

BOARD OF COUNTY COMMISSIONERS

DATE: November 18, 2014

AGENDA ITEM NO. 12

**Consent
Agenda**



**Regular
Agenda**



Public Hearing ☐

County Administrator's Signature:

Subject:

Approval and Acceptance of the Substance Abuse and Mental Health Services Administration (SAMHSA), Grant Award (Year 3) for the Pinellas County You Can! Program, for Fiscal Year (FY) 2014-2015.

Department:

Safety and Emergency Services

Staff Member Responsible:

Mike Cooksey, Director
Justice and Consumer Services

Recommended Action:

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS APPROVE AND ACCEPT THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) GRANT AWARD DOCUMENTS (YEAR 3) FOR THE PINELLAS COUNTY YOU CAN! PROGRAM.

Summary Explanation/Background:

This is a supplemental award of \$325,000.00 to fund FY 2015 of the Pinellas County You Can! Program. This project is a collaboration between the Sixth Judicial Circuit Court of Florida, WestCare, Center for Rational Living, and Pinellas County. The Pinellas County You Can! Program launched in an effort to enhance adult drug court to assist nonviolent felony offenders with successful rehabilitation from the use of alcohol and/or drugs. This project began September 30, 2012 and ends September 29, 2015.

Fiscal Impact/Cost/Revenue Summary:

The SAMHSA (Year 3) grant award is in the amount of \$325,000.00. There is no match requirement and funds are included in the revenue and expense budgets for FY 2015.

Exhibits/Attachments Attached:

1. Contract Review Transmittal Slip
2. Award Documents

The Grant Application in its entirety is available at Board Records

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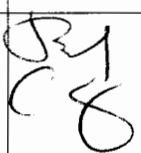
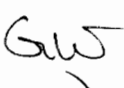




NON-PURCHASING CONTRACT REVIEW TRANSMITTAL SLIP

PROJECT: Pinellas County You Can! SAMHSA Grant Award for Year 3	
CONTRACT NO.: number	ESTIMATED EXPENDITURE / REVENUE: \$ 325,000.00 (Circle or underline appropriate choice above.)

In accordance with Contract Administration and its Review Process, the attached documents are submitted for your review and comment. Please complete this Non-Purchasing Contract Review Transmittal Slip below with your assessment, and **forward to the next Review Authority on the list, skipping any authority marked "N/A."** Indicate suggested changes by noting those in "Comments" column, or by revising, in RED, the appropriate section(s) of the document(s) to reflect the exact wording of the desired change(s).

OTHER SPECIFICS RELATING TO THE CONTRACT:

One Copy of the SAMHSA Grant award for Year 3 of the Pinellas County You Can! Project

REVIEW SEQUENCE	DATE	INITIAL/ SIGNATURE	COMMENTS (IF ANY)	COMMENTS REVIEWED & ADDRESSED OR INCORPORATED
Originator: Mike Cooksey Justice & Consumer Svc.	10/6/14			
Risk Mgmt: Virginia Holscher 9/14/10-7-14	10/8/14		Public Entity to Public Entity	
Finance:** Cassandra Williams	10/9/14			
OMB:** Bill Berger	10/13/14	 ^{VE}	See attached.	
Legal: Carl Brody	10/14/14			
Executive Director: Bruce Moeller, Safety and Emergency Services	10/16/2014			

Please return to Marie Elam/Justice & Consumer Services By Friday, October 17, 2014
All inquiries should be made to Marie Elam ext. 46433.

OMB Contract Review

Contract Name(s)	Grant Award - Pinellas County You Can! (Department of Health and Human Services, SAMHSA)		
CATS#	45763	Contract #	5H79TI024477-03

Mark all Applicable Boxes:

Type of Contract									
CIP		Grant	x	Other		Revenue	x	Project	x

Contract information:

New Contract (Y/N)	No, adds Year-3 award	Original Contract Amount	\$650,000
Fund(s)	0001	Amount of Change	\$325,000
Cost Center(s)	Revenue 100200 Expense 311112	Contract Amount	\$975,000 project total
Program(s)	1712	Amount Available	Total: \$325,000
Account(s)	3312001	Included in Applicable Budget? (Y/N)	Yes
Project(s)	To be assigned		
Fiscal Year(s)	FY15	Required \$ Match (grants)	\$0.00

Description & Comments

(What is it, any issues found, is there a financial impact to current/next FY, does this contract vary from previous FY, etc.)

