseases associated with opioid use, such as HIV/AIDS or hepatitis C.
Provision of additional screenings and interventions pertaining to HIV or hepatitis C.	All health center staff.	Throughout the project.	High-risk patients will be more effectively treated and monitored.

Goal

Goal B2 (Optional) - Enhance clinical workflows to improve substance abuse services.

No key factors to display.

No activities to display.

Goal

Goal B3 (Optional) - Enhance the use of health information technologies to improve the effectiveness of substance abuse services and increase patient engagement.

Key Factor Type	Description		Status
Contributing	Eservices will be provided so that patients can have counseling sessions and interactions with the CAP as needed.		Complete
Restricting	Not all patients are computer literate.		Complete
Restricting	Space limitations at health center locations.		Complete
Activity Description	**Person/Area Responsible**	**Time Frame**	**Expected Outcome**
Purchase and installation of technology	Human Services Staff	Within 60 days of award	MAT patients will have access to weekly services.
Train health center staff on procedures and scheduling for use of technology.	Human Services staff	Within 30 days of installation of hardware and software	Clients save time and have easier access to the new service providing the client with the same quality of care in an efficient, easier to access service.

Goal

Goal B4 (Optional) - Educate patients and/or community members on opioid use disorders, including the use of opioid antagonists in preventing opioid overdose.

No key factors to display.

No activities to display.

Form 1A - General Information Worksheet

As of 10/14/2015 03:15:19 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

1. Applicant Information	
Applicant Name	PINELLAS, COUNTY OF
Fiscal Year End Date	February 28/29
Application Type	Revision (Supplemental)
Existing Grantee	Yes
Grant Number	H80CS00024
Business Entity	**[_]** Tribal **[_]** Urban Indian **[_]** Private, non-profit (non-Tribal or Urban Indian) **[X]** Public (non-Tribal or Urban Indian)
Organization Type (Select all that apply)	**[_]** Faith based **[_]** Hospital **[_]** State government **[X]** City/County/Local Government or Municipality **[_]** University **[_]** Community based organization **[_]** Other

	If 'Other' please specify:

2. Proposed Service Area

2a. Service Area Type

Service Area Type	[X] Urban [_] Rural [_] Sparsely Populated - Specify population density by providing the number of people per square mile:

2b. Target Population and Provider Information

Target Population	Current Number	Projected by December 31, 2017
Total Service Area Population	N/A	N/A
Total Target Population	N/A	N/A
Provider Information	**Current Number**	**Projected by December 31, 2017**
Total FTE Medical Providers	N/A	N/A
Total FTE Dental Providers	N/A	N/A
Total FTE Behavioral Health Providers		
Total FTE Mental Health Providers	0.50	0.00
Total FTE Substance Abuse Services Providers	0.00	1.00
Total FTE Enabling Services Providers	3.00	1.00

2c. Patients and Visits

Patients and Visits by Service Type

Service Type	UDS / Baseline Value		Projected by December 31, 2017	
	Patients	Visits	Patients	Visits
Total Medical Services	N/A	N/A	N/A	N/A
Total Dental Services	N/A	N/A	N/A	N/A
Behavioral Health Services				
Total Mental Health Services	72	133	72	133
Total Substance Abuse Services	52	52	92	1172
Total Enabling Services	1790	5711	1790	5711

Unduplicated Patients and Visits by Population Type

Population Type	UDS / Baseline Value		Projected by December 31, 2017	
	Patients	Visits	Patients	Visits
Total	1790	15085	40	1120
General Underserved Community (Report all patients/visits not reported in the rows below)	0	0	0	0
Migratory and Seasonal Agricultural Workers	6	0	0	0
Public Housing Residents	1	0	0	0
People Experiencing Homelessness	1790	15085	40	1120

Form 2 - Staffing Profile

As of 10/14/2015 03:15:19 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Behavioral Health (Mental Health and Substance Abuse)

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Psychiatrists	0.00	NO
Licensed Clinical Psychologists	0.00	NO
Licensed Clinical Social Workers	0.00	NO
Other Mental Health Staff	0.00	NO

Other Licensed Mental Health Providers	0.00	NO
Substance Abuse Providers	1.00	YES

Enabling Services

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Case Managers	0.00	NO
Patient/Community Education Specialists	0.00	NO
Outreach Workers	0.00	NO
Transportation Staff	0.00	NO
Eligibility Assistance Workers	0.00	NO
Interpretation Staff	0.00	NO
Other Enabling Services Staff - Supervisory Staff	0.10	YES

Total FTEs

Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals	1.1	N/A

As of 10/14/2015 03:15:19 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Form 5A - Required Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	[X]	[X]	[_]
Diagnostic Laboratory	[_]	[X]	[_]
Diagnostic Radiology	[_]	[X]	[_]
Screenings	[_]	[X]	[_]
Coverage for Emergencies During and After Hours	[_]	[X]	[_]
Voluntary Family Planning	[_]	[_]	[X]
Immunizations	[_]	[X]	[_]
Well Child Services	[_]	[X]	[_]
Gynecological Care	[_]	[X]	[X]
Obstetrical Care			
Prenatal Care	[_]	[_]	[X]
Intrapartum Care (Labor & Delivery)	[_]	[_]	[X]
Postpartum Care	[_]	[_]	[X]
Preventive Dental	[_]	[X]	[_]
Pharmaceutical Services	[_]	[X]	[_]
HCH Required Substance Abuse Services	[_]	[X]	[X]
Case Management	[X]	[X]	[X]
Eligibility Assistance	[X]	[X]	[_]
Health Education	[X]	[X]	[_]
Outreach	[X]	[_]	[_]
Transportation	[X]	[_]	[_]

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
Translation	[X]	[X]	[_]

As of 10/14/2015 03:15:19 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Form 5A - Additional Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	[_]	[X]	[_]
Behavioral Health Services			
Mental Health Services	[_]	[X]	[X]
Substance Abuse Services	[_]	[_]	[_]
Optometry	[_]	[_]	[_]
Recuperative Care Program Services	[_]	[_]	[_]
Environmental Health Services	[_]	[_]	[X]
Occupational Therapy	[_]	[_]	[X]
Physical Therapy	[_]	[X]	[_]
Speech-Language Pathology/Therapy	[_]	[_]	[_]
Nutrition	[_]	[_]	[X]
Complementary and Alternative Medicine	[_]	[_]	[_]
Additional Enabling/Supportive Services	[X]	[_]	[X]

As of 10/14/2015 03:15:19 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
Podiatry	[_]	[X]	[_]
Psychiatry	[_]	[X]	[_]
Endocrinology	[_]	[_]	[_]
Ophthalmology	[_]	[_]	[_]
Cardiology	[_]	[_]	[_]
Pulmonology	[_]	[_]	[_]
Dermatology	[_]	[_]	[_]
Infectious Disease	[_]	[_]	[_]
Advanced Diagnostic Radiology	[_]	[_]	[_]

Equipment List

As of 10/14/2015 03:15:19 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

List of Equipment				
Type	Description	Unit Price	Quantity	Total Price

List of Equipment				
Type	Description	Unit Price	Quantity	Total Price
No equipment added.				

Supplemental Form

As of 10/14/2015 03:15:19 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Screening, brief interventions, referral to treatment (SBIRT) Information	
Number of patients currently receiving SBIRT:	0
Number of patients projected to receive SBIRT services in calendar year 2017 (January 1 – December 31, 2017):	100

Substance Abuse Service Providers			
Substance Abuse Service Providers	Direct Hire Staff FTEs	Contractor FTEs	Total FTEs
Substance Abuse Service Providers	0	1.1	1.1
Total Direct and Contractor FTEs:	0	1.1	1.1

Close Window

EHBs will be unavailable on Sunday, July 30th, between 7:00 AM and 5:00 PM EST due to planned HRSA OIT maintenance activities.

Application for Federal Assistance SF-424

OMB Approval No. 4040-0004
Expiration Date 8/31/2016

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

*** 3. Date Received:**

4. Applicant Identifier:

*** 5.a Federal Entity Identifier:**
Application #:149919
Grants.Gov #:

5.b Federal Award Identifier:
H80CS00024

*** 6. Date Received by State:**

7. State Application Identifier:

8. Applicant Information:

* a. Legal Name: PINELLAS, COUNTY OF

* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000800

* c. Organizational DUNS: 055200216

d. Address:

* Street1: 14 S. FORT HARRISON OMB 5TH FLOOR
Street2:
* City: CLEARWATER
County:
* State: FL
Province:
* Country: US: United States
* Zip / Postal Code: 33756-5338

e. Organization Unit:

Department Name: Human Services

Division Name: Planning & Contracts Division

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

Prefix: Ms.

* First Name: Daisy

Middle Name: Middle Name:

Last Name: Rodriguez

Suffix:

Title: Health Care Administrator/Project Director

Organizational Affiliation:

* Telephone Number: (727) 464-4206

Fax Number:

* Email: darodriguez@pinellascounty.org

9. Type of Applicant 1:
B: County Government
Type of Applicant 2:
Type of Applicant 3:
* Other (specify):

*** 10. Name of Federal Agency:**
N/A

11. Catalog of Federal Domestic Assistance Number:
93.224
CFDA Title:
Community Health Centers

*** 12. Funding Opportunity Number:**
HRSA-17-118
* Title:
Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding

13. Competition Identification Number:
7195
Title:
Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding

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

*** 15. Descriptive Title of Applicant's Project:**
Health Center Cluster

Project Description:
See Attachment

16. Congressional Districts Of:

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

* a. Applicant	FL-13	* b. Program/Project	FL-13

Additional Program/Project Congressional Districts:
See Attachment

17. Proposed Project:

* a. Start Date:	9/1/2017	* b. End Date:	8/31/2018

18. Estimated Funding ($):

* a. Federal	$133,080.00
* b. Applicant	$0.00
* c. State	$0.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$133,080.00

*** 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 Of Any Federal Debt(If "Yes", provide explaination in attachment.)**

☐ Yes ☑ No

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:	Daisy
Middle Name:	M		
* Last Name:	Rodriguez		
Suffix:			
* Title:			
* Telephone Number:	(727) 464-4206	Fax Number:	
* Email:	darodriguez@pinellascounty.org		
* Signature of Authorized Representative:	Daisy M Rodriguez	* Date Signed:	

OMB Approval No. 4040-0004

SF-424A: BUDGET INFORMATION - Non-Construction Programs

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	$0.00	$0.00	$133,080.00	$0.00	$133,080.00
Total		**$0.00**	**$0.00**	**$133,080.00**	**$0.00**	**$133,080.00**

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Health Care for the Homeless	$0.00	$0.00	$0.00	**$0.00**
Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**

SF-424B: ASSURANCES, NON-CONSTRUCTION PROGRAMS

OMB Approval No. 4040-0007

Expiration Date 06/30/2014

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. 45 CFR 75, "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.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	* TITLE
Daisy M Rodriguez	
* APPLICANT ORGANIZATION	* DATE SUBMITTED
PINELLAS, COUNTY OF	

Program Specific Form(s) - Review

00149919: PINELLAS, COUNTY OF **Due Date: 07/26/2017 (Due In: 5 Days)**

Announcement Number: HRSA-17-118

Announcement Name: Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Federal Funding Request Amount: $133,080.00

Resources

Federal Budget Information Table

As of 07/21/2017 04:28:08 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Federal Budget Information

Note(s):

You must propose to increase direct hire staff and/or contractors to expand access to mental health and substance abuse services, including the treatment, prevention, and awareness of opioid abuse. Funding must be requested equally for mental health and substance abuse service expansion (i.e., the same amount in the identified rows below).

If desired, you may also request one-time funding to leverage health information technology (IT) and/or training to support the expansion of mental health and substance abuse services and their integration into primary care.

Use of Funds	Federal Funds Requested
Ongoing Service Expansion Funding for Increasing Access	
Mental Health Service Expansion Personnel (Required)	$37,500.00
Substance Abuse Service Expansion Personnel (Required)	$37,500.00
One-Time Funding to Support Expanded Services	
Health IT and/or Training Investments	$58,080.00
Total	$133,080

One-Time Funding Focus Areas

If one-time funding is requested for health IT and/or training to support the expansion of mental health and substance abuse services and their integration into primary care, indicate which of the following focus areas the one-time funding will address. Select all that apply. If Other Training and/or Other Health IT are selected, describe the proposed activities related to the selected focus area(s) in the Response section of the Project Narrative.

Focus Areas	Select All That Apply
Medication Assisted Treatment	[_] Medication Assisted Treatment
Telehealth	[X] Telehealth
Prescription Drug Monitoring Program	[_] Prescription Drug Monitoring Program
Clinical Decision Support	[_] Clinical Decision Support
Electronic Health Record Interoperability	[X] Electronic Health Record Interoperability
Quality Improvement	[X] Quality Improvement
Cybersecurity	[_] Cybersecurity
Other Training (describe in the Response section of the Project Narrative)	[X] Other Training (describe in the Response section of the Project Narrative)
Other Health IT (describe in the Response section of the Project Narrative)	[_] Other Health IT (describe in the Response section of the Project Narrative)

Scope of Services

Review the currently approved Form 5A: Services Provided for your organization by clicking this link: **Current Approved Form 5A**.

Indicate below whether a Scope Adjustment or Change in Scope request will be necessary to ensure that all planned changes to mental health and substance abuse services are on your Form 5A (e.g., to move mental health services from formal referral (Column III) to direct provision (Column I), to add substance abuse services for the first time).

Access the technical assistance materials on the Scope of Project resource website for guidance in determining whether a Scope Adjustment or Change in Scope will be necessary (click on the “Services” header in the Resources section to access the Form 5A information).

Note the following before selecting "Yes" or "No" below:

- AIMS funding may support the expansion of existing services in scope as well as new mental health and substance abuse services that are not currently in your scope of project if they align with the AIMS purpose.

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

- You must separately submit a Scope Adjustment or Change in Scope request to HRSA to add new services to your scope of project or to move one or more services currently provided only in Form 5A Column III to Column I and/or Column II. You may not modify your approved Form 5A through this application.
- You do not need to submit a Scope Adjustment or Change in Scope request if AIMS funding will expand services that you are already providing in the same modes of provision (i.e., Form 5A Column I, Column II).
- AIMS funded services must be listed in Column I and/or II on Form 5A, either currently or after you submit and are approved for a Scope Adjustment or Change in Scope. AIMS funded services are limited to: Mental Health, HCH Required Substance Abuse, Substance Abuse, Case Management, and/or Health Education.
- All services supported by AIMS funding, including those to be added to or changed on Form 5A, must be implemented within 120 days of award.

[ ] Yes, I have reviewed my Form 5A and have determined that my proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A.
[X] No, I have reviewed my Form 5A and determined that my proposed activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A.

If yes, describe the proposed changes and a timeline for requesting necessary modifications to your Form 5A through a Scope Adjustment or Change in Scope request. You must receive HRSA approval prior to implementation, which must occur within 120 days of award.
Approximately 1/4 page. (Max 1000 Characters with spaces)

Federal Object Class Categories

As of 07/21/2017 04:28:08 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Total Proposed Budget	Amount
Section 330 federal funding (from Total Federal - New or Revised Budget on Section A – Budget Summary)	$133,080.00
Non-federal funding (from Total Non-Federal - New or Revised Budget on Section A – Budget Summary)	$0.00
Total	$133,080.00

Budget Categories

Object Class Category	Federal	Non-Federal	Total
a. Personnel	$0.00	$0.00	$0.00
b. Fringe Benefits	$0.00	$0.00	$0.00
c. Travel	$6,764.00	$0.00	$6,764.00
d. Equipment	$0.00	$0.00	$0.00
e. Supplies	$18,700.00	$0.00	$18,700.00
f. Contractual	$102,036.00	$0.00	$102,036.00
g. Construction	N/A	N/A	N/A
h. Other	$5,580.00	$0.00	$5,580.00
i. Total Direct Charges (sum of a - h)	$133,080.00	$0.00	$133,080.00
j. Indirect Charges	$0.00	$0.00	$0.00
k. Total Budget Specified in this application (sum of i - j)	$133,080.00	$0.00	$133,080.00

Staffing Impact

As of 07/21/2017 04:28:08 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Note(s):

You must propose to use AIMS ongoing funding to expand and/or add new direct hire staff and/or contractors who will support mental health and substance abuse service expansion, from the list below.

Allocate direct hire staff and contractor full-time equivalents (FTEs) by position. An individual's FTE should not be duplicated across positions. For example, a Licensed Clinical Social Worker serving as a part-time mental health provider and a part-time substance abuse provider should be recorded as Licensed Clinical Social Worker 0.3 FTE and Substance Abuse Provider 0.3 FTE. Do not exceed 1.0 FTE for any individual.

Applicants proposing to increase contractors should explain in the Budget Narrative attachment how the contracted FTE estimate was developed and include details regarding the contractual arrangement.

Include personnel on this form that will be supported with the total AIMS funding (federal and non-federal, if any) listed on the Federal Object Class Categories form. Refer to the 2016 UDS manual for position descriptions as needed.

Position	New Direct Hire Staff FTEs Proposed	New Contractor FTEs Proposed
Psychiatrists	0.00	0.00
Licensed Clinical Psychologists	0.00	0.00

Licensed Clinical Social Workers	0.00	0.00
Other Mental Health Staff Please Specify: Licensed Therapist	0.00	0.50
Other Licensed Mental Health Providers Please Specify:	0.00	0.00
Substance Abuse Providers	0.00	0.50
Case Managers	0.00	0.00
Patient/Community Education Specialists (Health Educators)	0.00	0.00
Community Health Workers	0.00	0.00
Total	0.00	1.00

Patient Impact

As of 07/21/2017 04:28:08 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Note(s):

You must propose to increase the number of patients who will newly access mental health and/or substance abuse services as a result of AIMS funding by December 31, 2018. The patient projection must break down existing patients that will access these services for the first time as a result of this funding separately from the projection for new patients. See the 2016 UDS manual for the definition of patient. An example patient projection is provided in the AIMS Instructions.

NOTE: A projection of new patients is not required if the proposed project will focus on making expanded mental health and substance abuse services newly available for existing health center patients who have not accessed these services through the health center in the past, and a projection for existing patients is provided below.

If new patients are projected, enter the population type breakdown for the new unduplicated patients only in the Patients by Population Type section.

Patient Impact Questions

Existing Patient Impact

1. Unduplicated Total (Existing Patients): Enter the number of existing patients who will newly access mental health and/or substance abuse services in calendar year 2018 as a result of AIMS funding (e.g., existing medical patients not currently accessing these services that will begin to do so).

Attribute the total projected existing patients to EITHER mental health OR substance abuse in your response to Question 1, even if some existing patients are expected to access both expanded services (i.e., count each existing projected patient only once in this unduplicated patient projection).
120

2. Patients by Service Type (Existing Patients): Enter the number of existing patients who will access each service in calendar year 2018 in the table below.

Count each projected existing patient according to the services they are expected to access. If a patient will start accessing both mental health and substance abuse services, they should be counted once for each service type in this table (e.g., an individual who will newly access both mental health and substance abuse services should be counted once for mental health and once for substance abuse).

Mental Health Services	Substance Abuse Services
30	90

New Patient Impact

3. Unduplicated Total (New Patients): Enter the number of new patients (new to the health center) who will access mental health and/or substance abuse services in calendar year 2018 as a result of AIMS funding.

Note(s):

New unduplicated projected patients entered in response to this question will be added to your patient target. Failure to achieve this projection by December 31, 2018 may result in a funding reduction when your service area is next competed through Service Area Competition (SAC). See the SAC technical assistance website for patient target

resources.

Attribute the total projected new patients to EITHER mental health OR substance abuse in your response to Question 3, even if some new patients are expected to access both expanded services (i.e., count each new projected patient only once in this unduplicated patient projection).
0

4. Patients by Service Type (New Patients): Enter the number of new patients (new to the health center) who will access each service in calendar year 2018 in the table below.

Count each projected new patient according to the services they are expected to access. If a new patient will access both mental health and substance abuse services, they should be counted once for each service type in this table (e.g., an individual new to the health center as a result of this funding who will access both mental health and substance abuse services should be counted once for mental health and once for substance abuse).

Mental Health Services	Substance Abuse Services
0	0

New Patients by Population Type

Note(s):
Enter the total number of new unduplicated patients by Health Center Program sub-program. The total must equal the number of new unduplicated patients entered in response to Question 3 above, if any. The information entered in the table below will be used to populate future Budget Period Progress Reports.

Population Type	NEW Patients Projected
Total NEW Patients (from Question #3)	**0**
General Underserved Community	0
Migratory and Seasonal Agricultural Workers	0
Public Housing Residents	0
People Experiencing Homelessness	0
Total	**0**

Project Narrative

As of 07/21/2017 04:28:08 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Fields with are required

Need

1. Describe the need to expand or begin providing mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse.

Approximately 3/4 page. (Max 2500 Characters with spaces)

The Pinellas County Health Care for the Homeless has realized a high demand for the Medication Assisted Treatment (MAT) provided to clients through Substance Abuse Expansion funding. During the first 13 months of the project, Pinellas County was able to provide MAT services to 81 unduplicated clients (202.5% of the 40 proposed clients). 2016 UDS data shows that the program provided 602 unduplicated mental health patients a total of 1,447 clinic visits and 60 unique substance abuse patients received 474 clinic visits. Compared to 2015 UDS data, Pinellas County saw an 87% increase in mental health patients (322 unduplicated in 2015), a 147% increase in mental health visits (587 in 2015), a 9% increase in substance abuse patients (55 unduplicated in 2015) and a 123% increase in substance abuse visits (213 in 2015). This significant increase in conjunction with the continued demand for MAT services is indicative of the need to expand mental health and substance abuse services to our clients. Beyond the homeless population seen by the health center, the local area has seen a significant increase in opioid misuse. Data from the local emergency medical services (EMS) provider and medical examiner shows an increase in EMS naloxone administrations (19%) and opioid related deaths (52%) between 2015 and 2016. This trend appears to be continuing into 2017. Given the local landscape related to opioids coupled with the service data regarding the health center's clients, there is a significant need to expand the services that are currently being offered.

Response

1. Describe the proposed direct hire staff and/or contractor(s) to be supported with AIMS funding, including how they will meet the identified needs through the use of evidence-based strategies.

Approximately 3/4 page. (Max 2500 Characters with spaces)

The Pinellas County Health Care for the Homeless program will utilize AIMS funding to contract for 1.0 FTE licensed therapist to provide clients with group therapy, substance abuse counseling, and co-occurring counseling. One area that has been realized as a barrier to successful treatment is maintaining client engagement. Through the addition of this FTE, the program anticipates the ability to seek increased engagement of clients in the evidence based provision of MAT services and evidence based therapeutic practices. The proposed contracted provider (Operation PAR) utilizes evidence based practices for substance abuse and co-occurring treatments. Proposed funds include 1.0 FTE licensed therapist, 0.05 FTE Director of Outpatient Services, local travel associated with the travel to the various service sites, and a computer bundle for the FTE.

2. Provide a timeline that lists the implementation steps and expected outcomes of the proposed mental health and substance abuse service expansion activities. The timeline must show that expanded access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, will be implemented within 120 days of award.

Approximately 3/4 page. (Max 2500 Characters with spaces)

Pinellas County will leverage an existing contractual relationship with Operation PAR to hire staff through the AIMS funding. Operation PAR has extensive experience working on Federal grants and within specified timelines. Through leveraging the current contract with Operation PAR, the specific position for this funding opportunity will be posted upon notice of award. Operation PAR is an organization of more than 400 employees and is a well-known name throughout the community. The organization will leverage current recruitment strategies to maximize the number of eligible candidates for the position. Given the current contractual relationship between Pinellas County and Operation PAR, we

will be able to provide assurance to make the contractual arrangement retroactive to the funding start date. Through this, the contracting and recruitment activities can occur simultaneously. The timeline is as follows: Notice of Award: Position to be posted and contractual agreement between Pinellas County and Operation PAR to be initiated. Days 0-30: Position to be posted and applications accepted. Days 31-60: Interviews and background checks of eligible applicants. Day 61-90: Job offer and new hire processing. Day 91-120: Implementation of services to the Health Center's clients.

3. If one-time funding is requested for health IT and/or training investments, describe how that funding will be utilized to support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse and address the need for integration with primary care. Include a timeline that demonstrates all one-time funding will be expended within 12 months of award.

If one-time funding for health IT and/or training is not requested, enter N/A below.

