

**From:** [Williams, Kimberly](#)  
**To:** [Yatchum, Karen](#); [Carrillo, Lisa](#); [Mello, Donald L](#)  
**Cc:** [Grants Center Of Excellence Distribution](#)  
**Subject:** RE: Grants - Intent to Apply Form Submitted to OMB - American Rescue Plan - Health Center...  
**Date:** Wednesday, May 19, 2021 11:32:26 AM  
**Attachments:** [image004.png](#)

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Greetings!

OMB has no objection to the department submitting a grant application to Health Resources and Services Administration's American Rescue Plan Capital Improvement project.

This is three year reimbursement grant project that will presumably impact FY21-24. The requested funding is \$177,490 per year with no expected match. The total project is estimated to cost \$532,472.

The County Administrator does not need to sign the application for the County. Please include this email when you send the application through Granicus. The review shall include the Director, Assistant County Administrator, and County Administrator along with any others as defined in Granicus/Legistar standard operating procedures.

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

Sincerely,

**Kimberly Y. Williams**  
Budget & Financial Management Analyst  
Pinellas County Office of Management & Budget  
14 S. Ft. Harrison Avenue - 5th FL, Clearwater, FL 33756  
(727) 464-3507  
[kwilliams@co.pinellas.fl.us](mailto:kwilliams@co.pinellas.fl.us)

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**From:** Grants Center of Excellence <no-reply@sharepointonline.com>  
**Sent:** Wednesday, May 19, 2021 9:47 AM  
**To:** Williams, Kimberly <kwilliams@co.pinellas.fl.us>  
**Subject:** Grants - Intent to Apply Form Submitted to OMB - American Rescue Plan - Health Center...

 [American Rescue Plan - Health Center...](#) has been added



Carrillo, Lisa  
5/19/2021 9:46 AM

**Program Manager:** Yatchum, Karen

**Program Manager Phone #:** 727-464-5045

**County Department:** HS - Human Services

**Director's Name:** Yatchum, Karen

**OMB Analyst:**

**Granting Agency:** Health Resources and Services Administration (HRSA)

**CFDA/CSFA #:** 93.526

**Grant Funding Program Name:** American Rescue Plan - Health Center Construction and Capital Improvements

**Grant Funding Type:** Capital

**Grant Award Type:** Reimbursement

**Grant Funding Program Funding Cap (\$):** \$532,472.00

**Amount Requested:** \$532,472.00

**What fiscal year(s) will the award amount be made available?:** FY21-24

**Match Amount:** \$0.00

**Required Match Type:** None

**Anticipated Match Source (Fund/Center/Program):** N/A

**Is the Match in the Current Budget?:** No

**Will the Match need to be added to the Budget?:** No

**Total Cost of Project (including Grant, County match, and other Resources):** \$532,472.00

**Granting Agency Contact Name:** David Colwander

**Granting Agency Phone or Email:** [DColwander@hrsa.gov](mailto:DColwander@hrsa.gov)

**Granting Agency Address:** Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857

**OPUS Project Title:**

**Duration:** Multi Year

**Proposed Abstract (Project Scope of Work):** The purpose of this one-time funding opportunity is to support construction, expansion, alteration, renovation, and other capital improvements to modify, enhance, and expand health center infrastructure. Pinellas County Human Services will work with the Department of Health to identify an alteration, renovation, and/or construction expansion project to enhance the Health Care for the Homeless program.

**Benefit Summary (How will this benefit the County, Dept, etc?):** This funding will provide Pinellas County the opportunity to increase the capacity and capability of the health center to support continuity of access to high quality primary care services for underserved and vulnerable populations.

**Director Approval (Attach):**

**Is the proposal submitted for a different Department?:** No

**If submitting for a different department, what is that department name?:**

**Concept Paper Deadline (if applicable):**

**Grant Application Due Date:** 6/24/2021

**Source of Notification of Grant Solicitation:** Administering Agency

**If Other, provide source:**

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

**Assigned To:**

**Priority:** (2) Normal

**Task Status:** Not Started

**OPUS Project #:**

**Grant Contract #:**

**Award Amount:**

**Grant Status:** Submitted to OMB

**Grant Start Date:**

**Grant End Date:**

**OMB Comments:**

**Granicus #:**

**Description:**