Approximately 3/4 page. (Max 2500 Characters with spaces)

One-Time funding is being requested for IT and training investments. IT investments include: telehealth software and equipment, EtransX development, and .NET developer. The telehealth equipment and software will be utilized by clinic staff to enhance client engagement in healthcare services. Through increased engagement, the health center can treat the whole person, to include their behavioral health needs. EtransX amd .NET development will be utilized to allow the health center to integrate behavioral health crisis data and emergency room data for clinic clients to provide better performance reporting to evaluate clinical quality and identify areas for innovation to better improve and manage the population's health. Through integrating data, the health center will be able to facilitate performance reporting through multiple disparate systems to determine areas for improvement to better assist client health. Training investments identified for use of AIMS funding include staff attendance at the Integrating Behavioral Health and Primary Care Models Conference in May of 2018 and the 2018 National Health Care for the Homeless Conference. These conferences will provide two higher level staff perspectives on best practices associated with behavioral health and primary care integrations, substance abuse opportunities, and population specific best practices. Training opportunities for all health center staff have been identified by the management team to provide the resources to ensure staff have the opportunities and appropriate tools to be aware of the concerns associated with substance abuse, provide an additional opportunity to seek client engagement, and to learn verbal de-escalation techniques to assist in rapport development, which is key to clients engaging in active management of the primary and behavioral health care needs. Lastly, training for clients regarding various behavioral health topics have been identified as an opportunity to educate and encourage an individual's active participation in their overall health. Through these trainings, clients will be provided opportunities to receive additional information regarding the effects of substance abuse, untreated behavioral health conditions and local opportunities for treatment. The timeline is as follows: Sep-Nov 2017: contract development/execution – training class scheduling/initiation Dec 2017: purchase of telehealth equipment May/June 2018: Conference attendance by health center staff

Equipment List

As of 07/21/2017 04:28:08 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Alert:
This form is not applicable to you as you have not requested federal funds for the Equipment category in the Federal Object Class Categories form of this application.

Close Window

Application Submitted to HRSA

Submitted to HRSA

Organization: PINELLAS, COUNTY OF, CLEARWATER, Florida

Grants.gov Tracking Number: N/A

EHB Application Number: 157027

Grant Number: 6 H80CS00024-17-02

Funding Opportunity Number: HRSA-18-118

Received Date:

Total Number of Pages Submitted by the Applicant: 17

(Number of pages counted in accordance with program guidance: 3)

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

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1. Application for Federal Assistance (SF-424)

2. Project Description

3. SF-424A: Budget Information - Non-Construction Programs

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5. Attachment 1: Budget Narrative (Budget Justification Narrative_ Pinellas County MH_SUD FY 18.pdf)

6. Federal Object Class Categories

7. Project Overview

8. Staffing Impact

9. Patient Impact

10. Supplemental Information

11. Equipment List

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Application for Federal Assistance SF-424

OMB Approval No. 4040-0004
Expiration Date 8/31/2016

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

*** 3. Date Received:**

4. Applicant Identifier:

*** 5.a Federal Entity Identifier:**
Application #:157027Grants.Gov #:

5.b Federal Award Identifier:
H80CS00024

*** 6. Date Received by State:**

7. State Application Identifier:

8. Applicant Information:

* a. Legal Name: PINELLAS, COUNTY OF

* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000800

* c. Organizational DUNS: 055200216

d. Address:

* Street1: 14 S. Fort Harrison OMB 5th Floor

Street2:

* City: CLEARWATER

County:

* State: FL

Province:

* Country: US: United States

* Zip / Postal Code: 33756-5338

e. Organization Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: Daisy

Middle Name: Middle Name:

Last Name: Rodriguez

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: (727) 464-4206

Fax Number:

* Email: darodriguez@pinellascounty.org

9. Type of Applicant 1: B: County Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

*** 10. Name of Federal Agency:** N/A

11. Catalog of Federal Domestic Assistance Number: 93.224

CFDA Title: Community Health Center

*** 12. Funding Opportunity Number:** HRSA-18-118

* Title: Fiscal Year 2018 Expandi

13. Competition Identification Number:

7523

Title:

Fiscal Year 2018 Expanding Access to

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

See Attachment

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

Health Center Cluster

Project Description:

See Attachment

16. Congressional Districts Of:

* a. Applicant	FL-13	* b. Program/Project	FL-13

Additional Program/Project Congressional Districts:

See Attachment

17. Proposed Project:

* a. Start Date:	9/1/2018	* b. End Date:	8/31/2020

18. Estimated Funding ($):

* a. Federal	$280,750.00
* b. Applicant	$0.00
* c. State	$0.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$280,750.00

*** 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 Of Any Federal Debt(If "Yes", provide explaination in attachment.)**

☐ Yes ☑ No

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:	Daisy
Middle Name:	M		
* Last Name:	Rodriguez		
Suffix:			
* Title:			
* Telephone Number:	(727) 464-4206	Fax Number:	
* Email:	darodriguez@pinellascounty.org		
* Signature of Authorized Representative:	Daisy M Rodriguez	* Date Signed:	

Per HRSA-18-118SUD-MH Appendix B: Application Instructions p. 16

Project Description/Abstract (upload as attachment in SF-424A Part 2): A project description/abstract is not required for this application, however, an attachment must be provided. **You may upload a blank document** or, if desired, you may upload a one-page table that demonstrates the relationship between your proposed goals, activities, resources, and purchases. An example is available on the SUD-MH technical assistance website. Submission of a table is optional.

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SF-424A: BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0004

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	**Catalog of Federal Domestic Assistance Number**	**Estimated Unobligated Funds**		**New or Revised Budget**		
		Federal	**Non-Federal**	**Federal**	**Non-Federal**	**Total**
Health Care for the Homeless	93.224	$0.00	$0.00	$280,750.00	$0.00	$280,750.00
Total		**$0.00**	**$0.00**	**$280,750.00**	**$0.00**	**$280,750.00**

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	**Applicant**	**State**	**Other Sources**	**TOTALS**
Health Care for the Homeless	$0.00	$0.00	$0.00	**$0.00**
Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Skip to Main Content

SF-424B: ASSURANCES, NON-CONSTRUCTION PROGRAMS

OMB Approval No. 4040-0007

Expiration Date 06/30/2014

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
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

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.

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. 45 CFR 75, "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.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	* TITLE
Daisy M Rodriguez	
* APPLICANT ORGANIZATION	* DATE SUBMITTED
PINELLAS, COUNTY OF	7/13/2018

FY 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)

Pinellas County Board of County Commissioners | H80CS00024

Budget Line Item/Object Class Category	Year 1		Year 2	
	Federal	Non-Federal	Federal	Non-Federal
PERSONNEL: List full-time equivalents (FTES) for direct hire staff who will be supoorted by SUD-MH funding. You must also include personnel details in the required Personnel Justification Table. Note: You must demonstrate an increase of at least 1.0 FTE personnel who will expand access to integrated SUD and/or mental health services in this line item (for direct hire FTES) and/or the Contractual Line item below.				
Please see Contractual Below	$ -	$ -	$ -	$ -
TOTAL PERSONNEL:	**$ -**	**$ -**	**$ -**	**$ -**
FRINGE BENEFITS: List the components that comprise the fringe benefit rate for proposed direct hire staff. Fringe benefits should be directly proportional to the portion of personnel costs allocated for the SUD-MH project.				
Please see Contractual Below	$ -	$ -	$ -	$ -
TOTAL FRINGE BENEFITS	**$ -**	**$ -**	**$ -**	**$ -**
TRAVEL: The travel budget should reflect expenses associated with travel for consultants, direct hire staff, and/or contractors attending trainings. List travel costs according to local and long distance travel.				
Please see Contractual Below				
TOTAL TRAVEL:	**$ -**	**$ -**	**$ -**	**$ -**
EQUIPMENT: Only one-time funding in year 1 can be used for equipment costs. Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost of at least $5,000.				
TOTAL EQUIPMENT:	**$ -**	**$ -**	**$ -**	**$ -**
SUPPLIES: List the items necessary for implementing the proposed project. Note: Equipment that does not mee the $5,000 threshold listed above should be included here.				
Please see Contractual Below				
TOTAL SUPPLIES:	**$ -**	**$ -**	**$ -**	**$ -**
CONTRACTUAL: Provide a clear explanation as to the purpose of each contrat. Note how costs were estimated and outline specific contracct deliverables. You are responsible for ensuring that you have in place an establihsed and adequote procurement system with fully developed written procedures for awarding and monitoring contracts. For contracted personnel, you must also include personnel details in the required Personnel Justification Table. Note: You must demonstrate an increase of at least 1.0 FTE personnel who will expand access to integrated SUD and/or mental health services in this lineitem (for contracted FTES), and/or the Personnel line item above (for direct hire FTES.)				
Operation PAR, Substance Use Treatment Provider:				
Expanded Services Funding				
Staff				
Counselor @ 1.0 FTE $34,008 annual salary	$ 34,008	$ -	$ 34,008	$ -
Care Coordinator @ 1.0 FTE $34,008 annual salary	$ 34,008	$ -	$ 34,008	$ -
Director of Outpatient Services @ 0.05 FTE $75,953 annual salary	$ 3,798	$ -	$ 3,798	$ -
Fringe @ 30% of salaries	$ 21,544	$ -	$ 21,544	$ -
Local Travel				
.485/mile x 100/miles per week	$ 2,522	$ -	$ 2,522	$ -
Office Supplies				
Office Supplies @ $150/month	$ 1,800	$ -	$ 1,800	$ -
Other Services				
Professional Liability Insurance @ 1.2% of salaries	$ 862	$ -	$ 862	$ -
Occupancy @ $700/month	$ 8,400	$ -	$ 8,400	$ -
Client Transporation Assistance Vouchers/Bus Passes	$ 2,891	$ -	$ 2,891	$ -
Lab Expense @ $100/month	$ 1,200	$ -	$ 1,200	$ -
Computer Maintenance @ $130/month	$ 1,560	$ -	$ 1,560	$ -
Cell Phone @ $85/month x 2 staff	$ 2,040	$ -	$ 2,040	$ -
Indirect Cost Rate @ 14.06%	$ 16,117	$ -	$ 16,117	$ -
Subtotal Expanded Services Funding	**$ 130,750**	**$ -**	**$ 130,750**	**$ -**
One-Time Funding				
Laptops for 2.0 FTEs @ $404.50 each	$ 809	$ -	$ -	$ -
Medications for MAT Services				

FY 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)

Pinellas County Board of County Commissioners | H80CS00024

Budget Line Item/Object Class Category	Year 1		Year 2	
	Federal	Non-Federal	Federal	Non-Federal
Methadone 23.5 clients @ $92.30/week x 52 weeks	$ 112,791	$ -	$ -	$ -
Buprenorphine - 5 clients @ $140/week x 52 weeks	$ 36,400	$ -	$ -	$ -
Subtotal One Time Funding	$ 150,000	$ -	$ -	$ -
TOTAL CONTRACTUAL	**$ 280,750**	**$ -**	**$ 130,750**	**$ -**
CONSTRUCTION: Only one-time funding in year 1 can be used for minor alterations/renovation (A/R) costs. Include such minor A/R costs on this Construction line.				
TOTAL CONSTRUCTION	**$ -**	**$ -**	**$ -**	**$ -**
OTHER: Include all costs that do not fit into any other category and provide an explanation of each cost.				
TOTAL OTHER:	**$ -**	**$ -**	**$ -**	**$ -**
INDIRECT COSTS				
TOTAL INDIRECT COSTS	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL BUDGET	**$ 280,750**	**$ -**	**$ 130,750**	**$ -**

Year 1 Proposed Personnel
(Spetember 1, 2018 through August 31, 2019)

Position Title - Name	% of FTE	Base Salary	Adjusted Annual Salary	Federal Amount Requested
Contracted Counselor - TBD	100%	$ 34,008	no adjustment needed	$ 34,008
Contracted Care Coordinator - TBD	100%	$ 34,008	no adjustment needed	$ 34,008
Contracted Director of Outpatient Services - Laura Rosenbluth	5%	$ 75,953	no adjustment needed	$ 3,798
			TOTAL	**$ 71,814**

Year 2 Proposed Personnel
(Spetember 1, 2019 through August 31, 2020)

Position Title - Name	% of FTE	Base Salary	Adjusted Annual Salary	Federal Amount Requested
Contracted Counselor - TBD	100%	$ 34,008	no adjustment needed	$ 34,008
Contracted Care Coordinator - TBD	100%	$ 34,008	no adjustment needed	$ 34,008
Contracted Director of Outpatient Services - Laura Rosenbluth	5%	$ 75,953	no adjustment needed	$ 3,798
			TOTAL	**$ 71,814**

Federal Object Class Categories

00157027: PINELLAS, COUNTY OF

Due Date: 07/16/2018 (Due In: 3 Days)

Announcement Number: HRSA-18-118

Announcement Name: Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Year 1 Total Federal Funding (Eligible/Requested): $280,750/$280,750

Year 2 Total Federal Funding (Eligible/Requested): $130,750/$130,750

Resources

As of 07/13/2018 11:42:20 AM

OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Budget Categories

Object Class Category	Year 1		Year 2		Total	
	Federal	Non-Federal	Federal	Non-Federal	Year 1	Year 2
a. Personnel	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
b. Fringe Benefits	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
c. Travel	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
d. Equipment	$0.00	$0.00	N/A	$0.00	$0.00	$0.00
e. Supplies	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
f. Contractual	$280,750.00	$0.00	$130,750.00	$0.00	$280,750.00	$130,750.00
g. Construction	$0.00	$0.00	N/A	$0.00	$0.00	$0.00
h. Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
i. Total Direct Charges (sum of a through h)	$280,750.00	$0.00	$130,750.00	$0.00	$280,750.00	$130,750.00
j. Indirect Charges	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
k. Total Budget Specified in this application (sum of i through j)	$280,750.00	$0.00	$130,750.00	$0.00	$280,750.00	$130,750.00

Project Overview

00157027: PINELLAS, COUNTY OF **Due Date: 07/16/2018 (Due In: 3 Days)**

Announcement Number: HRSA-18-118

Announcement Name: Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Year 1 Total Federal Funding (Eligible/Requested): $280,750/$280,750

Year 2 Total Federal Funding (Eligible/Requested): $130,750/$130,750

Resources

As of 07/13/2018 11:42:40 AM

OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Fields with are required

Federal Funding Request	Year 1 Federal Funds Requested	Year 2 Federal Funds Requested
Expanded Services Funding		
You must request expanded services funding to implement and/or advance evidence-based strategies to expand access to integrated SUD and/or mental health services, including additional MAT services, if applicable, for years 1 and 2. Note the following when completing this form: • Additional expanded services funding is available to health centers currently providing MAT services as demonstrated by 2017 UDS to increase the number of patients receiving MAT services. • If your health center did not report patients receiving MAT for OUD in 2017, you may request only the base level of expanded services funding in years 1 and 2 (plus one-time funding in year 1). • Funding is anticipated to continue to support service expansion activities in year 2. • HRSA provided the maximum amount of funding each health center is eligible to request for years 1 and 2 by email. • Expanded services funding is expected to become part of the H80 grant award (roll into base funding) contingent upon available funding and satisfactory progress.	$130,750	$130,750
One-Time Funding to Support Service Expansion (Optional)		
You may also request one-time funding to support increased access to integrated SUD and/or mental health services, including additional MAT services, if applicable, in year 1. One-time funding is not available in year 2.	$150,000	N/A
Total	$280750	$130750

Evidence-Based Strategies

Identify which evidence-based integration strategy(ies) SUD-MH funding will help you implement and/or advance. Select all that apply. If "Other" is selected, describe the proposed evidence-based strategy(ies) in Project Narrative question 1 below.	Select All That Apply
Medication Assisted Treatment	[X] Medication Assisted Treatment
Collaborative Care Model	[_] Collaborative Care Model
Patient-Centered Medical Home	[_] Patient-Centered Medical Home
Medicaid Health Homes	[_] Medicaid Health Homes
Four Quadrant Model	[_] Four Quadrant Model
Assertive Community Treatment (ACT)	[_] Assertive Community Treatment (ACT)
Integration of Mental Health, Substance Use, and Primary Care Services	[X] Integration of Mental Health, Substance Use, and Primary Care Services
Improving Mood-Promoting Access to Collaborative Treatment (IMPACT)	[_] Improving Mood-Promoting Access to Collaborative Treatment (IMPACT)
Screening, Brief Interventions, Referral to Treatment (SBIRT)	[_] Screening, Brief Interventions, Referral to Treatment (SBIRT)
Other evidence-based strategy - In your response to Project Narrative question 1 below, provide details on the selected integration strategy(ies)	[_] Other evidence-based strategy

Project Narrative

1. Describe how proposed activities and purchases will help implement and/or advance each identified evidence-based integration strategy, including how they address the health center's overarching SUD and/or mental health goals.

If you selected 'Other' above, identify the selected integration strategy(ies) and briefly state the evidence base. If you wish to submit a table or diagram to support this narrative, do so in the Project Description/Abstract attachment.

Approximately 3/4 page. (Max 2500 Characters with spaces)

The Pinellas County Health Care for the Homeless Program (HCH) proposes to hire 2.0 FTEs (1 counselor, 1 substance use care coordinator) to seek client engagement from point of care within an identified hospital partner facility to connect with community based services upon discharge from the Emergency Department or inpatient hospitalization. In calendar year 2017, the hospital partner facility had 461 encounters with HCH clients where there was a behavioral health diagnosis for the principal diagnosis. This data provides support for the HCH program to implement a pilot program utilizing SUD-MH funding to seek engagement from the clients presenting at the hospital with a behavioral health diagnosis. The pilot will be building off of an established partnership between the HCH program's medication assisted treatment substance use services provider and the hospital facility. These two entities currently have an established program in which a substance use specialist connects with a patient while in the Emergency Room and willing to participate in medication assisted treatment (MAT) services. The proposed program will provide staff (counselor and care coordinator) to work with the hospital's Care Coordination Team for identification of HCH clients with identified behavioral health needs within the hospital facility (i.e., Emergency Department, inpatient, catheter lab, etc.) to seek interest and engagement in the HCH's Medication Assisted Treatment program and co-occurring treatment services. Staff will coordinate with the client to facilitate the appropriate connection to the program upon the patient's discharge, assist in reducing barriers (i.e., transportation), provide community follow up to assist in maintaining program engagement, and coordinate with the HCH clinicians and staff to ensure appropriate care coordination to provide integrated behavioral health and primary care services. One-time funding will be utilized to assist the program with the integration of a technology transportation hub for client access, mobile applications to promote client health, technology integration, technology supplies for the two new positions, and additional medications to increase capacity of the HCH's current MAT program.

2. Describe the actions that you will take to achieve expanded access to quality integrated SUD and/or mental health services, including proposed personnel and one-time funding uses (if requested). If additional MAT funding is requested, specifically address expanded access to MAT for OUD.

Approximately 3/4 page. (Max 2500 Characters with spaces)

The Pinellas County Health Care for the Homeless Program (HCH) will amend the current contract with the local substance use services provider for increases staffing and to cover additional one-time program costs to initiate hiring the 2 FTEs and purchasing the proposed equipment and technological items/services. Upon hiring and orientation, staff will work with the hospital partner's Care Coordination Team to identify HCH clients located within the hospital facility to seek client interest in behavioral health services. If a client is interested in the offered services, program staff will connect with the client to inform them of the treatment options and provide an opportunity for shared decision making. Based upon the client's responses, staff will provide the appropriate education, referrals, and connections to further treatment options upon discharge, such as, but not limited to: medication assisted treatment (MAT), detox services, and/or co-occurring therapy. Program staff will follow up with the client beyond discharge from the hospital and continue to encourage engagement in the referred services. This program will expand access to HCH clients by reaching them beyond the clinic and mobile medical unit walls and engaging them at the point of hospitalization or shortly after discharge. The proposal will further integrate care by utilizing a care coordinator to ensure all treatment providers receive the necessary documentation for the patient's electronic health records ensuring that the providers are well informed of the client's overall care. Technology will be reviewed and options discussed to work towards a solution that will allow all partners the ability to electronically share the client's treatment plans and notes. Through connecting with individuals while hospitalized or shortly post discharge, the HCH will expand access to quality integrated care by meeting clients where they are to inform and engage them about/with the available services provided by the HCH program.

Staffing Impact

00157027: PINELLAS, COUNTY OF

Due Date: 07/16/2018 (Due In: 3 Days)

Announcement Number: HRSA-18-118

Announcement Name: Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Year 1 Total Federal Funding (Eligible/Requested): $280,750/$280,750

Year 2 Total Federal Funding (Eligible/Requested): $130,750/$130,750

Resources

As of 07/13/2018 11:42:54 AM

OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Staffing Categories

Staffing Positions by Major Service Category	Year 1		Year 2	
	New Direct Hire Staff FTEs Proposed	New Contractor/Agreement FTEs Proposed	New Direct Hire Staff FTEs Proposed	New Contractor/Agreement FTEs Proposed
Behavioral Health (Mental Health and Substance Use Disorder)				
Psychiatrists				
Licensed Clinical Psychologists				
Licensed Clinical Social Workers				
Other Licensed Mental Health Providers (e.g., psychiatric social workers, psychiatric nurse practitioners, family therapists)				
Other Mental Health Staff (e.g., “certified” individuals who provide counseling, treatment, or support to mental health providers)				
Substance Use Disorder Providers		2.00		2.00
Physicians				
Family Physicians				
General Practitioners				
Internist				
Obstetrician/Gynecologist				
Pediatricians				
Other Specialty Physicians and Sub-Specialists (e.g., Emergency Medicine, Addiction Medicine, Pain Medicine, Infectious Disease)				
Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives				
Nurse Practitioners				
Physician Assistants				
Certified Nurse Midwives				
Medical				
Nurses				
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides)				
Laboratory Personnel				
Pharmacy				
Pharmacy Personnel				
Enabling Services				
Case Managers				
Patient/Community Education Specialists				
Outreach Workers				
Transportation Staff				
Eligibility Assistance Workers				
Interpretation Staff				
Community Health Workers				
Other Enabling Services Staff (e.g., staff who support outreach,				

care coordination, transportation)				
Professional Services				
Other Professional Health Services Staff (e.g., physical therapists, occupational therapists, acupuncturists)				
Subtotal	**0**	**2.00**	**0**	**2.00**
Total FTEs	**2.00**		**2.00**	

Patient Impact

00157027: PINELLAS, COUNTY OF

Due Date: 07/16/2018 (Due In: 3 Days)

Announcement Number: HRSA-18-118

Announcement Name: Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Year 1 Total Federal Funding (Eligible/Requested): $280,750/$280,750

Year 2 Total Federal Funding (Eligible/Requested): $130,750/$130,750

Resources

As of 07/13/2018 11:43:07 AM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Patient Impact Questions

Existing Patient Impact

1. Total Unduplicated Existing Patients: Enter the total number of existing patients who will newly access SUD and/or mental health services in calendar year 2019 as a result of SUD-MH funding (e.g., existing medical patients not currently accessing these services that will begin to do so).

Attribute each patient to EITHER SUD or mental health in your response to Question 1, even if some existing patients are expected to access both expanded services (i.e., count each existing projected patient only once in this unduplicated patient projection). 28

2. Existing Patients by Service Type: Enter the number of existing patients who will newly access each service in calendar year 2019 below.

Count each projected existing patient according to the services they are expected to access. If a patient will start accessing both SUD and mental health services, they should be counted once for SUD and once for mental health.

A. SUD Services Patients 28

B. Mental Health Services Patients 0

New Patient Impact

3. Total Unduplicated New Patients: Enter the number of new patients (new to the health center) who will access SUD and/or mental health services in calendar year 2019 as a result of SUD-MH funding.

Attribute each patient to EITHER SUD or mental health in your response to Question 3, even if some new patients are expected to access both expanded services (i.e., count each new projected patient only once in this unduplicated patient projection). 0

Note: New unduplicated projected patients entered in response to this question will be added to your patient target. Failure to achieve this new patient projection by December 31, 2019 may result in a funding reduction when your service area is next competed through Service Area Competition (SAC). See the SAC technical assistance website for patient target resources.

4. New Patients by Service Type: Enter the number of new patients (new to the health center) who will access each service in calendar year 2019 below.

Count each projected new patient according to the services they are expected to access. If a new patient will access both SUD and mental health services, they should be counted once for SUD and once for mental health.

A. SUD Services Patients 0

B. Mental Health Services Patients 0

Additional MAT Funding Impact

5. Patients Projected to Receive MAT: Enter the number of existing and new patients who will newly receive MAT for OUD from a physician, certified nurse practitioner, or physician assistant with a DATA waiver working on behalf of the health center in calendar year 2019. 28

For this projection, count existing patients that will begin to receive MAT for the first time, as well as new health center patients accessing MAT as a result of SUD-MH funding.

New Patients by Population Type

Population Type	NEW Patients Projected
Total NEW Patients (from Question #3)	**0**
General Underserved Community	0
Migratory and Seasonal Agricultural Workers	0
Public Housing Residents	0
People Experiencing Homelessness	0
Total	**0**

Supplemental Information

00157027: PINELLAS, COUNTY OF

Due Date: 07/16/2018 (Due In: 3 Days)

Announcement Number: HRSA-18-118

Announcement Name: Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Year 1 Total Federal Funding (Eligible/Requested): $280,750/$280,750

Year 2 Total Federal Funding (Eligible/Requested): $130,750/$130,750

Resources

As of 07/13/2018 11:43:23 AM

OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Telehealth

Are you proposing to use telehealth to increase access to integrated SUD and/or mental health services?

[_] Yes, my health center will use telehealth to expand services
[X] No, my health center will not use telehealth to expand services

Minor Alterations/Renovations

Are you proposing to use one-time funding in year 1 for minor alteration/renovation (A/R) that will support increased access to integrated SUD and/or mental health services?

If yes, HRSA will request additional information about your minor A/R plans separately after SUD-MH awards are announced. SUD-MH funds requested for minor A/R may not be obligated until required information is submitted and HRSA approves your A/R plans (6 to 9 months post award).

[_] Yes, my health center's SUD-MH proposal includes minor A/R costs, and I acknowledge that the A/R activities may not begin until HRSA approves our A/R plans
[X] No, my health center's SUD-MH proposal does not include minor A/R costs

Scope of Services

Review your current approved Form 5A: Services Provided. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all planned changes to SUD and mental health services are on your Form 5A?

Access the technical assistance materials on the Scope of Project resource website for guidance in determining whether a Scope Adjustment or Change in Scope will be necessary (click on the "Services" header in the Resources section to access the Form 5A information).

If yes, you must separately submit a Scope Adjustment or Change in Scope request to HRSA (e.g., to move mental health services from formal referral (Column III) to direct provision (Column I), to add SUD services for the first time). You may not modify your approved Form 5A through this application.

Note the following when completing this form:

- **You do not need to submit a Scope Adjustment or Change in Scope request if SUD-MH funding will expand services that you are already providing in the same modes of provision (i.e., Form 5A Column I, Column II).**
- **SUD-MH funded services must be listed in Column I and/or II on Form 5A, either currently or after you submit and are approved for a Scope Adjustment or Change in Scope.**

[_] Yes, I reviewed my Form 5A and determined that my health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A
[X] No, I reviewed my Form 5A and determined that my health center's proposed activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A

If yes, describe the proposed changes and a timeline for requesting necessary modifications to your Form 5A below.

Approximately 1/4 page. (Max 1000 Characters with spaces)

Equipment List

00157027: PINELLAS, COUNTY OF **Due Date: 07/16/2018 (Due In: 3 Days)**

Announcement Number: HRSA-18-118

Announcement Name: Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Year 1 Total Federal Funding (Eligible/Requested): $280,750/$280,750

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Resources

As of 07/13/2018 11:43:34 AM

OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Alert:

This form is not applicable to you as you have not requested federal funds for the Equipment category in the Federal Object Class Categories form of this application.

Appendix A

COOCLI Program Information

Program Name:

Pinellas County Homeless Overdose Mitigation & Engagement (HOME) Program

Funding Source & Award Number:

COOCLI FY19 Subaward budget Award Number **G1999ONDCP06A**

Budget:

$117,739.00 – One-time annual budget non-recurring

Program Term:

December 2, 2019 – August 31, 2021

Program Scope:

Operation PAR shall hire two (2) part-time Case Managers to engage clients at locations of high overdose utilization. Case Managers will provide outreach, education, and linkages to treatment services to individuals at locations that experience a high frequency of overdoses in coordination with the Pinellas County Department of Health and consistent with the Grant Application. Operation PAR shall purchase Narcan, Narcan wall boxes, to be installed at high frequency overdose locations, and educational materials.

FY 2019 Competitive Subaward Solicitation
Combating Opioid Overdose through Community-level Intervention

Cover Sheet Form

1. **Project Title:** The Pinellas County Homeless Overdose Mitigation & Engagement (HOME) Program

2. **Applicant Agency:** Pinellas County **DUNS NUMBER:** 055200216
   Address: c/o OMB, 14 S. Ft. Harrison Ave - 5th FL, Clearwater, FL 33756 **EIN NUMBER:** 596000800

3. **Implementing Agency:** Pinellas County Human Services
   Address: 440 Court St. - 2nd FL, Clearwater, FL 33756

4. **Start Date:** 12/2/19 **End Date:** 11/30/20

5. **Preparer Information:** Meghan Lomas **Email:** mlomas@pinellascounty.org
   Address: 440 Court St. - 2nd FL, Clearwater, FL 33756 **Phone:** 727-464-8273

6. **Project Director:** Karen Yatchum **Email:** kyatchum@pinellascounty.org
   Address: 440 Court St. - 2nd FL, Clearwater, FL 33756 **Phone:** 727-464-5045

7. **Fiscal Officer:** Clark Scott **Email:** cscott@pinellascounty.org
   Address: 440 Court St. - 2nd FL, Clearwater, FL 33756 **Phone:** 727-464-8440

8. **Civil Rights Contact:** Paul Valenti **Email:** pvalenti@pinellascounty.org
   Address: 400 S. Ft. Harrison Ave. - 5th FL, Clearwater, FL 33756 **Phone:** 727-464-4880

Summary 150 words or less:

Pinellas County Human Services will be the lead implementing agency for the proposed program. The Homeless Overdose Mitigation & Engagement (HOME) program will utilize a data-driven approach to target specific sites throughout the community with high concentrations of overdoses. Efforts for each site will be individualized and planned prior to deployment of a street team to provide outreach, education, naloxone, and service connections. Street teams will include a substance use treatment provider case manager to work with individuals at identified sites who appear at risk of overdose to seek engagement and connection to treatment. To ensure stability of homeless clients seeking to engage in treatment, transitional housing will be made available to eligible individuals. The total budget for the program is proposed to be $311,342.00. The budget covers staffing costs (47%), Naloxone distribution (44%), and the remainder of the budget will cover operational expenses and transitional housing.

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,00 0 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

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

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

* APPLICANT'S ORGANIZATION

Pinellas County

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: | * First Name: Daisy | Middle Name:

* Last Name: Rodriguez | Suffix:

* Title: Director, Human Services

* SIGNATURE: | * DATE: 10/30/19

OMB Approval No. 0348-0040

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 11 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-1 33, "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.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE Director, Human Services
APPLICANT ORGANIZATION Pinellas County	DATE SUBMITTED 10/30/19

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

1. Problem Statement:

Geographic Service Area: Pinellas County is a 280 square mile peninsula located on Florida's west coast and is home to 970,532 people based upon on the 2018 Pinellas County Profile prepared by the Florida Legislature's Office of Economic and Demographic Research. As Florida's sixth most populous county, Pinellas is home to 4.7% of Florida's population while accounting for approximately 0.5% of the land area resulting in a population density of 3,545 persons per square mile. **Extent of the Problem**: The opioid epidemic in Pinellas County is a pressing matter as more than one person dies every 43 hours from a drug-related overdose. A recent community health assessment conducted by the Florida Department of Health in Pinellas (DOH) identified "addiction" as a top health problem of concern and "alcohol and drug abuse" as the leading behavior concern within Pinellas County. From 2015 to 2018, the number of opioid related accidental fatalities increased by 76.3% (135 to 238), while Pinellas' population increased only 2.7% during the same period. Emergency Medical Services (EMS) data regarding 9-1-1 transports with naloxone administered have increased year over year since FY 13. From FY 15 to FY 18, Pinellas County EMS transports with naloxone administrations increased 46.4%. As of August 31, 2019, Pinellas EMS has exceeded the FY 18 total 9-1-1 transports with naloxone administered by 15.6% with a month left in the FY. **Past Efforts to Address the Problem**: Pinellas County, through the Human Services Department, provides a variety of assistance programs for residents most in need. These services were expanded in 2016 to include Medication Assisted Treatment (MAT) for clients with substance use disorder and a pilot program (CARE Team) to target individuals in the emergency room presenting with an overdose. Eligible MAT clients are referred through their primary medical home to substance use treatment services and have access to services including counseling, methadone, buprenorphine, and

naltrexone. From Jan. 1 – June 30, 2019, over 200 clients have received MAT services through County administered programs. Given the extent of the epidemic, the Florida Department of Health in Pinellas (DOH) and Operation PAR (a local substance use treatment provider) convened the Pinellas County Opioid Task Force in 2017. The purpose of the task force was to develop a strategic plan and recommendations that efficiently guides community members and resources to confront the opioid epidemic. The task force includes over 70 community stakeholders including governmental and non-governmental organizations, faith-based organizations, law enforcement and elected officials in Pinellas County. As of October 2019, the members completed 84% of the tactics developed in the strategic plan; but our work is not done, as the trend has not yet reversed. **Proposed Program**: Pinellas County proposes to implement the Homeless Overdose Mitigation & Engagement (HOME) program based on the evidence-based Overdose Education and Naloxone Distribution (OEND) program. EMS data for the previous 12 months identified 66 locations with five (5) or more calls for "overdose" which accounted for a total of 790 calls. Eighteen (18) of these sites had 9 or more EMS calls for overdoses and accounted for 514 calls. The proposed HOME program will develop site specific intervention strategies to work with these high frequency sites to mitigate overdoses through outreach, education, naloxone distribution and training, and service connections to treatment. Many of these sites were identified as homeless shelters, transient housing, and other public locations such as bus stops where homeless individuals in Pinellas County frequent. The proposed program will provide a street team consisting of a substance use case manager, public health coordinator, and other volunteers to conduct outreach, distribute and train on the use of naloxone, and seek engagement in treatment from individuals identified as at risk for overdose.

2. Project Description:

Homeless Overdose Mitigation & Engagement (HOME) Program: In Pinellas County, from 2015 to 2018, the number of opioid related accidental fatalities increased by 76.3%, and EMS transports with naloxone administrations increased 46.4%. The Pinellas County HOME program is an evidence-based, data-driven outreach, education, and intervention project targeting public and private locations in the County with the highest frequency of overdose calls. The HOME program outreach approach will be modeled after two successful DOH efforts: a Fall Prevention Campaign and Hepatitis A Foot Teams. The Fall Prevention Campaign utilized data to reduce the number of calls to locations frequented by EMS staff related to falls. The Hepatitis A Foot Teams provide information on Hepatitis A and its risks, and on-site vaccinations to those they come across visiting locations such as bus terminals and low-cost motels. The data for the HOME project was obtained from Pinellas County Safety & Emergency Services and identified homeless shelters, transient housing, and other public locations such as bus stops as having the most frequent 9-1-1 calls with an "overdose" diagnosis and law enforcement calls for services coded as overdoses. The HOME project will also leverage law enforcement overdose data from ODMap to confirm or identify locations for possible outreach efforts. **How/Team:** Pinellas County Human Services will manage the HOME project under the direction of Health Care Administrator, Karen Yatchum. A multi-disciplinary team of partners (HOME Team) will include the DOH, Pinellas County Safety and Emergency Services, law enforcement, Central Florida High Intensity Drug Trafficking Area (HIDTA) and community treatment partners. Street teams led by DOH will deploy staff from the treatment provider, public health, and law enforcement (where appropriate) to the various locations to provide outreach, education and a connection to treatment and/or housing for homeless individuals at risk of overdose. The street and leadership teams will approach the business owners and community organizations to

increase their awareness of the problem at their location and engage them in strategies to assist clients/residents/citizens at their locations. We anticipate the HOME project's outcomes to mirror the success of the Fall Prevention (to decrease calls to EMS for preventable injuries) and Hepatitis A (to increase vaccinations) models. **Services:** The HOME team will provide education and continual outreach efforts to the high frequency business and community organizations and its clients/residents/citizens. Linkages to treatment services including detox services, medication assisted treatment (MAT), and outpatient services will be available to clients who choose to engage in treatment. Referrals and benefits coordination will be provided to assist clients with primary care services. To ensure stability of homeless clients seeking to engage in treatment, transitional housing will be made available to eligible individuals. **Project Goals:** This project will align with and address the Opioid Task Force Strategic Plan Goals specifically: 1) Increase Education & Awareness, 2) Reduce Opioid Deaths, and 3) Connect Individuals to Effective Treatment. The project seeks to accomplish reductions in EMS overdose calls at the sites identified for targeted activities and improve outreach and education at the highest frequency sites. This will be tracked on a monthly basis to identify the need for continued efforts or to identify successful strategies.

3. Project Priority Areas and Evidence-based Categories:

Pinellas County's HOME proposal falls under both priority areas. Pinellas County will 1) implement a community-based effort to fight the opioid epidemic with an opioid Overdose Education and Naloxone Distribution (OEND) response program and 2) coordinate with local law enforcement agencies, public health, and treatment agencies whom have jurisdiction over these high frequency sites. Based on the *Johns Hopkins Bloomberg School of Public Health the Prescription Opioid Epidemic: An Evidence-Based Approach*, OEND programs have shown that

naloxone distribution and education programs for people at high risk for opioid related overdose and their friends or family members can be successfully trained to recognize and respond to an overdose and appropriately administer naloxone in an overdose situation. The Pinellas County HOME program will convene representatives from DOH, Safety and Emergency Services, Human Services, law enforcement and treatment agency to strategize individualized outreach, education, naloxone distribution and training, and service connections for each location identified as having the highest frequency of 9-1-1 EMS calls with a diagnosis of "overdose." Information regarding the frequency of calls, time of day, property owner, site management, and any additional pertinent information will be discussed as a team to prepare a tailored response. The initial step of the HOME project will be engaging site management in educational efforts to address the opioid use at their location, to include the distribution of naloxone including training on the use and safety of the product, along with other harm reduction strategies.

4. Evaluation Plan, Goals and Objectives, and Outcome-Based Performance Measures:

Evaluation Plan: The Florida Department of Health in Pinellas (DOH), as the public health entity will provide evaluation of the HOME program. DOH has expertise with public health surveillance data and monitoring. DOH will maintain the data collected by the street team and collect data from Pinellas County EMS and ODMap. A logic model outlining the team's strategies and activities toward the short-term, intermediate, and long-term goals will be developed within the first 30 days of the project and will look at measures consistent with other OEND programs. **Services Provided**: The HOME program will convene the multi-disciplinary partners previously identified to discuss and determine the initial sites identified through EMS overdose call data to target the street team's intervention activities. Specific intervention activities will vary based upon: the type of site (public or private), the day of week/time of day of

overdose calls, proximity of the site to other high frequency sites, etc. Outreach, education, distribution of naloxone, and case management services will be provided to individuals and property owners. Additionally, transitional housing will be available for those eligible homeless individuals to help further stabilize clients in a safer environment while engaging in treatment services. **How Changes will be Measured**: All activities will be recorded by the street team to include information such as: date/time of visit, materials provided, to whom materials were provided, naloxone distribution and training on the use and safety of the devices, any service connections made, and other items identified by the HOME team. The street team's reports will be provided to the DOH evaluator to compile and report on at the monthly HOME team meetings. Service data, EMS calls, ODMap, and responses from individuals at targeted sites will be reviewed monthly by the project leadership and further inform the strategies and approaches of the HOME project. Any identified challenges or successes will be documented to improve future intervention efforts. The evaluator will use the street team's reported activities to correlate increases/decreases in calls with what intervention activities have occurred at the sites. The street team's activities will be reviewed by the HOME team to further identify if additional strategies need to be employed. **Goals**: The HOME program align with the Opioid Task Force Goals to 1) Increase Education & Awareness, 2) Reduce Opioid Deaths, and 3) Connect Individuals to Effective Treatment. **Objectives**: Objective 1) Notify and seek engagement from 100% of identified property owners/operators of the high frequency sites in an education campaign in collaboration with law enforcement and public health officials; Objective 2) Reduce the number of emergency service calls to the identified top locations by 10%; Objective 3) Distribute 1000 boxes of naloxone to property owners and/or clients/residents in locations identified as having a high frequency overdose calls by the end of the project period including training on naloxone use

and safety. (Each box includes 2 doses, which may be needed in certain situations). Objective 4) Document client interactions and barriers towards their willingness or lack of interest to engage in treatment.

Outcome-based Performance Measures: A logic model with short-term, intermediate, and long-term goals and a Program Guide will be developed within the first 30 days of the project. Outputs, such as EMS call for service, and naloxone unit distribution will be used to inform the HOME team of progress towards the goals and objectives of the program.

5. Strategy and Timeline:

Previous Planning Efforts: The Opioid Task Force continues to meet monthly and update community members about on-going efforts to respond to the opioid epidemic in Pinellas County. Pinellas County Human Services, as an FY 18 Comprehensive Opioid Abuse Site-based Program (COAP) grantee, created the Pinellas Strategic Information-sharing Partnership (SIP) whose goal is to better provide timely and accurate data that provides a comprehensive view of the drug abuse environment in Pinellas County. SIP Partners include: the University of South Florida's Florida Mental Health Institute (FMHI), DOH, Pinellas County Safety and Emergency Services, Operation PAR, Pinellas County Human Services, and local law enforcement. Data provided to the SIP stakeholder group identified the highest frequency sites for "overdose" calls to EMS. In response, the County developed the proposed HOME program which will provide a street team to provide targeted outreach to the high frequency sites for EMS overdose calls.

HOME Team Strategy: The HOME team will develop site specific strategies including, but not limited to: outreach and education efforts to include: letters to business owners regarding the frequency of "overdose" incidences at their sites, development and distribution of educational materials for sites regarding local substance use treatment options, purchase and distribution of

naloxone spray for at-risk individuals at the sites. Case managers on the street teams will help individuals connect to existing community treatment options and even provide transitional housing options for eligible homeless clients.

Linkages to other programs, organizations, and stakeholders: The HOME team leadership and staff have numerous connections in the community to support the efforts of this program. The Opioid Task Force, community treatment providers, homeless programs, law enforcement agencies, public health and hospital systems, along with all the previously identified partners continue to support efforts to reduce the incidences of opioid use in the County.

Timeline: The following activities, dates, and responsible staff are included in the table below:

Key Activity	Timeline	Responsible Staff/Agency
Multidisciplinary Leadership Team Meetings (HOME Team)	**On-Going** Monthly starting December 2019	PC HS Project Director
Logic Model Development	December 31, 2019	PC HS Project Director
Hire DOH Street Team Coordinator	December 2019	DOH
Hire DOH Evaluator	December 2019	DOH
Notify and engage property owners of identified high frequency sites	January 31, 2020	HOME Team
Development of program guide and site-specific strategies	January 31, 2020 reviewed quarterly	HOME Team
Implementation of Site-Specific Strategies	**On-Going** Monthly starting January 2020	Street Team
Review of EMS Overdose Calls	**On-Going** Monthly starting December 2019	DOH Project Manager w/ Team
Team Site Visits – to engage owners/staff/ individuals	Minimum Bi-weekly per site	HOME Team
Distribution of Educational Materials	**On-Going**	HOME Team
Distribution of naloxone	**On-Going**	HOME Team
Connect individuals to treatment and wrap around services	**On-Going**	HOME Team

6. Management Capabilities:

Pinellas County Human Services (PCHS) will serve as the lead applicant with Karen Yatchum, Health Care Administrator as the Project Director. Pinellas County is governed by an elected seven-member Board of County Commissioners (BCC). The BCC's strategic initiatives have always focused on to meeting the needs and concerns of our citizens. 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. The AOT program, based on Florida Statute for Involuntary Outpatient Placement, had never been implemented in Pinellas County. Human Services was able to coordinate all the stakeholders to get this new service implemented in the County. PCHS also works with the County Court System on drug treatment programs as a grantee and a funder. Karen Yatchum has an extensive background working in the behavioral health and homeless arenas. As the Health Care Administrator, Ms. Yatchum oversees Pinellas County's health care programs and behavioral health programs.

The Florida Department of Health's Surveillance Program provides complex technical, analytical, and consultative work which involves disease surveillance, assessment, management and planning for DOH-Pinellas, Disease Control Division. The Program 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. Through this insight DOH is best suited to act as the Program Coordinator and provide evaluation of the HOME Program. Proposed DOH staff will be

temporary positions specific to the HOME project. Through utilization of temporary staffing, DOH anticipates having staff on-board within a month of award notification.

Requested Staff:

Name	**Title**	**Funding Source**
Karen Yatchum	Project Director/ Health Care Administrator	County General Funds (in-kind)
TBD	DOH Project Coordinator	COOCLI Grant Funds
TBD	DOH Evaluator	COOCLI Grant Funds
TBD	PAR Case Manager	COOCLI Grant Funds (20 hrs/wk)(Remaining 20 hrs/week funded by PAR MAT program)

7. Project Evaluation & Sustainability:

The Pinellas County HOME program will utilize a DOH position to provide evaluation activities. This position will be responsible for assisting the team in developing project related data collection, on-going evaluation of overdose data, outreach efforts and naloxone distribution and develop monthly reports for the HOME team leadership. A program guide will articulate the strategies and purpose of the HOME program, provide a consistent framework from which current and future staff can work and program activities can be evaluated against. At the conclusion of grant funds, the HOME program evaluation and program guide will be reviewed to determine the success of the strategies implemented and the team will continue to meet after the grant award period to monitor trends. This information will be shared with the Pinellas County Opioid Task Force for community partners to determine the feasibility of coordinating successful efforts without the grant funds and to identify potential sources for future funding. Several member organizations of the task force, including Pinellas County Human Services, continue to seek funding opportunities from various public and private funding sources to continue work on the identified intervention strategies and tactics of the Opioid Task Force strategic plan.

COOCLI FY19 Subaward Budget

Project Name:	The Pinellas County Homeless Overdose Mitigation & Engagement (HOME) Program			
Agency:	Pinellas County			
PERSONNEL				
LINE ITEM	Name of employee	Title	Hourly Rate	Cost
1	Karen Yatchum	Health Care Administrator	In-Kind	$ -
2				
3				
4				
5				
			Personnel Total:	$ -
FRINGE				
LINE ITEM	Name of employee	Title	Hourly Rate	Cost
6				
7				
8				
9				
10				
			Fringe Total:	$ -
FACILITIES				
LINE ITEM	Item			Cost
11				
12				
13				
			Operating Expenses/Other Total:	$ -
TRAVEL/TRAINING				
LINE ITEM	Description			Cost
14	Local travel for DOH and PAR staff @ $0.58 per mile x 225 miles per month x 3 staff			$ 4,698.00
15				
16				
			Travel/Training Total:	$ 4,698.00
SERVICES				
LINE ITEM	Description			Cost
17	Transitional Housing @ $66 per night x 375 nights			$ 24,750.00
18				
19				
			Services Total:	$ 24,750.00
CONTRACTUAL SERVICES				
LINE ITEM	Contractor/Agency	Title	Hourly Rate	Cost
20	Department of Health in Pinellas	Biological Scientist III - Project Coordinator	$30.00	$ 62,400.00
21	Department of Health in Pinellas	Biological Scientist III - Evaluator	$22.00	$ 22,880.00
22	Operation PAR	Case Manager(s)	$50.28	$ 65,364.00
			Contractual Services Total:	$ 150,644.00
SUPPLIES				
LINE ITEM	Description			Cost
23	Narcan @ $140 x 1000			$ 140,000.00

COOCLI FY19 Subaward Budget

24	Educational Materials	$ 10,000.00
25	Laptop with statistical software @ $3,000 each	$ 6,000.00
	Supplies Total:	$ 156,000.00
	EQUIPMENT	
LINE ITEM	**Item**	**Cost**
26		
27		
28		
	Equipment Total:	$ -
	INDIRECT COST	
LINE ITEM	**Indirect Cost Rate**	**Cost**
29		
	Indirect Cost Total:	$ -
	TOTAL REQUESTED BUDGET:	$ 311,342.00

COOCLI FY19 Subaward Budget Narrative

Project Name:	The Pinellas County Homeless Overdose Mitigation & Engagement (HOME) Program
Agency:	Pinellas County
PERSONNEL	
LINE ITEM	
1	Karen Yatchum will take the role of Project Director for the HOME Program. She will lead all project leadership meetings monthly and address challenges/barriers in the program. We anticipate her spending 10% of her time on this project and funds are provided in-kind by the County general revenue.
2	
3	
4	
5	
FRINGE	
LINE ITEM	
6	
7	
8	
9	
10	
FACILITIES	
LINE ITEM	
11	
12	
13	
TRAVEL/TRAINING	
LINE ITEM	
14	Local travel is budgeted at the IRS approved rate for 2019 @ $0.58/mile for 225 miles per month per staff member to visit the frequently identified sites for overdoses.
15	
16	
SERVICES	
LINE ITEM	
17	Transitional housing nights will be purchased for homeless individuals identified through outreach activities, and whom have an interest in connecting to recovery oriented services. The budget reflects inclusion of an indirect cost rate of 28% for a total per night cost of $66.
18	
19	
CONTRACTUAL SERVICES	
LINE ITEM	
20	Department of Health Biological Scientist III - Project Coordinator is a one year full-time, temporary position that will work with the team to coordinate grant related activities. It is anticipated this position will take one month to hire. The cost of $30/hour is calculated to include Fringe @ 32%.
21	Department of Health Biological Scientist III - Evaluator is a temporary position that is budgeted at 20 hours per week with no fringe @ $22/hour

COOCLI FY19 Subaward Budget Narrative

22	Operation PAR Case Manager(s) - Operation PAR will utilize a current pool working part-time to provide outreach efforts for site visits with the HOME Team. These services will be charged on an hourly basis, as needed, and the hourly budget figure includes: salary, fringe, and indirect.
SUPPLIES	
LINE ITEM	
23	Narcan nasal spray @ $140 per box (two pack - 4mg nasal spray)
24	Education Materials include: brochures, posters, pamphlets, etc.
25	Laptop with statistical software is budgeted at $1500 per laptop and $1500 per software package
EQUIPMENT	
LINE ITEM	
26	
27	
28	
INDIRECT COST	
LINE ITEM	
29	

Appendix B

Program Budgets

SF-PPR	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - SF-PPR	NCC Progress Report Tracking (#) : 00181920

Grantee Organization Information			
Federal Agency and Organization Element to Which Report is Submitted	Health Resources and Services Administration (HRSA)	**Federal Grant or Other Identifying Number Assigned by Federal Agency**	H80CS00024
DUNS Number	055200216	**Employer Identification Number (EIN)**	596000800
Recipient Organization (Name and complete address including zip code)	PINELLAS, COUNTY OF, 14 S. Fort Harrison OMB 5th Floor, CLEARWATER Florida 33756 - 5338	**Recipient Identifying Number or Account Number**	181920
Project / Grant Period	Start Date : 11/01/2001 End Date : 02/28/2022	**Reporting Period End Date**	03/01/2022
Report Frequency	**[X]** annual **[ ]** semi-annual **[ ]** quarterly **[ ]** other		

Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.			
Typed or Printed Name and Title of Authorized Certifying Official	Karen Yatchum , Authorizing Official	**Telephone** (area code, number and extension)	(727) 464-5045
Email Address	Kyatchum@co.pinellas.fl.us	**Date Report Submitted** (Month, Day, Year)	

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

SF-PPR-2 (Cover Page Continuation)

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - SF-PPR-2 (Cover Page Continuation)	NCC Progress Report Tracking (#) : 00181920

Supplemental Continuation of SF-PPR Cover Page

Department Name	Human Services	**Division Name**	
Name of Federal Agency	Health Resources and Service Administration	**Funding Opportunity Number**	5-H80-21-003
Funding Opportunity Title	Health Center Program		

Lobbying Activities

Have you paid any funds for any lobbying activities related to this grant application (progress report)? Reminder, no Federal appropriated funds may be used for lobbying.

- ○ Yes
- ◉ No

OMB SF-LLL Disclosure of Lobbying Activities Form

No documents attached

Areas Affected by Project (Cities, County, State, etc.)

No areas affected added.

Point of Contact (POC) Information

Title of Position	Name	Phone	Email
Point of Contact	Ms. Elisa DeGregorio	(727) 464-8434	edegregorio@pinellascounty.org

Health Center Program

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - Health Center Program	NCC Progress Report Tracking (#) : 00181920

Section A - Budget Summary

Grant Program Function or Activity	New or Revised Budget		
	Federal	Non Federal	Total
Health Care for the Homeless	$1,597,565.00	$2,943,946.00	$4,541,511.00
Total :	**$1,597,565.00**	**$2,943,946.00**	**$4,541,511.00**

Section B - Budget Categories

Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
Personnel	$0.00	$21,511.00	$21,511.00
Fringe Benefits	$0.00	$8,546.00	$8,546.00
Travel	$5,495.00	$0.00	$5,495.00
Equipment	$0.00	$0.00	$0.00
Supplies	$750.00	$0.00	$750.00
Contractual	$1,584,220.00	$2,898,889.00	$4,483,109.00
Construction	$0.00	$0.00	$0.00
Other	$7,100.00	$15,000.00	$22,100.00
Total Direct Charges	**$1,597,565.00**	**$2,943,946.00**	**$4,541,511.00**
Indirect Charges	$0.00	$0.00	$0.00
Total	**$1,597,565.00**	**$2,943,946.00**	**$4,541,511.00**

Program Income

Grant Program Function or Activity	Total
Health Care for the Homeless	$1,872.00
Total :	**$1,872.00**

Section C - Non Federal Resources

Grant Program Function or Activity	Applicant	State	Local	Other	Total
Health Care for the Homeless	$0.00	$645,912.00	$2,296,162.00	$1,872.00	$2,943,946.00
Total :	**$0.00**	**$645,912.00**	**$2,296,162.00**	**$1,872.00**	**$2,943,946.00**

Health Care for the Homeless

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - Health Care for the Homeless	NCC Progress Report Tracking (#) : 00181920

Section A - Budget Summary

Grant Program Function or Activity	New or Revised Budget		
	Federal	Non Federal	Total
Health Care for the Homeless	$1,597,565.00	$2,943,946.00	$4,541,511.00
Total :	**$1,597,565.00**	**$2,943,946.00**	**$4,541,511.00**

Program Income

Grant Program Function or Activity	Total
Health Care for the Homeless	$1,872.00
Total :	**$1,872.00**

Section C - Non Federal Resources

Grant Program Function or Activity	Applicant	State	Local	Other	Total
Health Care for the Homeless	$0.00	$645,912.00	$2,296,162.00	$1,872.00	$2,943,946.00
Total :	**$0.00**	**$645,912.00**	**$2,296,162.00**	**$1,872.00**	**$2,943,946.00**

Budget Justification	FY 2020 Budget Period	
	Federal Grant Request	Non-Federal Resources
REVENUE – *Should be consistent with information presented in Budget Information: Budget Details form and Form 3: Income Analysis*		
PROGRAM INCOME (fees, third party reimbursements, and payments generated from the projected delivery of services)		$1,872
STATE FUNDS		$645,912
LOCAL FUNDS		$2,296,162
FEDERAL FUNDING HHS | HRSA | Health Center Program Funding Y3	$1,597,565	
OTHER FEDERAL FUNDING (break out by source — e.g., HUD, CDC)		
OTHER SUPPORT		
TOTAL REVENUE	**$1,597,565**	**$2,943,946**
EXPENSES: *Object class totals should be consistent with those presented in Section B of the Budget Information: Budget Details form.*		
PERSONNEL		
ADMINISTRATION Project Director/Health Care Administrator (CEO) 0.20 FTE | $107,556 annual salary | K. Yatchum		$21,511
MEDICAL STAFF		
DENTAL STAFF		
BEHAVIORAL HEALTH STAFF		
ENABLING STAFF		
OTHER STAFF		
TOTAL PERSONNEL	**$0**	**$21,511**
FRINGE BENEFITS		
FICA @ 0.0765 x $21,511		$1,646
State Retirement Contribution @ 0.1005 x $21,511		$2,162
Group Life Insurance @ 0.0016 x $21,511		$34
Long-Term Disability @ 0.0051 x $21,511		$110
Medical @ $21,660 x 0.20 FTE		$4,332
Dental @ $920 x 0.20 FTE		$184
Short-Term Disability@ $390 x 0.20 FTE		$78
TOTAL FRINGE	**$0**	**$8,546**

Budget Justification	FY 2020 Budget Period	
	Federal Grant Request	Non-Federal Resources
TRAVEL		
Health Care for the Homeless National Conference 3 FTEs @ $1,650 per person - 3 nights (May 2020)	$4,950	
O/E Coordinator - Local Travel (1 FTE @ 1000 miles/yr @ .545/mile)	$545	
TOTAL TRAVEL	**$5,495**	**$0**
EQUIPMENT – *Include items of moveable equipment that cost $5,000 or more and with a useful life of one year or more.*		
Not Applicable		
TOTAL EQUIPMENT	**$0**	**$0**
SUPPLIES		
Printing: HCH Outreach Brochure ($0.25 per brochure x 3,000 copies)	$750	
TOTAL SUPPLIES	**$750**	**$0**
CONTRACTUAL – *Include sufficient detail to justify costs.*		
Contractor: Florida Department of Health in Pinellas County: *provides or subcontracts for a significant portion of required and additional services within the health center's scope of project. DOH also provides quality improvement services, and patient support staff in support of the Patient Centered Medical Home concepts. DOH will serve the patient target of 2,940 unduplicated patients with qualified primary care medical encounters along with identified clinical measure goals as reported in the UDS report. Pinellas County meets bi-weekly with management of the organization, as well as through several sub-committees to support the contract monitoring and program service delivery.*		
Clinical Primary Care Services		
Medical Director | C. Ravindra .15 FTE x ($172,030 salary + $51,024 fringe)		$33,458
QI Coordinator | R. O'Brien .15 FTE x ($79,511 salary + $33,607 fringe)		$16.968
Program Supervisor | R. Bernard 1.0 FTE x ($60,263 salary + $15,388 fringe)		$75,651
Care Coordinator | C. Ufondu 1.0 FTE x ($43,882 salary + $26,999 fringe)		$70,881
Computer Program Analyst | A. Verrett .50 FTE x ($38,781 salary + $6,845 fringe)		$22,813
Senior Physician | R. Mungara 1.0 FTE x ($133,949 salary + 42,896 fringe)	$176,845	
ARNP | K. Rice 1.0 FTE x ($86,321 salary + $34,490 fringe)	$120,811	
ARNP | C. Odonohoe (0.75 FTE x $75,406 salary) + $24,422 fringe	$80,977	

Budget Justification	FY 2020 Budget Period	
	Federal Grant Request	Non-Federal Resources
Physician (OPS) | Dr. Rao (0.4 FTE x $84,240 salary) + 3,915 fringe	$37,611	
Registered Nurse | M. Handy 1.0 FTE x ($44,990 salary + $16,854 fringe)	$61,844	
Registered Nurse | vacant 1.0 FTE x ($49,490 salary + $27,989 fringe)		$77,479
Nurse Senior LPN | O. Hernandez 1.0 FTE x ($42,538 salary + $26,762 fringe)	$69,300	
Nurse LPN | L. Fieldhouse 1.0 FTE x ($40,463 salary + $16,055 fringe)	$56,518	
Medical Assistant | S. Burns 1.0 FTE x ($30,422 salary + $14,282 fringe)		$44,704
Medical Assistant | vacant 1.0 FTE x ($30,422 salary + $14,282 fringe)	$44,704	
Clinic Supervisor | C. Wittstruck 1.0 FTE x ($30,457 salary + $24,630 fringe)		$55,087
Human Services Analyst | A. Hossley 1.0 FTE x ($31,837 salary + $14,541 fringe)	$46,378	
Senior Clerk | A. Brooks 1.0 FTE x ($27,940 salary + $24,185 fringe)		$52,125
Nurse Care Coordinator | L. Koen 1.0 FTE x ($51,846 salary + $18,064 fringe)		$69,910
Eligibility Assistance Worker | B. Telford 1.0 FTE x ($27,507 salary + $13,768 fringe)		$41,275
Support Staff | Marti Flores 1.0 FTE x ($34,798 salary + $25,396 fringe)	$60,194	
Family Support Worker | vacant 1.0 FTE x ($27,507 salary = $13,768 fringe)		$41,275
Dental Services		
Encounter w/Dentist @ $109/visit (1,352 federal +1,048 non-federal encounters)	$147,368	$199,120
Encounter w/Hygienist @ $70/visit (211 federal+209 non-federal encounters)	$14,770	$14,630
Dentures Labs/Supplies		$15,000
Laboratory Services Subcontractor to FL DOH: Quest Laboratories		
Lab Services ((Avg of $1,916/mo x 12 mo | Avg 670 encounters/mo)	$23,000	
Behavioral Health Services Subcontractor to FL DOH: Directions for Living		
Fee for Service Contract up to $220,000		$220,000

Budget Justification	FY 2020 Budget Period	
	Federal Grant Request	Non-Federal Resources
Specialty Care Services Subcontracted through FL Dept. of Health		
Network of Contracted Providers for Required and Additional Services within the Health Center's Approved Scope of Project (Radiology; Podiatry; Psychiatry; Other…)		$100,000
Local Travel		
Approx 142 miles/month @ .445 cost per mile x 12 months	$750	
Provider Training		
Basic Life Support Training | CPR @ $62.75 pp/8 FTE	$500	
Office Supplies		
Two HC Sites: (@$346/mo x 12 mos | 2 sites)	$4,150	
Medical Supplies		
Avg. $1,042/mo | Avg. 283 undup clients/mo; 670 encounters/mo	$12,500	
Other Services		
Cell Phone ($133/month x 12 months x 1.0 FTE)	$1,600	
Data Circuit (monthly @ $1,436.78 x 12 mo)		$17,241
Administrative Service Fee 10%		$114,761
Sub-Total: FL DOH	**$959,820**	**$1,282,378**
Operation PAR **(Substance Abuse Services – Medication Assisted Treatment | AIMS Supplemental | Low Income Pool/Care Team):** *provide medication assisted treatment (Vivatrol, Bupenephrine, Methadone) for 40 unduplicated HCH clients per year as a result of the Substance Abuse Service Expansion award. Supplemental funding for Access Increases in Mental Health and Substance Abuse Services. Low Income Pool funding from State for CARE Team program w/St. Anthony's hospital. Pinellas County meets monthly with the contractor and receives regular performance outcome data for review.*		
Clinical Staff – Substance Abuse Service Expansion		
Contract Physician | M. Sheehan $192,300 max federal limit for Exec Comp II x 3.4% FTE	$6,500	
Dir. Outpatient Services | B. Maze 0.30 FTE | $45,011 annual salary	$6,751	$6,749
Clinical Supervisor | G. Burke 0.30 FTE | $52,000 annual salary	$7,800	$7,800
CEO/Project Supervisor | D. Clarke 0.05 FTE | $197,500 adjusted annual salary	$9,875	
Counselor | T. Rine 1.0 FTE | $35,609 salary	$35,609	

Budget Justification	FY 2020 Budget Period	
	Federal Grant Request	Non-Federal Resources
Case Manager | S. Rhodes 1.0 FTE | $36,442 salary	$36,442	
Counselor | C. Papazian 1.0 FTE | $37,128 salary	$37,128	
Case Manager | L. Galka 1.0 FTE | $29,964 salary	$29,994	
Counselor | S. Arseneau 1.0 FTE | $36,275 salary	$36,275	
Counselor | A. Bechakas 1.0 FTE | $37,128 salary	$37,128	
Counselor | L. Guerriero 1.0 FTE | $37,128 salary		$37,128
Team Coordinator | L. Matthews 1.0 FTE | $28,205 salary		$28,205
Evaluator/Research Assistant | E. Mulgrew 0.10 FTE | $44,990 annual salary	$2,250	$2,250
Fringe @ 26.6% of salaries ($245,754) ($82,132)	$65,370	$21,846
Personnel Sub-Total	**$311,122**	**$103,978**
Medication Assisted Treatment Services (SASE)		
Methadone 15.4285/day - 8641 doses (approx. 24 clients/mo)	$133,321	$43,341
Buprenorphine 20.5714/day - 875 doses (approx. 18 clients/mo)	$18,000	
Local Travel		
.485 mile/@ 124 mi/mo x 7 FTE	$3,783	$1,261
Office Supplies		
$60/mo x 12 months x 7 FTE	$1,800	$3,186
Other Services		
Cell Phone $73/month x 12 mos x 7 FTE	$4,392	$1,704
Lab Services $325/mo	$3,900	
Professional Liability Insurance 1.2% of staff salaries	$2,949	$986
Occupancy $1,700/mo x 12 mos	$12,000	$8,400
Computer Maintenance $48/mo x 12 mos x 7 FTE	$2,304	$1,704
Transportation Assistance Vouchers/Bus Passes (1,062 daily bus passes or 242/mo approx.)	$5,312	

Budget Justification	FY 2020 Budget Period	
	Federal Grant Request	Non-Federal Resources
Residential Services (320 bed days @ $200/day) Psychiatric Medications		$80,000 $8,397
Indirect Cost Rate-14.06% (direct services only/non-MAT)	$48,867	$17,043
Sub-Total: Operation PAR	**$547,750**	**$270,000**
Personnel Solutions Plus (ACA Outreach): *The County contracts with an employment agency, Personnel Solutions Plus, to hire temporary staff as needed for any County Department. The Billable Rate includes the base salary plus the fee charged by PSP.*		
Navigator Program Coordinator | E. Richards 1.0 FTE | estimated 35 hrs/wk x Billable Rate $40.92/hr	$76,650	
Sub-Total: Personnel Solutions Plus	**$76,650**	**$0**
Citizens RX (Pharmacy): *The County contracts with a Pharmacy Benefit Manager and its Pharmacy Network to provide needed prescriptions to HCH clients. The County meets with the provider weekly and reviews performance data monthly.*		
Health Care for the Homeless (primary care) (38% utilization by HCH patients of overall contract)		$1,325,000
Sub-Total: Citizens RX		**$1,325,000**
TOTAL CONTRACTUAL	**$1,584,220**	**$2,898,889**
OTHER – *Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.*		
UDS Training, FL Assoc of Comm Health Centers Registration Fee: $175/pp x 4 FTEs Health Care for the Homeless National Conference 3 FTEs @ $800 per person - 3 nights (May 2020) NextGen (EHR) Enhancements	$700 $2,400 $4,000	
TOTAL OTHER	**$7,100**	**$0**
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)	**$1,597,565**	**$2,943,946**
INDIRECT CHARGES – *Include approved indirect cost rate.* X% indirect cost rate (includes utilities and accounting services)		
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)	**$1,597,565**	**$2,943,946**

Personnel Object Class Category Justification

PERSONNEL JUSTIFICATION					
Name	**Position Title**	**% of FTE**	**Annual Base Salary**	**Adjusted Annual Base Salary**	**Federal Amount Requested**
Pinellas County Human Services					
K. Yatchum	Project Director	20%	$107,556.00	No Adjustment Needed	$0.00
Quality Assurance/Operations – FL Department of Health (contractor)					
C. Ravindra, MD	Medical Director	15%	$172,030.00	No Adjustment Needed	$0.00
R. O'Brien	QA Coordinator	15%	$79,511.00	No Adjustment Needed	$0.00
R. Bernard	Supervisor	100%	$60,263.00	No Adjustment Needed	$0.00
A. Verrett	Computer Analyst	50%	$38,781.00	No Adjustment Needed	$0.00
Clinical Staff – FL Department of Health (contractor)					
R. Mungara	Senior Physician	100%	$133,949.00	No Adjustment Needed	$133,949.00
S. Rao	Physician	40%	$84,240.00	No Adjustment Needed	$33,696.00
M. Handy	Registered Nurse	100%	$44,990.00	No Adjustment Needed	$44,990.00
O. Hernandez	Nurse LPN	100%	$42,538.00	No Adjustment Needed	$42,538.00
A. Brooks	Senior Clerk	100%	$27,940.00	No Adjustment Needed	$0.00
M. Marti-Flores	Support Staff	100%	$34,978.00	No Adjustment Needed	$34,978.00
K. Rice	ARNP	100%	$86,321.00	No Adjustment Needed	$86,321.00
C. Wittstruck	Clerical Supervisor	100%	$30,457.00	No Adjustment Needed	$0.00
L. Fieldhouse	Nurse LPN	100%	$40,463.00	No Adjustment Needed	$40,463.00
S. Burns	Medical Assistant	100%	$30,422.00	No Adjustment Needed	$0.00
Vacant - TBD	Family Support Worker	100%	$27,507.00	No Adjustment Needed	$0.00
Vacant - TBD	Medical Assistant	100%	$30,422.00	No Adjustment Needed	$30,422.00
C. Odonohoe	ARNP	75%	$75,406.00	No Adjustment Needed	$56,555.00
Vacant - TBD	Registered Nurse	100%	$49,490.00	No Adjustment Needed	$0.00
C. Ufondu	Care Coordinator	100%	$43,882.00	No Adjustment Needed	$0.00
A. Hossley	Human Services Analyst	100%	$31,837.00	No Adjustment Needed	$31,837.00
B. Telford	Eligibility Assistant	100%	$27,507.00	No Adjustment Needed	$0.00
L. Koen	Nurse Care Coordinator	100%	$51,846.00	No Adjustment Needed	$0.00
Substance Abuse Service Expansion – Operation PAR (sub-recipient/contractual)					
B. Maze	Dir. Outpatient Services	30%	$45,011.00	No Adjustment Needed	$6,751.00
G. Burke	Clinical Supervisor	30%	$52,000	No Adjustment Needed	$7,800.00
D. Clarke	Project Supervisor	5%	$198,910.00	Adjusted to $197,500	$9,875.00
E. Mulgrew	Research Assistant	10%	$44,990.00	No Adjustment Needed	$2,250.00
T. Rine	Counselor	100%	$35,610.00	No Adjustment Needed	$35,610.00
S. Rhodes	Case Manager	100%	$36,442.00	No Adjustment Needed	$36,442.00
C. Papazian	Counselor	100%	$37,128.00	No Adjustment Needed	$37,128.00
L. Galka	Case Manager	100%	$29,994.00	No Adjustment Needed	$29,994.00
S. Arseneau	Counselor	100%	$36,275.00	No Adjustment Needed	$36,275.00
A. Bechakas	Counselor	100%	$37,128.00	No Adjustment Needed	$37,128.00
L. Guerrierro	Counselor	100%	$37,728.00	No Adjustment Needed	$0.00
L. Matthews	Team Coordinator	100%	$28,205.00	No Adjustment Needed	$0.00

PERSONNEL JUSTIFICATION					
Name	**Position Title**	**% of FTE**	**Annual Base Salary**	**Adjusted Annual Base Salary**	**Federal Amount Requested**
M. Sheehan	Physician	3.4%	$260,000.00	Adjusted to $197,500	$6,500.00

Program Specific Form(s) - Review

00181920: PINELLAS, COUNTY OF

Due Date: 10/09/2020 (Due In: 1 Days)

Announcement Number: 5-H80-21-003
Announcement Name: Health Center Program
Progress Report Type: Noncompeting Continuation
Grant Number: H80CS00024
Target Population: Health Care for the Homeless
Current Project Period: 3/1/2019 - 2/28/2022

Resources

Form 1C - Documents On File

As of 10/08/2020 09:46:50 AM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2021

Management and Finance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.	07/12/2018	
Procurement procedures.	09/23/2020	
Standards of Conduct/Conflict of Interest policies/procedures.	09/19/2017	
Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities.	06/30/2019	
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug.[1] (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A).	06/11/2019	[X]
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother.[2] (Only applicable if your organization provides abortion services; otherwise, indicate as N/A).	06/11/2019	[X]
Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay.	09/19/2017	

Services	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Credentialing/Privileging operating procedures.	07/12/2019	
Coverage for Medical Emergencies During and After Hours operating procedures.	11/12/2019	
Continuity of Care/Hospital Admitting operating procedures.	07/09/2019	
Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule.	02/11/2020	
Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records.	07/17/2017	

Governance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Governing Board Bylaws.	06/12/2018	
Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.)	06/02/2015	[_]

Form 3 - Income Analysis

As of 10/08/2020 09:46:50 AM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income
Part 1: Patient Service Revenue - Program Income					
1. Medicaid	78.00	78.00	$24.00	$1,872.00	$1,704.00
2. Medicare	0.00	0.00	$0.00	$0.00	$0.00
3. Other Public	0.00	0.00	$0.00	$0.00	$0.00
4. Private	0.00	0.00	$0.00	$0.00	$0.00
5. Self Pay	2901.00	7171.00	$0.00	$0.00	$0.00
6. Total (Lines 1 to 5)	2979	7249	N/A	$1,872.00	$1,704.00
Part 2: Other Income - Other Federal, State, Local and Other Income					
7. Other Federal	N/A	N/A	N/A	$0.00	$0.00
8. State Government	N/A	N/A	N/A	$645,912.00	$414,649.00
9. Local Government	N/A	N/A	N/A	$2,256,134.00	$2,354,917.00
10. Private Grants/Contracts	N/A	N/A	N/A	$0.00	$0.00
11. Contributions	N/A	N/A	N/A	$0.00	$0.00
12. Other	N/A	N/A	N/A	$0.00	$0.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	$0.00	$0.00
14. Total Other (Lines 7 to 13)	N/A	N/A	N/A	$2,902,046.00	$2,769,566.00
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)					
15. Total Non-Federal Income (Lines 6+14)	N/A	N/A	N/A	$2,903,918.00	$2,771,270.00

Comments/Explanatory Notes (if applicable)

As of 10/08/2020 09:46:50 AM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Form 5A - Required Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
General Primary Medical Care	[_]	[X]	[_]
Diagnostic Laboratory	[_]	[X]	[_]
Diagnostic Radiology	[_]	[X]	[_]
Screenings	[_]	[X]	[_]
Coverage for Emergencies During and After Hours	[_]	[X]	[_]
Voluntary Family Planning	[_]	[_]	[X]
Immunizations	[_]	[X]	[_]
Well Child Services	[_]	[_]	[X]
Gynecological Care	[_]	[X]	[X]
Obstetrical Care			
Prenatal Care	[_]	[_]	[X]
Intrapartum Care (Labor & Delivery)	[_]	[_]	[X]
Postpartum Care	[_]	[_]	[X]
Preventive Dental	[_]	[X]	[_]
Pharmaceutical Services	[_]	[X]	[_]

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
HCH Required Substance Use Disorder Services	[_]	[X]	[_]
Case Management	[_]	[X]	[_]
Eligibility Assistance	[X]	[X]	[_]
Health Education	[_]	[X]	[_]
Outreach	[X]	[X]	[_]
Transportation	[_]	[X]	[_]
Translation	[_]	[X]	[_]

As of 10/08/2020 09:46:50 AM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Form 5A - Additional Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Additional Dental Services	[_]	[X]	[_]
Behavioral Health Services			
Mental Health Services	[_]	[X]	[_]
Substance Use Disorder Services	[_]	[_]	[_]
Optometry	[_]	[_]	[_]
Recuperative Care Program Services	[_]	[_]	[_]
Environmental Health Services	[_]	[_]	[_]
Occupational Therapy	[_]	[X]	[_]
Physical Therapy	[_]	[X]	[_]
Speech-Language Pathology/Therapy	[_]	[_]	[_]
Nutrition	[_]	[_]	[X]
Complementary and Alternative Medicine	[_]	[_]	[_]
Additional Enabling/Supportive Services	[_]	[_]	[_]

As of 10/08/2020 09:46:50 AM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Podiatry	[_]	[X]	[_]
Psychiatry	[_]	[X]	[_]
Endocrinology	[_]	[_]	[_]
Ophthalmology	[_]	[_]	[_]

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Cardiology	[_]	[_]	[_]
Pulmonology	[_]	[_]	[_]
Dermatology	[_]	[_]	[_]
Infectious Disease	[_]	[_]	[_]
Gastroenterology	[_]	[_]	[_]
Advanced Diagnostic Radiology	[_]	[_]	[_]

Form 5B - Service Sites

As of 10/08/2020 09:46:50 AM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

MOBILE MEDICAL UNIT (BPS-H80-000672) — **Action Status: Picked from Scope**

Site Name	MOBILE MEDICAL UNIT	Physical Site Address	647 1st Ave N, Saint Petersburg, FL 33701-3601
Site Type	Service Delivery Site	Site Phone Number	(727) 582-7781
Web URL	www.pinellascounty.org		
Location Type	Mobile Van	Site Setting	All Other Clinic Types
Date Site was Added to Scope	12/7/1987	Site Operational By	12/7/1987
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	27
Months of Operation	November, December, October, September, April, March, February, January, August, July, June, May		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	33760, 33764, 33705, 33781, 33707, 33711, 33770, 33771, 33712, 33765, 33713, 34689, 33702, 33709, 33755, 33701, 33756, 33714, 33772

Pinellas County BCC Homeless Program (BPS-H80-014512) — **Action Status: Picked from Scope**

Site Name	Pinellas County BCC Homeless Program	Physical Site Address	440 Court Street, 2nd Floor, Clearwater, FL 33756
Site Type	Administrative	Site Phone Number	(727) 464-8416
Web URL			
Location Type	Permanent	Site Setting	
Date Site was Added to Scope	1/6/2015	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	0
Months of Operation	December, October, September, November, April, March, February, January, August, July, June, May		
		Number of Intermittent Sites	0

Number of Contract Service Delivery Locations			
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	

Bayside Health Clinic (BPS-H80-018057) **Action Status: Picked from Scope**

Site Name	Bayside Health Clinic	Physical Site Address	14808 49th St N, Clearwater, FL 33762-2835
Site Type	Service Delivery Site	Site Phone Number	(727) 453-7866
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	6/3/2016	Site Operational By	6/3/2016
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	60
Months of Operation	November, December, October, September, April, March, February, January, August, July, June, May		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	34689, 33770, 33764, 33707, 33705, 33755, 33756, 33771, 33772, 33760, 33765, 33762, 33711, 33714, 33701, 33713, 33702, 33709, 33712, 33781

Form 5C - Other Activities/Locations

As of 10/08/2020 09:46:50 AM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Activity/Location Information

No other activities/locations added.

As of 10/08/2020 09:46:50 AM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Program Narrative Update - Organizational Capacity

Organizational Capacity

Discuss current major changes, since the last budget period, in the organization's capacity that have impacted or may impact the progress of the funded project, including changes in: • **Staffing, including key vacancies;** • **Operations, including changes in policies and procedures as they relate to COVID-19; and** • **Financial status, including the most current audit findings, as applicable.**	Pinellas County works with the Florida Department of Health (DOH) to provide primary care services. The County's program includes the Bayside Health Clinic and a Mobile Medical Unit (MMU) that travels throughout the County five days a week. The clinic operates from 8:00 am 8:00 pm Monday through Thursday, 8:00 am 5:00 pm on Fridays, and 8:00 am 12:00 noon on Saturdays. Staffing: The clinic lost several key staff positions including a Program Manager and 1.5 provider FTEs. Replacements have been hired to fill these positions as of October 2020. Covid-19 had an impact on staffing in 2020 with team

members isolating and/or quarantining during the period. Several factors relating to the center's staffing needs make the positions difficult to fill including extended hours, part time hours, and the MMU licensure requirements. The DOH has also faced competition for hiring within the agency for positions needed to support the Covid-19 response in the County. Operations: The MMU has experienced several mechanical breakdowns this year resulting in 61 non-Covid related days when the van could not be used in 2020. The MMU remained out of service during the peak of Covid-19 when the shelters were shut-down to outside services. Covid-19 also impacted daily operations due to imposed Safer at Home Orders in addition to enhanced safety protocols for staff and patients. While the health center never closed, there were reductions in the number of available in-person appointments. Routine care, minor concerns, and medication management were often encouraged by phone. Dental was also reduced to emergency procedures from 3/20/20 to 5/4/2020. Through 9/30/2020, the health center has seen a 44% reduction in qualified medical visits and 36% decrease in unduplicated primary care patients. Financial: The health center has no financial concerns or audit findings.

Program Narrative Update - Patient Capacity and Supplemental Awards

Patient Capacity

Referencing the % Change 2017-2019 Trend, % Change 2018-2019, and % Progress Toward Goal columns:

Discuss trends in unduplicated patients served and report progress in reaching the projected number of patients. In the Patient Capacity Narrative column, explain negative trends or limited progress toward the projected number of patients and plans for achievement.

Notes:

- **2017-2019 Patient Number data are pre-populated from Table 3a in the UDS Report.**
- **The Projected Number of Patients value is pre-populated from the Patient Target noted in the Patient Target Management Module in HRSA EHBs. If you have questions related to your Patient Target, contact the Patient Target Response Team . To formally request a change in your Patient Target, you must submit a request via the Patient Target Management Module in HRSA EHBs.**

Project Period: 11/1/2001 - 2/28/2022

Unduplicated Patients	2017 Patient Number	2018 Patient Number	2019 Patient Number	% Change 2017-2019 Trend	% Change 2018-2019 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Total Unduplicated Patients	2799	2839	2952	5.47%	3.98%	99.09%	2979	For the budget period of March 1, 2020 through September 30, 2020, the health center has seen 1,101 unduplicated patients. For the UDS calendar year starting January 1, 2020 through September 30, 2020, the health center has seen 1,604 unduplicated clients. For the calendar year, the health center has seen a 44% reduction of qualified visits and 36% decrease in unduplicated patients. This is primarily due to Covid-19. The health center, while remaining open, reduced the number of in-person appointments to maintain social distance and patient/staff safety standards. The Mobile Medical Unit was offline due to mechanical issues for 61 days and during the peak of Covid-19 – from March 19, 2020 – July 31, 2020 due to the shelter locations being closed to outside

Notes:

- **2017-2019 Patient Number data are pre-populated from Table 3a in the UDS Report.**
- **The Projected Number of Patients value is pre-populated from the Patient Target noted in the Patient Target Management Module in HRSA EHBs. If you have questions related to your Patient Target, contact the Patient Target Response Team . To formally request a change in your Patient Target, you must submit a request via the Patient Target Management Module in HRSA EHBs.**

Project Period: 11/1/2001 - 2/28/2022

Unduplicated Patients	2017 Patient Number	2018 Patient Number	2019 Patient Number	% Change 2017-2019 Trend	% Change 2018-2019 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
								services/organizations. While still difficult to project but based on a 36% reduction of clients, we are anticipating a total unduplicated patient roster of 1,907 which is below our patient target of 2,979.

Notes:

- **2017-2019 Patient Number data are pre-populated from Table 4 in the UDS Report.**
- **The Projected Number of Patients values is pre-populated from the patient projections in the Service Area Competition (SAC) that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance. See the frequently asked questions on the BPR TA webpage for details on the selected supplemental funding patient projections included.**
- **The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.**

Project Period: 11/1/2001 - 2/28/2022

Special Populations	2017 Patient Number	2018 Patient Number	2019 Patient Number	% Change 2017-2019 Trend	% Change 2018-2019 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Total Migratory and Seasonal Agricultural Worker Patients	1	8	8	700.00%	0.00%	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 0)	N/A
Total People Experiencing Homelessness Patients	2765	2804	2920	5.61%	4.14%	98.02%	2979 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 2979)	For the budget period of March 1, 2020 through September 30, 2020, the health center has seen 1,101 unduplicated patients. For the UDS calendar year starting January 1, 2020 through September 30, 2020, the health center has seen 1,604 unduplicated clients. For the calendar year, the health center has seen a 44% reduction of qualified visits and 36% decrease in unduplicated patients. This is primarily due to Covid-19. The health center, while remaining open, reduced the number of in-person appointments to maintain social distance and patient/staff safety standards. The Mobile Medical Unit was offline due to mechanical issues for 61 days and during the peak of Covid-19 – from March 19, 2020 – July 31, 2020 due to the shelter locations being closed to outside services/organizations. While still difficult to project but based on a 36% reduction

Notes:

- **2017-2019 Patient Number data are pre-populated from Table 4 in the UDS Report.**
- **The Projected Number of Patients values is pre-populated from the patient projections in the Service Area Competition (SAC) that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance. See the frequently asked questions on the BPR TA webpage for details on the selected supplemental funding patient projections included.**
- **The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.**

Project Period: 11/1/2001 - 2/28/2022

Special Populations	2017 Patient Number	2018 Patient Number	2019 Patient Number	% Change 2017-2019 Trend	% Change 2018-2019 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
								of clients, we are anticipating a total unduplicated patient roster of 1,907 which is below our patient target of 2,979.
Total Public Housing Resident Patients	0	0	0	Data not available	Data not available	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 0)	N/A

Notes:

- **2017-2019 Patient Number data are pre-populated from Table 5 in the UDS Report.**
- **The Projected Number of Patients column is pre-populated from the patient projections in the SAC that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance. See the frequently asked questions on the BPR TA webpage for details on the selected supplemental funding patient projections included.**
- **The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.**
- **(*)The Vision Services category was recently added to SAC, therefore there is no Projected Number of Patients data available at this time.**

Project Period: 11/1/2001 - 2/28/2022

Patients and Visits by Service Type	2017 Patient Number	2018 Patient Number	2019 Patient Number	% Change 2017-2019 Trend	% Change 2018-2019 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Total Medical Services Patients	2799	2839	2952	5.47%	3.98%	99.09%	2979 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 2979)	For the budget period of March 1, 2020 through September 30, 2020, the health center has seen 1,101 unduplicated patients. For the UDS calendar year starting January 1, 2020 through September 30, 2020, the health center has seen 1,604 unduplicated clients. For the calendar year, the health center has seen a 44% reduction of qualified visits and 36% decrease in unduplicated patients. This is primarily due to Covid-19. The health center, while remaining open, reduced the number of in-person appointments to maintain social distance and patient/staff safety standards. The Mobile Medical Unit was offline due to mechanical issues for 61 days and during the peak of Covid-19 – from March 19, 2020 – July 31, 2020 due to the shelter locations being closed to outside services/ organizations. While still difficult to project but based on a 36% reduction

Notes:

- **2017-2019 Patient Number data are pre-populated from Table 5 in the UDS Report.**
- **The Projected Number of Patients column is pre-populated from the patient projections in the SAC that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance. See the frequently asked questions on the BPR TA webpage for details on the selected supplemental funding patient projections included.**
- **The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.**
- **(*)The Vision Services category was recently added to SAC, therefore there is no Projected Number of Patients data available at this time.**

Project Period: 11/1/2001 - 2/28/2022

Patients and Visits by Service Type	2017 Patient Number	2018 Patient Number	2019 Patient Number	% Change 2017-2019 Trend	% Change 2018-2019 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
								of clients, we are anticipating a total unduplicated patient roster of 1,907 which is below our patient target of 2,979.
Total Dental Services Patients	784	926	946	20.66%	2.16%	105.94%	893 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 893)	For the UDS calendar year starting January 1, 2020 through September 30, 2020, the health center has seen 584 unduplicated dental clients. Due to Covid-19, the dental clinic ceased all routine appointments and accepted only emergency procedures from 3/20/20 to 5/4/2020. The total # of dental clients is down 23% and visits are down 31% as a result of Covid-19. Based on a 23% reduction of clients from 2019 totals, the County anticipates seeing 729 in 2020, which is below our patient target of 893.
Total Mental Health Services Patients	1077	440	498	-53.76%	13.18%	43.46%	1146 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 1146)	For the UDS calendar year starting January 1, 2020 through June 30, 2020, the health center has seen 215 unduplicated mental health services patients. Due to Covid-19, the mental health service providers conducted a majority of services via telehealth only which has proven to be difficult with the homeless population. This is below our patient target of 1146. As previously communicated with HRSA, the County had a State grant in 2017, which was not renewed, that provided for mental health services staff to be co-located at the Clinic and to follow the van. These staff were dedicated to working with clients at the point-of-care or shortly thereafter to seek engagement in mental health services. Without the renewed funding, the County was unable to continue providing the on-site staff that engaged a large number of clients during 2017.
Total Substance Use Disorder Services Patients	123	146	169	37.40%	15.75%	129.01%	131 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 0	For the UDS calendar year starting January 1, 2020 through June 30, 2020, the health center has seen 111 unduplicated substance use disorder services patients. Due to Covid-19, the substance use provider began offering

Notes:

- **2017-2019 Patient Number data are pre-populated from Table 5 in the UDS Report.**
- **The Projected Number of Patients column is pre-populated from the patient projections in the SAC that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance. See the frequently asked questions on the BPR TA webpage for details on the selected supplemental funding patient projections included.**
- **The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.**
- **(*)The Vision Services category was recently added to SAC, therefore there is no Projected Number of Patients data available at this time.**

Project Period: 11/1/2001 - 2/28/2022

Patients and Visits by Service Type	2017 Patient Number	2018 Patient Number	2019 Patient Number	% Change 2017-2019 Trend	% Change 2018-2019 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
							FY 2019 SAC = 131)	take-home medications for those individuals who qualified. All counseling services were offered via telehealth or telephone, if appropriate. This is currently just below our patient target of 131, but we do anticipate meeting this goal.
Total Enabling Services Patients	2700	2797	2893	7.15%	3.43%	98.27%	2944 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 2944)	For the UDS calendar year starting January 1, 2020 through June 30, 2020, the health center has seen 92 unduplicated case management clients and 486 visits. In 2020, the health center's UDS subcommittee conducted a quality assurance review of case management services and found a discrepancy from the definition according to the UDS manual and the practice used by the health center. The operations/quality improvement staff have interviewed patient support staff and processes and made a new recommendation for counting case management services provided by the health center. However, this will greatly reduce the number of clients receiving this service and will put us below our enabling services target of 2,944.
Total Vision Services Patients	Data not available	Data not available	54	Data not available	Data not available	Data not available	NA*	For the UDS calendar year starting January 1, 2020 through September 30, 2020, the health center has seen 54 unduplicated vision clients. Due to Covid-19, referrals and appointments with vision providers slowed or stopped. The County anticipates a slow increase in unduplicated vision clients the rest of this year which is above our vision services target of 0.

Supplemental Awards

In the Supplemental Award Narrative column, describe the following:

- **Implementation status and progress toward achieving goals, including your progress toward meeting projected outcomes (including actual versus projected patients) and implementing newly proposed sites/services, as applicable;**
- **Key factors impacting progress toward achieving goals, including an explanation of the impact of any new or changing environmental factors (state/local/community) on supplemental award progress; and**
- **Plans for sustaining progress and/or overcoming barriers (including environmental barriers) to ensure goal achievement.**

Notes:

- **If you did not receive a Supplemental Award, the system will not require narrative in the Supplemental Award Narrative column.**
- **Supplemental awards released late in FY 2020 or early in FY 2021 will be included in the FY 2022 BPR.**

Type of Supplemental Award	Programmatic Goal	Supplemental Award Narrative
FY 2019 Integrated Behavioral Health Services (IBHS)	Increase access to high quality integrated behavioral health services, including prevention or treatment of mental health conditions and or substance use disorders (SUDs), including opioid use disorder (OUD) by December 31, 2020	For the UDS calendar year starting January 1, 2020 through June 30, 2020, the IBHS staff have seen 93 unduplicated clients for mental health services. IBHS began in Dec. 2019 with a Psychiatric Advanced Practice Registered Nurse (APRN) contracted from Directions for Living (DFL) located onsite at the Bayside Health Clinic. Since that time, the APRN has been providing face to face to face mental health and substance abuse services including psychological and substance abuse evaluations, treatment planning, and medication management. Beginning in March 2020, all services being provided by DFL were transitioned to telephone and telehealth services including new client intake and ongoing treatment services as part of COVID-19 precautions. New clients had to have access to print DFL's new intake paperwork or pick up and return at DFL's office though services are not provided there. Behavioral health services remain telephone and telehealth only at this time which has created significant barriers in progress toward increasing access to integrated behavioral services. Many clients lack access to sufficient technology and/or the confidential space needed to complete services via telephone and/or telehealth. Others are not comfortable receiving services in this manner. The health center has been working collaboratively with DFL to overcome barriers created by COVID-19 precautions and remote services. Bayside Health Clinic staff are now providing clients newly referred to DFL with intake paperwork to complete and sending it to DFL on their behalf. DFL is providing needed technology to complete telehealth visits to homeless shelters to allow clients at the shelter to check out to use for services. Opportunities are being explored to allow clients to complete telehealth visits with DFL onsite at the Bayside Clinic. The goal is to reintegrate behavioral health services into the Bayside Health Clinic in early 2021 when risk of COVID-19 exposures have been further mitigated.
FY 2019 New Access Points (NAP) Satellite	Achieve operational status and increase the number of patients by December 31, 2020	N/A
FY 2020 Ending HIV Epidemic - Primary Care HIV Prevention (PCHP)	Expand HIV prevention services that decrease the risk of HIV transmission by December 31, 2020	The health center, as of September 30, 2020, has not tested any patients for HIV yet. Covid-19 has significantly impacted the patient roll-out of the program, however, several activities have occurred during the Covid period to prepare the health center for implementation. Since receiving this award, the health center has grown our relationship with Ryan White grantee in Pinellas County to develop a process and contacts for linkage to care for any patients that test positive for HIV. The health center has worked with the contracted lab on process and pricing for implementing in house STD and HIV testing. We have ordered all the lab supplies to begin STD/HIV testing (a lot of specimen collection related supplies are on backorder due to COVID). All STD medications are on hand to begin treatment, when needed. In relation to PrEP prescribing, the health center staff have developed PrEP protocol and process flow document. Additionally, the health center has been unsuccessful in recruitment of a qualified PrEP Navigator who was to play a key role in outreach efforts. A candidate had been identified in July 2020 and withdrew, however, the position was re-posted and an offer has been extended as of 9/30/20. Internal training and implementation meetings had to be postponed in April 2020 as COVID-19

In the Supplemental Award Narrative column, describe the following:

- **Implementation status and progress toward achieving goals, including your progress toward meeting projected outcomes (including actual versus projected patients) and implementing newly proposed sites/services, as applicable;**
- **Key factors impacting progress toward achieving goals, including an explanation of the impact of any new or changing environmental factors (state/local/community) on supplemental award progress; and**
- **Plans for sustaining progress and/or overcoming barriers (including environmental barriers) to ensure goal achievement.**

Notes:

- **If you did not receive a Supplemental Award, the system will not require narrative in the Supplemental Award Narrative column.**
- **Supplemental awards released late in FY 2020 or early in FY 2021 will be included in the FY 2022 BPR.**

Type of Supplemental Award	Programmatic Goal	Supplemental Award Narrative
		testing and response efforts were prioritized. The contracted lab also postponed implementation meetings as well as their priority was COVID-19 testing. Staff and providers have since received training in September on STD/HIV testing and treatment. Some health center staff were impacted by COVID-19 and were unable to work due to reasons such as health and lack of child care resulting in insufficient staffing to safely and effectively roll out new service. The health center, working with the homeless population, is very interested in moving this forward and hopes that we will soon be able to balance Covid-19 impacts with normal operations and new workflows soon.

Program Narrative Update - One Time Funding

One-Time Funding Awards

Use the checkboxes in the Allowable Activities column to indicate the allowable activities that are taking place or have taken place in your health center. In the Activities column discuss those activities (identified via checkmark) and their impact.

Notes:

- **If you did not receive a One-Time Funding Award, the system will not require narrative in the Activities column.**
- **One-time awards released late in FY 2020 or early in FY 2021 will be included in the FY 2022 BPR.**
- **(*) Use the checkboxes to indicate your allowable one-time funding activities**

Type of One-Time Funding Award	Allowable Activities	Activities
FY 2019 Health Center Quality Improvement	[ ] Developing and improving health center systems and infrastructure: [X] Training staff [X] Developing policies and procedures [ ] Enhancing health information technology, certified electronic health record, and data systems [X] Data analysis [X] Implementing targeted QI activities (including hiring consultants) [ ] Developing and improving care delivery systems: [X] Supporting care coordination, case management, and medication management [ ] Developing and implementing contracts and formal agreements with other providers [X] Laboratory reporting and tracking [X] Training and workflow redesign to support team-based care [ ] Clinical integration of behavioral health, oral health, HIV care, and other services [ ] Patient engagement activities	The QI Award funds a Government Operations Consultant position at DOH-Pinellas that focuses on leading the action plans to improve outcome measurements, with a focus on patients with Diabetes. During the reporting period, the position has completed the following activities: provided training to clinical staff on NextGen related to A1c and Care Plan documentation, tracked A1C labs and weight management measures, entered alerts in patient records for key components of Diabetes management, analyzed data and created monthly follow up lists of high risk patients for clinical staff to support care coordination, assisted with identifying high risk patients with diabetes for care planning, identified and distributed resources for patients with diabetes, and created an distributed reports related to outcome measures. With the support of this position and implementing targeted quality improvement initiatives, the percentage of patients with a HgA1C >9 or no test during the measurement year improved from 48% to 42%. In addition to working on diabetes and quality measures, the Government Operations Consultant position has assisted the health center with preparing for implementation of HIV and STD testing and PrEP. This work has included identifying resources, developing

Use the checkboxes in the Allowable Activities column to indicate the allowable activities that are taking place or have taken place in your health center. In the Activities column discuss those activities (identified via checkmark) and their impact.

Notes:

- **If you did not receive a One-Time Funding Award, the system will not require narrative in the Activities column.**
- **One-time awards released late in FY 2020 or early in FY 2021 will be included in the FY 2022 BPR.**
- **(*) Use the checkboxes to indicate your allowable one-time funding activities**

Type of One-Time Funding Award	Allowable Activities	Activities
		procedures and workflows, and coordinating staff training.
FY 2019 Oral Health Infrastructure	[ ] Support infrastructure enhancements to provide new or enhance existing high quality, integrated oral health services: [ ] Minor alteration and renovation (A/R) to modernize existing facilities [ ] Purchase and installation of dental and radiology equipment [ ] Training and consultation to increase oral health integration [ ] Purchase of mobile dental units	

FY 20-21 Annual Budget Report

Human Services and Justice Coordination

Pinellas County HUMAN SERVICES

Agency Name: Operation PAR, Inc. **Total Agency Budget:** $33,554,643

Contact Person and Title: Amy Scholz, CFO **Total Program Budget:** $204,000

Agency Remit Address 6655 66th Street North, Pinellas Park, FL 33781 **Phone:** 727-545-7564

Program Name: PCHP

	CATEGORY	TOTAL ALLOCATION	Approx. FTE Quantity
	PERSONNEL EXPENSES		
1	Program Director	$ 2,251.00	0.05
2	Clinical Supervisor	$ 2,600.00	0.05
3	Recovery Support Specialist	$ 27,040.00	1.00
4	Fringe Benefits	$ 9,567.00	
5			
6			
7			
8			
9			
	Personnel Expenses TOTAL:	**$ 41,458.00**	**1.10**

INSTRUCTIONS: For personnel expenses, please select employee position from the drop down menu for staff that are funded in part or whole by County Dollars. Then, enter the total allocation to each staff type, including fringe. Lastly, select the full-time equivalent (FTE) for each position type. If you intend to invoice benefits/fringe as a separate, totaled line item, then please list them separately here.

	OPERATIONAL EXPENSES		
10	Travel	$ 1,455.00	
11	Supplies	$ 1,200.00	
12	Computer Maintenance	$ 302.00	
13	Professional Liability Insurance	$ 383.00	
14	Communications	$ 672.00	
15	Occupancy	$ 3,600.00	
16	Indirect Expenses	$ 6,899.00	
17	Medication Assisted Treatment	$ 148,031.00	
18		$	
19		$	
20		$	
21		$	
22		$	
	Operational Expenses TOTAL:	**$ 162,542.00**	**0.00**
	PROGRAM TOTAL:	**$ 204,000.00**	**0.00**

INSTRUCTIONS: Operational expenses include any expenses other than employee/staff salaries and fringe. Administrative costs should be allocated among the categories provided. If any agency cost does not fit into the categories provided, please select "Other" and explain the costs in the Budget Narrative. Descriptions and examples of each category are provided in the Budget Narrative.

Prepared By:	Alison Angus, Accountant
Date:	October 15, 2020
Phone Number:	727-545-7564 ext. 3264
Email	aangus@operpar.org
Approved by:	Amy Scholz, CFO
Signature:	
Remarks:	

HUMAN SERVICES OFFICE USE ONLY (Revised 9-10-18):

Contract Manager Approval: **Legistar ID:**

Finance Approval: **Effective Dates:**

Pinellas County HUMAN SERVICES

FY 20-21 Operational Narrative

Line Number	Category	Line Item	Amount	Narrative
Example	*Operational Expense*	*Professional Fees/Licenses*	*$4,000*	*$2000- contracted accountant for monthly accounting through OneSource, Inc, which includes accounts receiveable, payable, and account balancing $1500 for Payroll Processing through Paychex and $500 for National Accreditation Membership*
1-2	Personnel Expense	Program Manager/Supervisor	$4,851	Program Director at 5% FTE and Clinical Supervisor at 5% FTE
3	Personnel Expense	Direct Services	$27,040	Recovery Support Speciallist at 1 0 FTE
4	Personnel Expense	Fringe	$9,567	Fringe benefits at 30% of salaries
10	Operational Expense	Other	$1,455	Local mileage at .485/mile x 250 miles/month = $1,455
11	Operational Expense	Supplies/Equipment	$1,200	Supplies at 100/month = $1,200
12	Operational Expense	Repairs/Maintenance	$302	Computer maintenance at $25 14/month = $302
13	Operational Expense	Insurance	$383	Professional liability insurance is 1 2% of salaries = $383
14	Operational Expense	Communications	$672	Cell phones at $56/month = $672
15	Operational Expense	Rent/Lease	$3,600	Occupancy at $300/month = $3,600
16	Operational Expense	Other	$6,899	Cost of Finance, HR, IT, Purchasing, Risk Management at 14 06% of program costs, excluding Direct Services.
18	Operational Expense	Direct Services	$148,031	Methadone treatment at $15 4285/day x 9594 62 days = $148,031

COOCLI FY19 Subaward Budget

Project Name:	The Pinellas County Homeless Overdose Mitigation & Engagement (HOME) Program			
Agency:	Pinellas County			
PERSONNEL				
LINE ITEM	Name of employee	Title	Hourly Rate	Cost
1	Karen Yatchum	Health Care Administrator	In-Kind	$ -
2				
3				
4				
5				
			Personnel Total:	$ -
FRINGE				
LINE ITEM	Name of employee	Title	Hourly Rate	Cost
6				
7				
8				
9				
10				
			Fringe Total:	$ -
FACILITIES				
LINE ITEM	Item			Cost
11				
12				
13				
			Operating Expenses/Other Total:	$ -
TRAVEL/TRAINING				
LINE ITEM	Description			Cost
14	Local travel for DOH and PAR staff @ $0.58 per mile x 200 miles per month x 3 staff			$ 4,176.00
15				
16				
			Travel/Training Total:	$ 4,176.00
SERVICES				
LINE ITEM	Description			Cost
17	Transitional Housing @ $66 per night x 200 nights			$ 13,200.00
18				
19				
			Services Total:	$ 13,200.00
CONTRACTUAL SERVICES				
LINE ITEM	Contractor/Agency	Title	Hourly Rate	Cost
20	Department of Health in Pinellas	Biological Scientist III - Project Coordinator	$30.00	$ 62,400.00
21	Department of Health in Pinellas	Biological Scientist III - Evaluator	$22.00	$ 22,880.00
22	Operation PAR	Case Manager(s)	$50.28	$ 52,291.20
			Contractual Services Total:	$ 137,571.20
SUPPLIES				
LINE ITEM	Description			Cost
23	Narcan @ $140 and Wall Mounted Narcan Boxes @ $60			$ 57,662.80

COOCLI FY19 Subaward Budget

24	Educational Materials	$ 5,000.00
25	Laptop with statistical software @ $2,500 each	$ 5,000.00
	Supplies Total:	$ 67,662.80
	EQUIPMENT	
LINE ITEM	**Item**	**Cost**
26		
27		
28		
	Equipment Total:	$ -
	INDIRECT COST	
LINE ITEM	**Indirect Cost Rate**	**Cost**
29		
	Indirect Cost Total:	$ -
	TOTAL REQUESTED BUDGET:	$ 222,610.00

Appendix C
Notice of Awards

Federal Award Identification HRSA

i. Subrecipient's name: **Operation PAR, Inc.**

ii. Subrecipient's Unique Entity Identifier or Data Universal Numbering System (DUNS) number: **8-927-7602**

iii. Federal Award Identification Number: **19H80CS00024**

iv. Federal Award Date: **2/9/2021 (supersedes previous awards)**

v. Subaward Period of Performance Start and End Date: **03/01/2016 - 02/28/2022**

vi. Amount of Federal Funds Obligated by this Action by the Pass Through-Entity to the Subrecipient: **$3,094,671.00**

vii. Total Amount of Federal Funds Obligated to the Subrecipient by the Pass-Through Entity Including the Current Obligation: **$3,229,151.00**

viii. Total Amount of the Federal Award: **$1,275,535.00 (annually)**

ix. Federal Award Project Description, as Required to be Responsive to the Federal Funding Accountability and Transparency Act: **Health Center Program**

x. Name of Federal Awarding Agency, Pass-Through Entity, and Contact Information for Awarding Official of the Pass-Through Entity:

a. Federal Awarding Agency: **United States Department of Health and Human Services, Health Resources and Services Administration (HRSA)**

b. Pass-Through Entity: **Pinellas County Board of County Commissioners**

c. Contact Information for Awarding Official of the Pass-Through Entity:

Karen B. Yatchum, Pinellas County Human Services

440 Court Street, 2nd Floor Clearwater, FL 33756

xi. CFDA Number and Name; the Pass-Through Entity Must Identify the Dollar Amount Made Available Under Each Federal Award and the CFDA Number at Time of Disbursement:

a. CFDA Number (at time of disbursement): **93.224**

b. CFDA Name: **Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care**

xii. Total Dollar Amount Available Under this Federal Award: **$3,094,671.00**

xiii. Identification of Whether the Award is R&D: **Award is not R&D**.

xiv. Indirect Cost Rate for the Federal Award: **Subrecipient Indirect Cost Rate - 14.07%**

xv. Programmatic Contacts

a. **COUNTY** Project Director is Karen Yatchum, Health Care Administrator Pinellas County Human Services.

b. **AGENCY** individual responsible for programmatic activity is Dianne Clarke, Chief Executive Officer, Operation PAR, Inc.

Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8000024
Federal Award Date: 02/09/2021

Recipient Information

1. Recipient Name
Pinellas County Board of County Commissioners
315 Court St
Clearwater, FL 33756-5165

2. Congressional District of Recipient
13

3. Payment System Identifier (ID)
1596000800A2

4. Employer Identification Number (EIN)
596000800

5. Data Universal Numbering System (DUNS)
055200216

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator
Karen Yatchum
kyatchum@pinellascounty.org
(727)464-5045

8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information
Brian Feldman
Health Resources and Services Administration
bfeldman@hrsa.gov
(301) 443-3190

10. Program Official Contact Information
Clarice A Wilkinson
Project Officer
Health Resources and Services Administration
cwilkinson@hrsa.gov
(301) 443-7754

Federal Award Information

11. Award Number
5 H80CS00024-20-00

12. Unique Federal Award Identification Number (FAIN)
H8000024

13. Statutory Authority
42 U.S.C. § 254b

14. Federal Award Project Title
Health Center Program

15. Assistance Listing Number
93.224

16. Assistance Listing Program Title
Community Health Centers

17. Award Action Type
Noncompeting Continuation

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2021 - End Date 02/28/2022	
20. Total Amount of Federal Funds Obligated by this Action	$1,275,535.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	$0.00
22. Offset	$322,030.00
23. Total Amount of Federal Funds Obligated this budget period	$1,275,535.00
24. Total Approved Cost Sharing or Matching, where applicable	$2,943,946.00
25. Total Federal and Non-Federal Approved this Budget Period	$4,541,511.00
26. Project Period Start Date 03/01/2019 - End Date 02/28/2022	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$13,501,768.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Elvera Messina on 02/09/2021

30. Remarks

This grant is included under Expanded Authority

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

HRSA
Health Resources & Services Administration

Notice of Award
Award Number: 5 H80CS00024-20-00
Federal Award Date: 02/09/2021

Health Resources and Services Administration

31. APPROVED BUDGET: (Excludes Direct Assistance)

[ ] Grant Funds Only

[X] Total project costs including grant funds and all other financial participation

a.	Salaries and Wages:	$21,511.00
b.	Fringe Benefits:	$8,546.00
c.	Total Personnel Costs:	$30,057.00
d.	Consultant Costs:	$0.00
e.	Equipment:	$0.00
f.	Supplies:	$750.00
g.	Travel:	$5,495.00
h.	Construction/Alteration and Renovation:	$0.00
i.	Other:	$22,100.00
j.	Consortium/Contractual Costs:	$4,483,109.00
k.	Trainee Related Expenses:	$0.00
l.	Trainee Stipends:	$0.00
m.	Trainee Tuition and Fees:	$0.00
n.	Trainee Travel:	$0.00
o.	TOTAL DIRECT COSTS:	$4,541,511.00
p.	INDIRECT COSTS (Rate: % of S&W/TADC):	$0.00
q.	TOTAL APPROVED BUDGET:	$4,541,511.00
	i. Less Non-Federal Share:	$2,943,946.00
	ii. Federal Share:	$1,597,565.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a.	Authorized Financial Assistance This Period	**$1,597,565.00**
b.	Less Unobligated Balance from Prior Budget Periods	
	i. Additional Authority	$0.00
	ii. Offset	$322,030.00
c.	Unawarded Balance of Current Year's Funds	$0.00
d.	Less Cumulative Prior Award(s) This Budget Period	$0.00
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$1,275,535.00**

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
Not applicable	

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	$0.00
b. Less Unawarded Balance of Current Year's Funds	$0.00
c. Less Cumulative Prior Award(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	**$0.00**

35. FORMER GRANT NUMBER
H66CS00382

36. OBJECT CLASS
41.51

37. BHCMIS#
042040

38. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
21 - 3980879	93.224	19H80CS00024	$390,910.00	$0.00	HCH	HEALTHCARECENTERS_19
21 - 398879K	93.527	19H80CS00024	$884,625.00	$0.00	HCH	HEALTHCARECENTERS_19

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement:
   http://www.hrsa.gov/grants/hhsgrantspolicy.pdf
2. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**
   You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: https://pms.psc.gov/grant-recipients/access-newuser.html. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: https://pms.psc.gov/find-pms-liaison-accountant.html.
3. This action approves the FY 2021 Budget Period Progress Report and awards full support for the upcoming budget period at the grantee's current target funding level.
4. This Notice of Award provides the offset of an unobligated balance in the amount of $322,030 from the 03/01/2019-02/29/2020 budget period to the current budget period. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

Program Specific Term(s)

1. If federal funds have been used toward the costs of acquiring a building, including the costs of amortizing the principal of, or paying interest on mortgages, you must notify the HRSA Grants Management Contact listed on this Notice of Award (NoA) for assistance regarding Federal Interest in the property within 60 days of the release date of this NoA.
2. The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from other revenue sources such as state, local, or other federal grants or contracts; private support; and income generated from fundraising, and donations/contributions.

   The description of "Authorized Treatment of Program Income" under the "Addition" alternative, as cited elsewhere in this Notice of Award, is superseded by the requirements in section 330(e)(5)(D) of the PHS Act relating to the use of nongrant funds. Under this statutory provision, health centers shall use nongrant funds, including funds in excess of those originally expected, "as permitted under [section 330]," and may use such funds "for such purposes as are not specifically prohibited under [section 330] if such use furthers the objectives of the project." Under 45 CFR 75.351(a), subrecipients (entities that receive a subaward from a pass-through entity for the purpose of carrying out a portion of a Federal award received by the pass-through entity) are responsible for adherence to applicable Federal program requirements specified in the Federal award.
3. Consistent with Departmental guidance, health centers that purchase, are reimbursed, or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products to maximize results for the health center and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program

requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa.

4. The Uniform Data System (UDS) annual performance report is due in accordance with specific instructions from the Program Office. Failure to submit a complete UDS report by the specified deadline may result in additional conditions and/or restrictions being placed on your award, including the requirement that all drawdowns of Health Center Program award funds from the Payment Management System (PMS) have prior approval from the HRSA Division of Grants Management Operations (DGMO) and/or limits on eligibility to receive future supplemental funding.

5. This grant is governed by the post-award requirements cited in Subpart D-Post Federal Award Requirements, standards for program and fiscal management of 45 CFR Part 75 except when the Notice of Award indicates in the “Remarks” section that the grant is included under “Expanded Authority.” These recipients may take the following action without prior approval of the Grant Management Officer:
Section 75.308 (d)(3) Carry forward unobligated balances to subsequent periods of performance: Except for funds restricted on a Notice of Award, recipients are authorized to carry over unobligated grant funds remaining at the end of that budget period up to 25% of the amount awarded for that budget period.
In all cases, the recipient must notify HRSA when it has elected to carry over unobligated balances (UOB) under Expanded Authority and indicate the amount to be carried over. This notification must be provided by the recipient under item 12, “Remarks,” on the initial submission of the Federal Financial Report (FFR). In this section of the FFR, the recipient must also provide details regarding the source of the UOB for each type of funding received and to be carried over (e.g., the specific supplemental award(s), base operational funding). If the recipient wishes to carry over UOB in excess of 25% of the total amount awarded, the recipient must submit a prior approval request for carryover in the HRSA Electronic Handbooks (EHBs). Contact your Grants Management Specialist with any questions.

6. Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).

7. You are required to submit an annual Budget Period Progress Report (BPR) non-competing continuation (NCC) to report on progress made from the beginning of your most recent budget period until the date of NCC submission, the expected progress for the remainder of the budget period, and any projected changes for the following budget period. HRSA approval of an NCC is required for the release of each subsequent year of funding, dependent on Congressional appropriation, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the federal government. Failure to submit the NCC by the established deadline, or submission of an incomplete or non-responsive progress report, may result in a delay or a lapse in funding.

8. You must submit a separate Medicare Federally Qualified Health Centers (FQHC) enrollment application for each permanent site at which you provide services. This includes both permanent sites and seasonal sites under your HRSA scope of project (see https://bphc.hrsa.gov/programrequirements/scope.html for more information). Each permanent site must be individually enrolled in Medicare as an FQHC and submit for FQHC reimbursement using its unique FQHC Medicare billing number.
In order to enroll in Medicare, first obtain a National Provider Identifier (NPI) at https://nppes.cms.hhs.gov/#/. You may enroll in Medicare electronically via the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) available at https://pecos.cms.hhs.gov. PECOS automatically routes applications to the appropriate Medicare Administrative Contractor for review and approval. While HRSA encourages electronic application, you may alternatively choose to submit a paper application, available at https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf. To identify the address where the package should be mailed, refer to https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index?redirect=/MedicareProviderSupEnroll. The appropriate Medicare contractor is listed next to the Fiscal Intermediary.
Contact your State Medicaid office to determine the process and timeline for becoming eligible for payment as an FQHC under Medicaid.

9. You must comply with all Health Center Program requirements. The Health Center Program Compliance Manual (https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html) identifies Health Center Program requirements and provides guidance for health centers regarding ways that they may demonstrate compliance with these Health Center Program requirements. The Compliance Manual also serves as the foundation for HRSA’s compliance determinations and for health centers when responding to any subsequent Progressive Action condition(s) placed on a Notice of Award (NoA) or Notice of Look-Alike Designation (NLD) due to an identified area(s) of non-compliance. For additional information on the Progressive Action process, see Chapter 2: Health Center Program Oversight of the Compliance Manual. If you elect to respond to a condition by demonstrating compliance in a manner alternative to the guidance specified in the Compliance Manual, the response must: 1) explicitly indicate that the health center is proposing an alternative means of demonstrating compliance; and 2) include an explanation and documentation of how this alternative explicitly demonstrates compliance with applicable Health Center Program requirements. All responses to conditions are subject to review and approval by HRSA.

10. Your scope of project includes the approved service sites, services, providers, service area, and target population which are supported (wholly or in part) under your total approved health center budget. In addition, the scope of project serves as the basis for eligibility for associated programs such as Medicare and Medicaid Federally Qualified Health Center (FQHC) enrollment and reimbursements, Federal Tort Claims Act coverage, and 340B Drug Pricing. Proper documentation and maintenance of an accurate scope of project is critical in the oversight and management of programs funded or designated under section 330 of the PHS Act.

You are responsible for maintaining the accuracy of your Health Center Program scope of project, including updating or requesting prior approval for significant changes to the scope of project when applicable. You must submit requests to change the approved scope of project for approval via the HRSA Electronic Handbooks (EHBs) Change in Scope Module. Refer to the Scope of Project webpage (http://www.bphc.hrsa.gov/programrequirements/scope.html) for details pertaining to changes to sites, services, providers, service area zip codes, and target population(s).

Standard Term(s)

1. Your organization must comply with all HRSA Standard Terms unless otherwise specified on your Notice of Award.

Reporting Requirement(s)

1. **Due Date: Annually (Calendar Year) Beginning: 01/01/2021 Ending: 12/31/2021, due 45 days after end of reporting period.**
   The Uniform Data System (UDS) is a core set of information appropriate for reviewing the operation and performance of health centers. The data help to identify trends over time, enabling HRSA to establish or expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations. UDS data also inform Health Center programs, partners, and communities about the patients served by health centers. You must submit your UDS report annually on or before February 15. Contact the UDS Support Line at 1-866-837-4357 or udshelp330@bphcdata.net for additional instructions or for questions. Reporting technical assistance is available on the UDS Resources webpage (https://bphc.hrsa.gov/datareporting/index.html).
2. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**
   The recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access, should be directed to the Help Desk at PMSFFRSupport@psc.hhs.gov.

   The FFR will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR.

   - Budget Period ends August – October: FFR due January 30
   - Budget Period ends November – January: FFR due April 30
   - Budget Period ends February – April: FFR due July 30
   - Budget Period ends May – July: FFR due October 30

3. **Due Date: Within 90 Days of Budget End Date**
   Based on your receipt of the FY 2020 Quality Improvement Award (QIA) supplemental funding to support your efforts to continue to strengthen quality improvement activities, including maintaining or achieving patient centered medical home recognition, you must submit into HRSA's Electronic Handbook within 90 days of the end of your FY 2021 Budget Period a final detailed SF-424A and line-item narrative description of both Federal and non-Federal costs incurred for the completed activities supported with QIA funding. You must also submit a final equipment list (when applicable).

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Elisa Degregorio	Business Official	edegregorio@pinellascounty.org
Karen Yatchum	Program Director	kyatchum@pinellascounty.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (https://pms.psc.gov/).

Research Subaward Agreement Amendment

Prime Recipient	Subrecipient	
Institution/Organization ("Prime Recipient") Name: University of Baltimore Address: 1420 N. Charles Street Baltimore, MD 21201	Institution/Organization ("Subrecipient") Name: Pinellas County Address: 14 S. Ft. Harrison St. Clearwater, FL 33756	
Prime Award No. G1999ONDCP06A	Subaward No. 049	Principal Investigator Karen Yatchum
Effective Date of Amendment April 14, 2020	Amendment No. 1	

Amendment(s) to Original Terms and Conditions

1. The **Period of Performance** is extended through **August 31, 2021**.

All other terms and conditions of this Subaward Agreement remain in full force and effect.

By an Authorized Official of Prime Recipient:	By an Authorized Official of Subrecipient:
4/14/2020	May 1, 2020
Name: Margarita M. Cardona Date	Name: Barry Burton Date
Title: Assistant Provost, Sponsored Research	Title: County Administrator

Federal Award Identification COOCLI

i. Subrecipient's name: **Operation PAR, Inc.**

ii. Subrecipient's Unique Entity Identifier or Data Universal Numbering System (DUNS) number: **08-927-7602**

iii. Federal Award Identification Number: **G1999ONDCP06A**

iv. Federal Award Date: **September 16, 2019, Award to COUNTY dated December 12, 2019.**

v. Subaward Period of Performance Start and End Date: **12/02/2019 – 8/31/2021**

vi. Amount of Federal Funds Obligated by this Action by the Pass Through-Entity (**COUNTY**) to the Subrecipient (**AGENCY**): **$3,094,671.00**

vii. Total Amount of Federal Funds Obligated to the Subrecipient by the Pass-Through Entity Including the Current Obligation: **$3,229,151.00**

viii. Total Amount of the Federal Award: **$222,610.00**

ix. Federal Award Project Description, as Required to be Responsive to the Federal Funding Accountability and Transparency Act: **Combating Opioid Overdose through Community-Level Intervention Initiative (COOCLI)**

x. Name of Federal Awarding Agency, Pass-Through Entity, and Contact Information for Awarding Official of the Pass Through Entity:

a. Federal Awarding Agency: **Office of National Drug Control Policy; Executive Office of the President** passed through to **COUNTY** by **University of Baltimore, Center for Drug Policy and Enforcement**

b. Pass-Through Entity: **Pinellas County Board of County Commissioners**

c. Contact Information for Awarding Official of the Pass-Through Entity: **Daisy Rodriguez, Pinellas County Human Services**

440 Court Street, 2nd Floor Clearwater, FL 33756

xi. CFDA Number and Name; the Pass-Through Entity Must Identify the Dollar Amount Made Available Under Each Federal Award and the CFDA Number at Time of Disbursement:

a. CFDA Number (at time of disbursement): **95.007**

b. CFDA Name: **Data & Research Analysis**

xii. Total Dollar Amount Available Under this Federal Award: **$222,610.00**

xiii. Identification of Whether the Award is R&D: **Award is R&D**.

xiv. Indirect Cost Rate for the Federal Award: **Subrecipient Indirect Cost Rate - 14.07%**

xv. Programmatic Contacts

a. **COUNTY** Project Director is Karen Yatchum, Health Care Administrator Pinellas County Human Services.

b. **AGENCY** individual responsible for programmatic activity is Dianne Clarke, Chief Executive Officer, Operation PAR, Inc.

UNIVERSITY OF BALTIMORE
Center for Drug Policy and Enforcement
College of Public Affairs • 1420 N. Charles St. Baltimore, MD 21201 • (410) 837-5846

November 25, 2019

Karen Yatchum
Pinellas County
PO Box 2438
Clearwater, FL 33757-2438

Dear Ms. Yatchum,

I am pleased to inform you that your subaward application entitled, **The Pinellas County Homeless Overdose Mitigation & Engagement (HOME) Program**, in the amount of **$222,610** has received approval under the Combating Opioid Overdose through Community-Level Intervention Initiative.

The Subaward Agreement containing information and forms necessary to initiate the project is attached. Enclosed also are the project commencement, programmatic forms, and budget details.

Please pay particular attention to the instructions included on the Subaward agreement. It is important that you **carefully review all Special Conditions** attached to this award. The Chief Elected Official, or another legally authorized official of the jurisdiction, state agency, or 501(c)(3) receiving the Subaward Agreement, must sign the Subaward Acceptance form and email it to OSR@ubalt.edu by **December 18, 2019**. Should the acceptance form not be received, requests for reimbursement will not be honored.

The Project Director is responsible for completing these and other required forms now and at the end of each reporting period. If the Project Director changes, we must be notified immediately to avoid potential reporting problems.

Projects may commence as soon as the Subaward Agreement is signed and you have reviewed and accepted all of the General and Special Conditions. No funds may be encumbered or expended prior to this time.

If you have any questions or need any clarification regarding this Subaward agreement, please contact the CDPE Associate Deputy Director, **Sherae Lonick,** at (301) 489-1711 or via email at slonick@ubalt.edu OR, or the UB Assistant Provost for Sponsored Research, **Margarita Cardona**, at (410) 837-6191 or via email at mcardona@ubalt.edu. We look forward to working with you on this project and anticipate its success in helping to address our nation's opioid epidemic.

Sincerely,

Thomas H. Carr
Executive Director

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Notifications of Project Commencement

Subaward Number	**049**
Sub-Recipient:	**Karen Yatchum**
Project Title:	**The Pinellas County Homeless Overdose Mitigation & Engagement (HOME) Program**
Implementing Agency	**Pinellas County Human Services**
Award Period:	**12/2/2019 – 11/30/2020**

The verification section of this form must be completed. Additionally, this form must be signed by the project director and submitted via email within thirty (30) calendar days after receiving your subaward packet.

No Requests for Funds will be processed until this notification of Project Commencement has been signed and received.

Authorized Official	Name: Phone: Email:
Program Director	Karen Yatchum Phone: 727-464-5045 Email: kyatchum@pinellascounty.org
Fiscal Officer	Clark Scott Phone: 727-464-8440 Email: cscott@pinellascounty.org

Award Information Verification – Please Initial Appropriate Selections:

_____	All information on this form is correct and project will commence on time. **Project Director signs below.**
_____	If the contact information for all the staff on this form is not correct. **You must submit a Subaward Modification** that provides a justification and indicated all changes/revisions.
_____	If the project will not commence within forty-five (45) calendar days of the beginning of the award period, December 2, 2019, **you must submit a Subaward Modification.** Subaward Modification must provide justification and indicate all changes.

Signed: _____ **Date**: _____

Project Director (Program Director is Preferred, Fiscal Officer or Authorized Official if Project Director is unavailable)

Printed Name: _____ **Phone**: _____

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College of Public Affairs • 1420 N. Charles St. Baltimore, MD 21201 • (410) 837-5846

Subaward Acceptance Form

Subaward Number:	**049**
Sub-recipient:	**Pinellas County, FL**
Project Title:	**The Pinellas County Homeless Overdose Mitigation & Engagement (HOME) Program**
Award Period:	**12/2/2019 – 11/30/2020**

This Subaward is hereby made for financial assistance by the University of Baltimore in accordance with the

Combating Opioid Overdose through Community-level Intervention Notice of Funding Availability.

This Subaward is subject to the General Conditions and any Special Conditions attached to this award, as well as all statutes and requirements of the Office of National Drug Control Policy.

This Subaward incorporates all the information, conditions, representations and certified assurances contained in the subaward application.

The Subaward shall become effective as of the start date of the Subaward, unless otherwise specified, and upon submission via email to OSR@ubalt.edu, no later than December 18, 2019, of a fully executed copy of this document signed by the duly authorized official of the sub-recipient unit of government or sub-recipient agency receiving this Subaward. Copies and faxes are acceptable.

For the Center for Drug Policy and Enforcement:

Executive Director
Center for Drug Policy and Enforcement

SUB-RECIPIENT ACCEPTANCE

Signature of Authorized Official

Printed/Typed Name

Date

or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Agency. (Not all prohibited bases will apply to all programs and/or employment activities.)

15. Compensation – Personnel Services: This part requires that charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed. (See 2 CFR 200.430)

16. Financial Management: This part requires that systems must be sufficient to permit the preparation of reports required by general and program-specific terms and conditions, and the tracing of funds to a level of expenditures adequate to establish that such funds have been used according to the Federal statutes, regulations, and the terms and conditions of the award. (See 2 CFR 200.302)

17. As specified in the notice of funding opportunity, recipient must:

    a. Establish and maintain effective internal controls over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with the guidance in "Standards for Internal Control in the Federal Government," issued by the Comptroller General of the United States and the "Internal Control Integrated Framework," issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).
    b. Comply with Federal statutes, regulations, and the terms and conditions of the Federal awards.
    c. Evaluate and monitor the non-Federal entity's compliance with statute, regulations, and the terms and conditions of the Federal awards.
    d. Take prompt action when instances of noncompliance are identified, including noncompliance identified in audit findings.
    e. Take reasonable measures to safeguard protected personally identified information and other information the Federal awarding agency or pass-through entity designates as sensitive or the non-Federal entity considers sensitive consistent with applicable Federal, state, and local laws regarding privacy and obligations of confidentiality.

B. Program Specific Terms and Conditions

1. The recipient organization is legally and financially responsible for all aspects of this cooperative agreement, including funds provided to sub-recipients.

2. Award funds cannot be used to supplant current funding of existing activities.

3. All program authority and responsibility inherent in the Federal stewardship role shall remain with the Office of National Drug Control Policy (ONDCP). ONDCP will work in conjunction with the recipient to routinely review and refine the work plan so that the program's goals and objectives can be effectively accomplished. ONDCP will monitor the project on a continual basis by maintaining ongoing contact with the recipient and will provide input to the program's direction, in consultation with the recipient, as needed.

C. Federal Award Performance Goals

The assistance provided under this award will support the NFE's performance of the award and fulfillment of the following performance areas:

- Research and analyze 1) a range of existing community-based efforts to address the opioid epidemic and 2) current evidence-based and proven strategies to reduce opioid-related overdose deaths;
- Using the evidence-based approaches previously identified, implement or enhance community-based new or ongoing programs that aim to reduce opioid overdose, particularly in the regions of the United States with the highest rates of fatal and non-fatal opioid overdoses (making funding available to at least eight communities via subawards is a priority);
- Once implemented, evaluate these community-based efforts to assess their efficacy in reducing opioid overdose and other harms of opioid (mis)use, particularly in the regions of the United States with the highest rates of fatal and non-fatal opioid overdoses;
- Support and promote collaboration between public safety and public health agencies to ensure that overdose reduction efforts are aligned and that communities benefit from a comprehensive and coordinated response; and
- Provide technical assistance to support implementation, evaluation, and reporting by prospective subaward recipients.

See also Section A. 3

D. Payment Basis

1. A request for Advance or Reimbursement shall be made using the HHS/DPM system (https://pms.psc.gov/).

2. The grantee, must utilize the object classes specified within the initial grant application each time they submit a disbursement request to ONDCP. Requests for payment in the DPM system will not be approved unless the required disbursements have been entered using the corresponding object class designations. Payments will be made via Electronic Fund Transfer to the award recipient's bank account. The bank must be FDIC insured. The account must be interest bearing.

3. Except for interest earned on advances of funds exempt under the Intergovernmental Cooperation Act (31 U.S.C. 6501 et seq.) and the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450), awardees and sub-awardees shall promptly, but at least annually, remit interest earned on advances to HHS/DPM using the remittance instructions provided below.

   Remittance Instructions - Remittances must include pertinent information of the payee and nature of payment in the memo area (often referred to as "addenda records" by Financial Institutions) as that will assist in the timely posting of interest earned on federal funds. Pertinent details include the Payee Account Number (PAN), reason for check (remittance of interest earned on advance payments), check number (if applicable), awardee name, award number, interest period covered, and contact name and number. The remittance must be submitted as follows:

   Through an electronic medium using either Automated Clearing House (ACH) network or a Fedwire Funds Service payment.

   (i) For ACH Returns:

   Routing Number: 051036706
   Account number: 303000
   Bank Name and Location: Credit Gateway—ACH Receiver St. Paul, MN

   (ii) For Fedwire Returns*:

   Routing Number: 021030004
   Account number: 75010501
   Bank Name and Location: Federal Reserve Bank Treas NYC/Funds Transfer Division New York, NY
   (* Please note organization initiating payment is likely to incur a charge from your Financial Institution for this type of payment)

   For recipients that do not have electronic remittance capability, please make check** payable to: "The Department of Health and Human Services."

   Mail Check to Treasury approved lockbox:
   HHS Program Support Center, P.O. Box 530231, Atlanta, GA 30353-0231
   (** Please allow 4-6 weeks for processing of a payment by check to be applied to the appropriate PMS account)

   Any additional information/instructions may be found on the PMS Web site at https://pms.psc.gov/.

4. The awardee or sub-awardee may keep interest amounts up to $500 per year for administrative purposes.

RECIPIENT ACCEPTANCE OF COOPERATIVE AGREEMENT CONDITIONS

Darlene Brannigan Smith
Executive Vice President and Provost
University of Baltimore

Date: 9/23/19

FDP Cost Reimbursement Research Subaward Agreement

Federal Awarding Agency: Other [Type in Agency] Office of National Drug Control Policy

Pass-Through Entity (PTE):	**Subrecipient:** Pinellas County
PTE PI:	Sub PI:
PTE Federal Award No: G1999ONDCP06A	Subaward No: 049

Project Title: The Pinellas County Homeless Overdose Mitigation & Engagement (HOME) Program

Subaward Period of Performance (Budget Period): Start: 12/02/2019 ? End: 08/31/2020 ?	Amount Funded This Action (USD): $ 222,610.00
Estimated Project Period (if incrementally funded): Start: 12/02/2019 End: 11/30/2020	Incrementally Estimated Total (USD): $ 222,610.00

Terms and Conditions

1. PTE hereby awards a cost reimbursable subaward, as described above, to Subrecipient. The Statement of Work and budget for this Subaward are as shown in Attachment 5. In its performance of Subaward work, Subrecipient shall be an independent entity and not an employee or agent of PTE.
2. Subrecipient shall submit invoices not more often than monthly and not less frequently than quarterly for allowable costs incurred. Upon the receipt of proper invoices, the PTE agrees to process payments in accordance with this Subaward and 2 CFR 200.305. All invoices shall be submitted using Subrecipient's standard invoice, but at a minimum shall include current and cumulative costs (including cost sharing), Subaward number, and certification, as required in 2 CFR 200.415 (a). Invoices that do not reference PTE Subaward number shall be returned to Subrecipient. Invoices and questions concerning invoice receipt or payments shall be directed to the party's Administrative Contact, shown in Attachment 3A.
3. A final statement of cumulative costs incurred, including cost sharing, marked "FINAL" must be submitted to PTE's Financial Contact, as shown in Attachment 3A, <u>not later than</u> **60** days after the Project Period end date. The final statement of costs shall constitute Subrecipient's final financial report.
4. All payments shall be considered provisional and are subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Subrecipient.
5. Matters concerning the technical performance of this Subaward shall be directed to the appropriate party's Principal Investigator as shown in Attachments 3A and 3B. Technical reports are required as shown in Attachment 4.
6. Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this Subaward, and any changes requiring prior approval, shall be directed to each party's Authorized Official Contact, as shown in Attachments 3A and 3B. Any such change made to this Subaward requires the written approval of each party's Authorized Official, as shown in Attachments 3A and 3B.
7. The PTE may issue non-substantive changes to the Period of Performance and budget Unilaterally Unilateral modification shall be considered valid 14 days after receipt unless otherwise indicated by Subrecipient when sent to Subrecipient's Authorized Official Contact, as shown in Attachment 3B.
8. Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law.
9. Either party may terminate this Subaward with 30 days written notice to the appropriate party's Authorized Official Contact, as shown in Attachments 3A and 3B. PTE shall pay Subrecipient for termination costs as allowable under Uniform Guidance, 2 CFR 200, or 45 CFR Part 75 Appendix IX, as applicable.
10. By signing this Subaward, including the attachments hereto which are hereby incorporated by reference, Subrecipient certifies that it will perform the Statement of Work in accordance with the terms and conditions of this Subaward and the applicable terms of the Federal Award, including the appropriate Research Terms and Conditions ("RTCs") of the Federal Awarding Agency, as referenced in Attachment 2. The parties further agree that they intend this Subaward to comply with all applicable laws, regulations and requirements.

By an Authorized Official of Pass-through Entity:	By an Authorized Official of Subrecipient:
Name: Margarita M. Cardona, CRA Date	Name: Date
Title: Assistant Provost for Sponsored Research	Title:

Attachment 1
Certifications and Assurances

Subaward Number: 049

Certification Regarding Lobbying (2 CFR 200.450)
By signing this Subaward, the Subrecipient Authorized Official certifies, to the best of his/her knowledge and belief, that no Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement in accordance with 2 CFR 200.450.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Subrecipient shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the PTE.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Debarment, Suspension, and Other Responsibility Matters (2 CFR 200.213 and 2 CFR 180)
By signing this Subaward, the Subrecipient Authorized Official certifies, to the best of his/her knowledge and belief that neither the Subrecipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency, in accordance with 2 CFR 200.213 and 2 CFR 180.

Audit and Access to Records
Per 2 CFR 200.501- 200.521, Subrecipient certifies that it will provide notice of any adverse findings which impact this Subaward and will provide access to records as required by parts 2 CFR 200.336, 200.337, and 200.201 as applicable. If Subrecipient is not subject to the Single Audit Act, then Subrecipient will provide notice of the completion of any required audits and provide access to such audits upon request.

Program for Enhancement of Contractor Employee Protections (41 U.S.C 4712)
Subrecipient is hereby notified that they are required to: inform their employees working on any federal award that they are subject to the whistleblower rights and remedies of the pilot program; inform their employees in writing of employee whistleblower protections under 41 U.S.C §4712 in the predominant native language of the workforce; and include such requirements in any agreement made with a subcontractor or subgrantee.

The Subrecipient shall require that the language of the certifications above in this Attachment 1 be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

Use of Name
Neither party shall use the other party's name, trademarks, or other logos in any publicity, advertising, or news release without the prior written approval of an authorized representative of that party. The parties agree that each party may use factual information regarding the existence and purpose of the relationship that is the subject of this Subaward for legitimate business purposes, to satisfy any reporting and funding obligations, or as required by applicable law or regulation without written permission from the other party. In any such statement, the relationship of the parties shall be accurately and appropriately described.

Attachment 2

Federal Award Terms and Conditions

Subaward Number: 049

Required Data Elements

The data elements required by Uniform Guidance are incorporated as entered. ?

Federal Award Issue Date	FAIN	CFDA No.
09/16/19	G1999ONDCP06A	95.007

CFDA Title: Research and Data Analysis

Key Personnel Per NOA: ? Thomas H. Carr

This Subaward Is:

- [x] Research & Development
- [x] Subject to FFATA

General Terms and Conditions

By signing this Subaward, Subrecipient agrees to the following:

1. To abide by the conditions on activities and restrictions on expenditure of federal funds in appropriations acts that are applicable to this Subaward to the extent those restrictions are pertinent. This includes any recent legislation noted on the Federal Awarding Agency's website:

   http://www.whitehouse.gov/ondcp/grants

2. 2 CFR 200
3. The Federal Awarding Agency's grants policy guidance, including addenda in effect as of the beginning date of the period of performance or as amended found at:

   http://www.whiteouse.gov/ondcp/grants

4. Research Terms and Conditions, including any Federal Awarding Agency's Specific Requirements found at:

   http://www.whiteouse.gov/ondcp/grants except for the following :

   a. No-cost extensions require the written approval of the PTE. Any requests for a no-cost extension shall be directed to the Authorized Official Contact shown in Attachment 3A, not less than 30 days prior to the desired effective date of the requested change.
   b. Any payment mechanisms and financial reporting requirements described in the applicable Federal Awarding Agency Terms and Conditions and Agency-Specific Requirements are replaced with Terms and Conditions (1) through (4) of this Subaward; and
   c. Any prior approvals are to be sought from the PTE and not the Federal Awarding Agency.
   d. Title to equipment as defined in 2 CFR 200.33 that is purchased or fabricated with research funds or Subrecipient cost sharing funds, as direct costs of the project or program, shall vest in the Subrecipient subject to the conditions specified in 2 CFR 200.313.
   e. Prior approval must be sought for a change in Subrecipient PI or change in Key Personnel (defined as listed on the NOA).

5. Treatment of program income: Other [enter text] Not Applicable

This section intentionally left blank

Special Terms and Conditions:

Copyrights:

Subrecipient Grants to PTE an irrevocable, royalty-free, non-transferable, non-exclusive right and license to use, reproduce, make derivative works, display, and perform publicly any copyrights or copyrighted material (including any computer software and its documentation and/or databases) first developed and delivered under this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its PTE Federal Award.

Subrecipient grants to PTE the right to use any written progress reports and deliverables created under this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its Federal Award.

Data Rights:

Subrecipient grants to PTE the right to use data created in the performance of this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its PTE Federal Award.

Data Sharing and Access (Check if applicable)**:**

- [x] Subrecipient agrees to comply with the Federal Awarding Agency's data sharing and access requirements as reflected in the NOA (or in the special terms below) and the Data Management/Sharing Plan submitted to the Federal Awarding Agency and attached.

Promoting Objectivity in Research (COI):

Subrecipient must designate herein which entity's Financial Conflicts of Interest policy (COI) will apply: Subrecipient

If applying its own COI policy, by execution of this Subaward, Subrecipient certifies that its policy complies with the requirements of the relevant Federal Awarding Agency as identified herein:

Other Sponsor Agency: Office of National Drug Control Policy

Subrecipient shall report any financial conflict of interest to PTE's Administrative Representative or COI contact, as designated on Attachment 3A. Any financial conflicts of interest identified shall, when applicable, subsequently be reported to Federal Awarding Agency. Such report shall be made before expenditure of funds authorized in this Subaward and within 45 days of any subsequently identified COI.

Work Involving Human or Vertebrate Animals (Select Applicable Options)

☐ Human Subjects ☐ Vertebrate Animals ☐ No Human or Vertebrate Animals

Subrecipient agrees that any non-exempt human and/or vertebrate animal research protocol conducted under this Subaward shall be reviewed and approved by its Institutional Review Board (IRB) and/or its Institutional Animal Care and Use Committee (IACUC), as applicable and that it will maintain current and duly approved research protocols for all periods of the Subaward involving human and/or vertebrate animal research. Subrecipient certifies that its IRB and/or IACUC are in full compliance with applicable state and federal laws and regulations. The Subrecipient certifies that any submitted IRB / IACUC approval represents a valid, approved protocol that is entirely consistent with the Project associated with this Subaward. In no event shall Subrecipient invoice or be reimbursed for any human or vertebrate animals related expenses incurred in a period where any applicable IRB / IACUC approval is not properly in place.

Human Subjects Data (Select One) Not Applicable

This section left intentionally blank

Additional Terms ?

Submit requests for reimbursement (RFR) on a monthly basis 15 days after the end of the prior month to OSR@ubalt.edu.

ONDCP requires back-up documentation for all expenses and supplanting is unallowable. The following is a list of required documentation to be submitted with your monthly RFR:

1. Personnel - Refer to the requirements of 2CFR200.430. Documentation may include time sheets (hourly employees), statement of payroll charges, effort reporting, or any other documentation that shows actual time and effort worked on the grant and the approved pay rate. For salaried employees (including faculty), this includes a short description of the work done and the % effort employed during the reporting period.
2. Equipment - Approved equipment purchases of $5,000 or more require a copy of the invoice, packing slip and 3 quotes.
3. Supplies - Approved supplies purchases of $10,000 or less require a copy of the invoice and packing slip.
4. Services & subawards - If applicable, please forward a copy of all contracts for services and any subaward agreements before the first RFR. Approved expenses for services and subawards require a copy of the invoice and supporting documentation.
5. Travel - Submit a link or copy of your agency's travel policies, along with receipts for all expenses, except meals. If your agency does not have written travel policies, please refer to http://www.gsa.gov/travel for policies and allowable rates.

Any request to purchase software and/or licenses requires pre-approval from the University of Baltimore Administrative Contact. The duration of said license must coincide with the award dates, (12/2/19 - 11/30/20), unless they don't expire.

Budget amendments of more that 20% of a budget line requires a request for budget modification through the University of Baltimore.

Subrecipients are subject to monitoring site visits and/or audits during the period of performance.

Attachment 3A

Pass-Through Entity (PTE) Contacts

Subaward Number: 049

PTE Information

Entity Name:

Legal Address: Office of Sponsored Research
1420 N. Charles St.
Baltimore, MD 21201

Website: http://www.ubalt.edu/grants

PTE Contacts

Central Email: OSR@ubalt.edu

Principal Investigator Name:

Email: tcarr@wb.hidta.org Telephone Number: 301-489-1700

Administrative Contact Name: Amy Johnson

Email: ajohnson@wb.hidta.org Telephone Number: 301-982-7531

COI Contact email (if different to above):

Financial Contact Name: Sherae Lonick

Email: slonick@wb.hidta.org Telephone Number: 301-489-1711

Email invoices? Yes No Invoice email (if different): OSR@ubalt.edu

Authorized Official Name: Margarita M. Cardona

Email: mcardona@ubalt.edu Telephone Number: 410-837-6191

PI Address:

Washington-Baltimore HIDTA
9001 Edmonston Road, Suite 300
Greenbelt MD, 20770

Administrative Address:

Office of Sponsored Research
1420 N. Charles Street, AC 340
Baltimore, MD 21201

Invoice Address:

Office of Sponsored Research
1420 N. Charles Street, AC 340
Baltimore, MD 21201

Attachment 3B

Subrecipient Contacts

Subaward Number: 049

Subrecipient Information for FFATA reporting

Entity's DUNS Name:

EIN No.:

Institution Type:

DUNS:

Currently registered in SAM.gov: Yes No

Exempt from reporting executive compensation: Yes No *(if no, complete 3Bpg2)*

Parent DUNS:

This section for U.S. Entities:

Zip Code Look-up

Congressional District:

Zip Code+4:

Place of Performance Address ?

Subrecipient Contacts

Central Email:

Website:

Principal Investigator Name:

Email: Telephone Number:

Administrative Contact Name:

Email: Telephone Number:

Financial Contact Name:

Email: Telephone Number:

Invoice/Payment Email:

Authorized Official Name:

Email: Telephone Number:

Legal Address:

Administrative Address:

Payment Address:

Attachment 3B-2

Highest Compensated Officers

Subaward Number: 049

Subrecipient:

Institution Name: Pinellas County

PI Name:

Highest Compensated Officers

The names and total compensation of the five most highly compensated officers of the entity(ies) must be listed if the entity in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards; and $25,000,000 or more in annual gross revenues from Federal awards; and the public does not have access to this information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1) Internal Revenue Code of 1986.

Officer 1 Name:

Officer 1 Compensation:

Officer 2 Name:

Officer 2 Compensation:

Officer 3 Name:

Officer 3 Compensation:

Officer 4 Name:

Officer 4 Compensation:

Officer 5 Name:

Officer 5 Compensation:

Subaward Number: 049

Attachment 4
Reporting and Prior Approval Terms

Subrecipient agrees to submit the following reports (PTE contacts are identified in Attachment 3A):

Technical Reports:

☐ Monthly technical/progress reports will be submitted to the PTE's Administrative Contact within 15 days of of the end of the month.

☒ Quarterly technical/progress reports will be submitted within 30 days after the end of each project quarter to the PTE's Administrative Contact

☐ Annual technical / progress reports will be submitted within 60 days prior to the end of each budget period to the PTE's Administrative Contact . Such report shall also include a detailed budget for the next Budget Period, updated other support for key personnel, certification of appropriate education in the conduct of human subject research of any new key personnel, and annual IRB or IACUC approval, if applicable.

☒ A Final technical/progress report will be submitted to the PTE's Administrative Contact within 30 days of the end of the Project Period or after termination of this award, whichever comes first.

☒ Technical/progress reports on the project as may be required by PTE's Administrative Contact in order for the PTE to satisfy its reporting obligations to the Federal Awarding Agency.

Prior Approvals:

Carryover:
Carryover is automatic

Other Reports:

☒ In accordance with 37 CFR 401.14, Subrecipient agrees to notify PTE's Administrative Contact 60 days after Subrecipient's inventor discloses invention(s) in writing to Subrecipient's personnel responsible for patent matters. The Subrecipient will submit a final invention report using Federal Awarding Agency specific forms to the PTE's Administrative Contact within 60 days of the end of the Project Period to be included as part of the PTE's final invention report to the Federal Awarding Agency.

A negative report is required: No

☒ Property Inventory Report (only when required by Federal Awarding Agency), specific requirements below.

Other Special Reporting Requirements:

Quarterly technical/progress reports include the Performance Measures and Progress Report Questions provided herein, to be submitted via email to OSR@ubalt.edu.

Subaward Number: 049

Attachment 5
Statement of Work, Cost Sharing, Indirects & Budget

Statement of Work

Below Attached, pages

If award is FFATA eligible and SOW exceeds 4000 characters, include a *Subrecipient Federal Award Project Description*

Pinellas County Human Services will be the lead implementing agency for the proposed program. The Homeless Overdose Mitigation & Engagement (HOME) program will utilize a data-driven approach to target specific sites throughout the community with high concentrations of overdoses. Efforts for each site will be individualized and planned prior to deployment of a street team to provide outreach, education, naloxone, and service connections. Street teams will include a substance use treatment provider case manager to work with individuals at identified sites who appear at risk of overdose to seek engagement and connection to treatment. To ensure stability of homeless clients seeking to engage in treatment, transitional housing will be made available to eligible individuals. The total budget for the program is proposed to be $311,342.00. The budget covers staffing costs (47%), Naloxone distribution (44%), and the remainder of the budget will cover operational expenses and transitional housing.

Budget Information

Indirect Information Indirect Cost Rate (IDC) Applied 0 %

Rate Type: Other (add in blank box) None

Cost Sharing ? No

If Yes, include Amount: $

Budget Details

Below Attached, pages

Travel/Training - $4,176
Services - $13,200
Contractual Services - $137,571.20
Supplies - $67,662.80

Budget Totals

Direct Costs	$ 222,610.00
Indirect Costs	$ 0.00
Total Costs	$ 222,610.00

All amounts are in United States Dollars

Attachment 6

Notice of Award (NOA) and any additional documents

The following pages include the NOA and if applicable any additional documentation referenced throughout this Subaward.

Not incorporating the NOA or any additional documentation to this Subaward.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

September 16, 2019

Margarita Cardona
Assistant Provost, Sponsored Research
University of Baltimore
1420 N. Charles Street
Baltimore, MD 21201-5779

Dear Ms. Cardona:

The Office of National Drug Control Policy (ONDCP) hereby awards a cooperative agreement in an amount of $4,500,000 to the University of Baltimore for the Combating Opioid Overdose through Community-level Intervention Initiative. This grant is pursuant to the authority of the *Consolidated Appropriations Act, 2019* (Pub. L. No. 116-6). By accepting this grant, you assume the administrative and financial responsibilities outlined in the enclosed terms and conditions, including the timely submission of all financial and programmatic reports, the resolution of audit findings, and the maintenance of a minimum level of cash-on-hand. Should your organization not adhere to all terms and conditions, ONDCP may terminate the grant for cause or take other administrative action.

If you accept this award, please sign both the cooperative agreement and the Terms and Conditions, e-mail a scanned copy to jdelano@ondcp.eop.gov, and mail the original to:

Office of National Drug Control Policy
ATTN: Jayme Delano
Executive Office of the President
Washington, DC 20503

Please keep the original copy of the Grant and Conditions for your file. If you have any questions pertaining to this award, please contact Jayme Delano, at (202) 395-6794.

Sincerely,

Kristin S. Skrzycki
Chief of Staff

Executive Office of the President Office of National Drug Control Policy	**Cooperative Agreement**	
1. Recipient Name and Address Margarita Cardona Assistant Provost, Sponsored Research University of Baltimore 1420 N. Charles Street Baltimore, MD 21201-5779	4. Award Number (FAIN): G1999ONDCP06A 5. Period of Performance: From 09/01/2019 to 08/31/2020	
2. Total Amount of the Federal Funds Obligated: $4,500,000	6. Federal Award Date: September 16, 2019	7. Action: Initial
2A. Budget Approved by the Federal Awarding Agency: $4,500,000	8. Supplement Number:	
3. CFDA Name and Number: Research and Data Analysis – 95.007	9. Previous Award Amount:	
3A. Project Description: Combating Opioid Overdose through Community-level Intervention Initiative	10. Amount of Federal Funds Obligated by this Action: $4,500,000 11. Total Amount of Federal Award: $4,500,000	
12. This Cooperative Agreement is R&D and approved subject to such conditions or limitations as are set forth on the attached pages.		
13. Authorizing Authority for Grant: Consolidated Appropriations Act, 2019 (Pub. L. No. 116-6)		
AGENCY APPROVAL	**RECIPIENT ACCEPTANCE**	
14. Typed Name and Title of Approving Official Kristin S. Skrzycki, Chief of Staff Office of National Drug Control Policy	15. Typed Name and Title of Authorized Official Darlene Brannigan Smith, Executive Vice President and Provost, University of Baltimore	
16. Signature of Approving ONDCP Official	17. Signature of Authorized Recipient/Date	
AGENCY USE ONLY		
18. Accounting Classification Code DUNS: 143486319 EIN: 1526002033AY	19. SALARIES AND EXPENSES AWARD OND1457RA1919XX OC410001 ONDI19S030XXX 011201920191457000 OND0103000000	

A. General Terms and Conditions

Award Calculations

Personnel	$ 250,000
Benefits	$ 87,500
Travel	$ 50,000
Supplies and Equipment	$ 1,500
Consultants and Contracts	$ 3,701,909
Indirect Costs*	$ 409,091
Total Cost	$ 4,500,000

**Grantee has chosen not to use approved IDC and charges 10% TDC for F&A costs.*

1. This award is subject to applicable Federal law, including but not limited to Title 2 Part 200 of the Code of Federal Regulations and including the following:

   - Incorporated by reference, the provisions of the Office of Management and Budget's (OMB) Uniform Guidance / Omni-circular applicable to grants, cooperative agreements, and other forms of federal financial assistance. Applicable OMB rules and updated guidance are available from the Council on Financial Assistance Reform website at https://cfo.gov/cofar.
   - Uniform Administrative Requirements, Cost Principles, and Audit Requirement for Federal Awards (2 CFR Chapters 1 and 2, Parts 200, 215, 220, 225, and 230), available from the electronic Code of Federal Regulations ("e-cfr) at www.ecfr.gov.
   - ONDCP Adoption of the Uniform Guidance or Omni-Circular at 2 CFR Part 3603 et seq.
     - "Government-wide Debarment and Suspension (Nonprocurement)," (adopted and codified by 2 CFR Part 3603)
     - "Government-wide Requirements for Drug-free Workplace (Financial Assistance)" (adopted and codified by 2 CFR Part 3603)
     - See also http://www.gpo.gov/fdsys/pkg/FR-2014-12-19/html/2014-28697.htm
   - "New Restrictions on Lobbying" (Codified at 28 CFR Part 69)
   - Conflict of Interest and Mandatory Disclosure Requirements
   - Non-profit Certifications (when applicable)
   - 2 CFR 25.110

2. Audits conducted pursuant to OMB Circular 2 CFR Chapter 2, Part 200 Subpart F, "Audit Requirements", must be submitted no later than nine months after the close of the

recipient's audited fiscal year to the Federal Audit Clearinghouse at https://harvester.census.gov/facweb/.

3. Awardees are required to submit Federal Financial Reports (FFR) to the Department of Health and Human Services, Division of Payment Management (HHS/DPM). Federal Financial Report is required to be submitted quarterly and within 90 days after the grant is closed out. Program income must be accounted for and reported on the Federal Financial Report.

4. The recipient gives the awarding agency or the Government Accountability Office, through any authorized representative, access to, and the right to examine, all paper or electronic records related to the grant.

5. Recipients of ONDCP funds are not agents of ONDCP. Accordingly, the recipient, its fiscal agent(s), employees, contractors, as well as state, local, and federal participants, either on a collective basis or on a personal level, shall not hold themselves out as being part of, or representing, the Executive Office of the President or ONDCP.

6. These general terms and conditions as well as archives of previous versions of the general terms and conditions are available online at *www.whitehouse.gov/ondcp/grants*.

7. Conflict of Interest Requirements - As a non-Federal entity, you must follow ONDCP's conflict of interest policies for Federal awards. You must disclose in writing any potential conflict of interest to an ONDCP Program Officer, or to the pass-through entity if you are a subrecipient or contractor. This disclosure must take place immediately whether you are an applicant or have an active ONDCP award.

   The ONDCP conflict of interest policies apply to subawards as well as contracts, and are as follows:

   i. As a non-Federal entity, you must maintain written standards of conduct covering conflicts of interest and governing the performance of your employees engaged in the selection, award, and administration of subawards and contracts.

   ii. None of your employees may participate in the selection, award, or administration of a subaward or contract supported by a Federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from an organization considered for a subaward or contract. The officers, employees, and agents of the non-Federal entity must neither solicit nor accept gratuities, favors, or anything of monetary value from subrecipients or contractors or parties to subawards or contracts.

iii. If you have a parent, affiliate, or subsidiary organization that is not a State, local government, or Indian tribe, you must also maintain written standards of conduct covering organizational conflicts of interest. Organizational conflicts of interest means that because of relationships with a parent company, affiliate, or subsidiary organization, you are unable or appear to be unable to be impartial in conducting a subaward or procurement action involving a related organization.

8. Mandatory Disclosure Requirement - As a non-Federal entity, you or your pass-through entity(s), must disclose, in a timely manner, in writing to the Federal awarding agency or pass-through entity all violations of Federal criminal law involving fraud, bribery or gratuity violations potentially affecting the Federal award. Failure to make required disclosures can result in remedies such as: temporary withholding of payments pending correction of the deficiency, disallowance of all or part of the costs associated with noncompliance, suspension, termination of award, debarment, or other legally available remedies. (See also 2 CFR Part 180 and 31 U.S.C. 3321).

9. Each applicant is required to (i) be registered in the System for Award Management (SAM) before submitting its application; (ii) provide a valid DUNS number in its application; (iii) continue to maintain an active SAM registration with current information at all times during which it has an active Federal award; and (iv) provide all relevant recipient information required for ONDCP to collect for reporting related to FFATA and DATA Act requirements.

10. Sub-awards are contemplated under this cooperative agreement.

11. Awardee must comply with the Government-wide Suspension and Debarment provision set forth at 2 CFR Part 180, dealing with all sub-awards and contracts issued under the grant.

12. Reporting Sub-award and Executive Compensation Information – This part provides guidance concerning requirements for Federal Funding Accountability and Transparency Act of 2006 (FFATA) reporting. ONDCP must report Federal fund awards of more than $25,000. Subawards also fall under reporting requirements but please note that the definition of "Subaward" does not include your procurement of property and services needed to carry out the project. (See 2 CFR Part 170)

13. Requirements for Drug-Free Workplace (Financial Assistance) - This part requires that the award and administration of ONDCP grants and cooperative agreements comply with Office of Management and Budget (OMB) guidance implementing the portion of the Drug Free Workplace Act of 1988 (41 U.S.C. 701-707, as amended, hereafter referred to as "the Act") that applies to grants. (2 CFR Part 421)

14. Non Discrimination Statement: The Office of National Drug Control Policy (ONDCP) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political belief, marital status, familial

or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Agency. (Not all prohibited bases will apply to all programs and/or employment activities.)

15. Compensation – Personnel Services: This part requires that charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed. (See 2 CFR 200.430)

16. Financial Management: This part requires that systems must be sufficient to permit the preparation of reports required by general and program-specific terms and conditions, and the tracing of funds to a level of expenditures adequate to establish that such funds have been used according to the Federal statutes, regulations, and the terms and conditions of the award. (See 2 CFR 200.302)

17. As specified in the notice of funding opportunity, recipient must:

    a. Establish and maintain effective internal controls over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with the guidance in "Standards for Internal Control in the Federal Government," issued by the Comptroller General of the United States and the "Internal Control Integrated Framework," issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).
    b. Comply with Federal statutes, regulations, and the terms and conditions of the Federal awards.
    c. Evaluate and monitor the non-Federal entity's compliance with statute, regulations, and the terms and conditions of the Federal awards.
    d. Take prompt action when instances of noncompliance are identified, including noncompliance identified in audit findings.
    e. Take reasonable measures to safeguard protected personally identified information and other information the Federal awarding agency or pass-through entity designates as sensitive or the non-Federal entity considers sensitive consistent with applicable Federal, state, and local laws regarding privacy and obligations of confidentiality.

B. Program Specific Terms and Conditions

1. The recipient organization is legally and financially responsible for all aspects of this cooperative agreement, including funds provided to sub-recipients.

2. Award funds cannot be used to supplant current funding of existing activities.

3. All program authority and responsibility inherent in the Federal stewardship role shall remain with the Office of National Drug Control Policy (ONDCP). ONDCP will work in conjunction with the recipient to routinely review and refine the work plan so that the program's goals and objectives can be effectively accomplished. ONDCP will monitor the project on a continual basis by maintaining ongoing contact with the recipient and will provide input to the program's direction, in consultation with the recipient, as needed.

C. Federal Award Performance Goals

The assistance provided under this award will support the NFE's performance of the award and fulfillment of the following performance areas:

- Research and analyze 1) a range of existing community-based efforts to address the opioid epidemic and 2) current evidence-based and proven strategies to reduce opioid-related overdose deaths;
- Using the evidence-based approaches previously identified, implement or enhance community-based new or ongoing programs that aim to reduce opioid overdose, particularly in the regions of the United States with the highest rates of fatal and non-fatal opioid overdoses (making funding available to at least eight communities via subawards is a priority);
- Once implemented, evaluate these community-based efforts to assess their efficacy in reducing opioid overdose and other harms of opioid (mis)use, particularly in the regions of the United States with the highest rates of fatal and non-fatal opioid overdoses;
- Support and promote collaboration between public safety and public health agencies to ensure that overdose reduction efforts are aligned and that communities benefit from a comprehensive and coordinated response; and
- Provide technical assistance to support implementation, evaluation, and reporting by prospective subaward recipients.

See also Section A. 3

D. Payment Basis

1. A request for Advance or Reimbursement shall be made using the HHS/DPM system (https://pms.psc.gov/).

2. The grantee, must utilize the object classes specified within the initial grant application each time they submit a disbursement request to ONDCP. Requests for payment in the DPM system will not be approved unless the required disbursements have been entered using the corresponding object class designations. Payments will be made via Electronic Fund Transfer to the award recipient's bank account. The bank must be FDIC insured. The account must be interest bearing.

3. Except for interest earned on advances of funds exempt under the Intergovernmental Cooperation Act (31 U.S.C. 6501 et seq.) and the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450), awardees and sub-awardees shall promptly, but at least annually, remit interest earned on advances to HHS/DPM using the remittance instructions provided below.

   Remittance Instructions - Remittances must include pertinent information of the payee and nature of payment in the memo area (often referred to as "addenda records" by Financial Institutions) as that will assist in the timely posting of interest earned on federal funds. Pertinent details include the Payee Account Number (PAN), reason for check (remittance of interest earned on advance payments), check number (if applicable), awardee name, award number, interest period covered, and contact name and number. The remittance must be submitted as follows:

   Through an electronic medium using either Automated Clearing House (ACH) network or a Fedwire Funds Service payment.

   (i) For ACH Returns:

   Routing Number: 051036706
   Account number: 303000
   Bank Name and Location: Credit Gateway—ACH Receiver St. Paul, MN

   (ii) For Fedwire Returns*:

   Routing Number: 021030004
   Account number: 75010501
   Bank Name and Location: Federal Reserve Bank Treas NYC/Funds Transfer Division New York, NY
   (* Please note organization initiating payment is likely to incur a charge from your Financial Institution for this type of payment)

   For recipients that do not have electronic remittance capability, please make check** payable to: "The Department of Health and Human Services."

   Mail Check to Treasury approved lockbox:
   HHS Program Support Center, P.O. Box 530231, Atlanta, GA 30353-0231
   (** Please allow 4-6 weeks for processing of a payment by check to be applied to the appropriate PMS account)

   Any additional information/instructions may be found on the PMS Web site at https://pms.psc.gov/.

4. The awardee or sub-awardee may keep interest amounts up to $500 per year for administrative purposes.

RECIPIENT ACCEPTANCE OF COOPERATIVE AGREEMENT CONDITIONS

Darlene Brannigan Smith
Executive Vice President and Provost
University of Baltimore

Date: 9/23/19

Appendix D
Grant Funding Conditions

Health Center Compliance Manual is incorporated herein and as updated by HRSA: https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/hc-compliance-manual.pdf

HHS Grants Policy Statement is incorporated herein and as updated by HHS: https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf

External Grants Policy Bulletin is incorporated herein and as updated by HRSA: https://akastage-www.hrsa.gov/sites/default/files/hrsa/grants/manage/grants-policy-bulletin-2020-04E.pdf

Appendix D
CONTRACT PROVISIONS FOR CONTRACTS UNDER FEDERAL AWARDS

BID OR PROPOSAL NUMBER:
BID OR PROPOSAL TITLE:

This solicitation is either fully or partially grant-funded. In addition to other terms and conditions required by Pinellas County and the applicable federal agency, all contracts awarded to the qualified bidder are subject to the following provisions, as applicable to the services provided.

Equal Employment Opportunity: Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of "federally assisted construction contract" in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

If this contract meets the definition of a "federally assisted construction contract", during the performance of this contract, the Contractor agrees as follows:

(1) The CONTRACTOR will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, or national origin. The CONTRACTOR will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.

(2) The CONTRACTOR will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive considerations for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.

(3) The CONTRACTOR will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant with another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not

otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the contractor's legal duty to furnish information.

(4) The CONTRACTOR will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the Contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(5) The CONTRACTOR will comply with all provisions of Executive Order 11246 of September 24, 1965, and with the rules, regulations, and relevant orders of the Secretary of Labor.

(6) The CONTRACTOR will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

(7) In the event of the CONTRACTOR's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be canceled, terminated, or suspended in whole or in part and the CONTRACTOR may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

(8) The CONTRACTOR will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (7) in every subcontract unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The CONTRACTOR will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance.

Davis-Bacon Act as amended (40 U.S.C. 3141-3148): When required by federal program legislation, for all prime construction contracts awarded in excess of $2,000, Contractors are required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, Contractors must be required to pay wages not less than once a week. If the applicable grant award contains Davis-Bacon provisions, the County will place a copy of

the current prevailing wage determination issued by the Department of Labor in the solicitation document. The decision to award a contract shall be conditioned upon the acceptance of the wage determination [Appendix II to 2 CFR Part 200].

Copeland Anti Kick Back Act: If Davis-Bacon is applicable, CONTRACTOR shall also comply with all the requirements of 29 CFR Part 3 which are incorporated by reference to this contract. Contractors are prohibited from inducing by any means any person employed in the construction, completion or repair of public work to give up any part of the compensation to which he or she is otherwise entitled [Appendix II to 2 CFR Part 200].

Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by the non-Federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence [Appendix II to 2 CFR Part 200].

Rights to Inventions Made Under a Contract or Agreement. If the Federal award meets the definition of "funding agreement" under 37 CFR §401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency [Appendix II to 2 CFR Part 200].

Clean Air Act (42 U.S.C. 7401–7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251–1387): As amended—The CONTRACTOR agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA) [Appendix II to 2 CFR Part 200].

Debarment and Suspension (Executive Orders 12549 and 12689): A contract award (see 2 CFR 180.220) will not be made to parties listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), ''Debarment and

Suspension." SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. If applicable, the CONTRACTOR must verify that none of their subcontractors (for contracts expected to equal or exceed $25,000), appear on the federal government's Excluded Parties List. The Excluded Parties List is accessible at https://uscontractorregistration.com/ [Appendix II to 2 CFR Part 200].

Byrd Anti-Lobbying Amendment (31 U.S.C. 1352): CONTRACTORs that apply or bid for an award **exceeding $100,000** must submit a completed "Disclosure of Lobbying Activities" [Form SF-LLL]. Each tier certifies to the tier above that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with *non-federal funds* that takes place in connection with obtaining any federal award. Such disclosures are forwarded from tier to tier up to the non-federal award. [Appendix II to 2 CFR Part 200]. **The bidder shall complete Form SF-LLL and submit with bid. Bidders may be deemed non-responsive for failure to submit this certification.**

Conflict of Interest [2 CFR §200.112]: The CONTRACTOR must disclose in writing any potential conflict of interest to the Federal awarding agency or COUNTY in accordance with applicable Federal awarding agency policy.

Mandatory Disclosures [2 CFR §200.113]: The CONTRACTOR must disclose in writing all violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR §200.338 Remedies for noncompliance, including suspension or debarment.

Protected Personally Identifiable Information (Protected PII) [CFR §200.303(e)]: The CONTRACTOR must take reasonable measures to safeguard protected personally identifiable information and other information the federal awarding agency or COUNTY designates as sensitive or the County considers sensitive consistent with other applicable federal, state, and local laws regarding privacy and obligations of confidentiality. Per CFR § 200.82, Protected PII means an individual's first name or first initial and last name in combination with any one or more types of information, including, but not limited to, social security number, passport number, credit card numbers, clearances, bank numbers, biometrics, date and place of birth, mother's maiden name, criminal, medical and financial records, and/or educational transcripts. This does not include PII that is required by law to be disclosed.

Prohibition on utilization of time and material type contracts [2 CFR §200.318 (j)(1)]: The COUNTY will not award contracts based on a time and material basis if the contract contains federal funding.

Contracting with Small and Minority Businesses, Women's Business Enterprises, and Labor Surplus Area Firms [2 CFR § 200.321]: If using subcontractors, the CONTRACTOR must take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. Affirmative steps must include:

(1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;

(2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;

(3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;

(4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises; (5) Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.

(5) Affirmative Action Requirements per 41 CFR60-4.1 Goals for Women and Minorities in Construction (for contracts in excess of $10,000): Goals and timetables for minority and female utilization may be set which shall be based on appropriate workforce, demographic or other relevant data and which shall cover construction projects or construction contracts performed in specific geographical areas. The goals, which shall be applicable to each construction trade in a covered Contractor's or subcontractor's entire workforce which is working in the area covered by the goals and timetables, shall be published as notices in the Federal Register, and shall be inserted by the contracting officers and applicants, as applicable, in the Notice required by 41 CFR 60-4.2. Covered construction Contractors performing construction work in geographical areas where they do not have a federal or federally assisted construction contract shall apply the minority and female goals established for the geographical area where the work is being performed.

Information regarding certified M/WBE firms can be obtained from:

- Florida Department of Management Services (Office of Supplier Diversity);
- Florida Department of Transportation;
- Minority Business Development Center in most large cities; and
- Local Government M/DBE programs in many large counties and cities

Procurement of Recovered Materials [2 CFR §200.322]: CONTRACTOR must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds $10,000 or the value of the quantity acquired during the preceding fiscal year exceeded $10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

Prohibition on utilization of cost plus a percentage of cost contracts [2 CFR §200.323 (d)]**:** The COUNTY will not award contracts containing federal funding on a cost plus percentage of cost basis.

Retention of Records [2 CFR 200.333]: Financial records, supporting documents, statistical records, and all other records pertinent to a Federal award must be retained for a period of three years from the date of submission of the final expenditure report or invoice.

Access to Records [2 CFR 200 § 200.336]: The County, Pass-through agency or Federal awarding agency must have the right of timely and unrestricted access to any documents, papers or other records, including electronic records, of the Contractor in order to make audits, investigations, examinations, excerpts, transcripts, and copies of such documents. This right also includes timely and reasonable access to the recipient purpose of interview and discussion related to such documents. This right of access shall continue as long as records are required to be retained.

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
4040-0013

1. * Type of Federal Action:
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:
- [ ] a. bid/offer/application
- [ ] b. initial award
- [x] c. post-award

3. * Report Type:
- [x] a. initial filing
- [ ] b. material change

4. Name and Address of Reporting Entity:

[ ] Prime [x] SubAwardee Tier if known:

** 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:

** Name*

** Street 1* *Street 2*

** City* *State* *Zip*

Congressional District, if known:

6. * Federal Department/Agency:

7. * Federal Program Name/Description:

CFDA Number, *if applicable:*

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*

$

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:**

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