This grant award, from the Substance Abuse and Mental Health Services Administration (SAMHSA), is for Year 3 of the Pinellas County You Can! Program. The program enhances the adult drug court's capacity to assist nonviolent felony offenders through rehabilitation from the use of alcohol and/or drugs. The award of \$325,000 for FY15 brings the total award to \$975,000 since FY13. There are no matching funds required for this award. The revenue and expense was anticipated and included in the FY15 adopted budget (added with changes submitted for the First Public Hearing).

Analyst:

Veronica Ettel

✓ 10/13/14

Ok to Sign: ☒



DOJ/BJA Adult Drug Court
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Notice of Award

Issue Date: 06/12/2014

Grant Number: 5H79TI024477-03

FAIN: TI024477

Program Director:
Nicholas Bridenback

Project Title: Pinellas County You Can!

Grantee Address	Business Address
COUNTY OF PINELLAS County Administrator 315 Court Street Clearwater, FL 33756	Pinellas County County Administrator 315 Court Street Clearwater, FL 33756

Budget Period: 09/30/2014 – 09/29/2015

Project Period: 09/30/2012 – 09/29/2015

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$325,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF PINELLAS in support of the above referenced project. This award is pursuant to the authority of 42 USC 3797u et seq. & Sec. 509 of the PHS Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,

Eileen Bermudez
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 5H79TI024477-03**Award Calculation (U.S. Dollars)**

Consortium/Contractual Cost	\$316,704
Travel Costs	\$8,296
Direct Cost	\$325,000
Approved Budget	\$325,000
Federal Share	\$325,000
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$325,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
3	\$325,000

*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number:	93.243
EIN:	1596000800A8
Document Number:	12TI24477A
Fiscal Year:	2014

IC	CAN	Amount
TI	C96T511	\$325,000

IC	CAN	Amount
TI	C96T511	\$325,000

TI Administrative Data:

PCC: EADC-SCT / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 5H79TI024477-03

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 5H79TI024477-03

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by

reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – TI Special Terms and Conditions – 5H79TI024477-03

REMARKS:

This award reflects approval of the revised budget submitted on April 22, 2014 by your Project Director in response to the continuation application request.

SPECIAL CONDITION OF AWARD:

None

STANDARD TERMS OF AWARD:

Refer to the following SAMHSA website for Standard Terms of Award:

<http://beta.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>
(Continuation)

Updated Key Staff:

Key staff (or key staff positions, if staff has not been selected) are listed below:

Nicholas Bridenback, Project Director @ 10% level of effort

REPORTING REQUIREMENTS:

Submission of a Programmatic Semi-annual Report is due no later than the dates as follows:

1st Report - April 30, 2015

2nd Report - October 31, 2015

Refer to the following SAMHSA website for the Closeout instructions which applies to the last year of the project period:

<http://beta.samhsa.gov/grants/grants-management/grant-closeout> **(Closeout instructions)**

Failure to comply with the above stated terms and conditions may result in suspension, classification as High Risk status, termination of this award or denial of funding in the future.

All responses to special terms and conditions of award and post award requests may be electronically mailed to the Grants Management Specialist and to the Government Program Official as identified on your Notice of Award.

It is essential that the Grant Number be included in the SUBJECT line of the email.

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

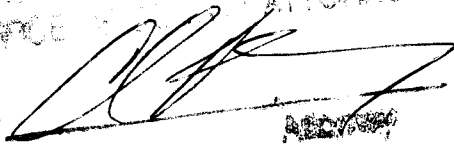

CONTACTS:

George Samayoa, Program Official

Phone: (240) 276-1622 **Email:** george.samayoa@samhsa.hhs.gov **Fax:** (240) 276-2970

Helen Zhou, Grants Specialist

Phone: (240) 276-2482 **Email:** helen.zhou@samhsa.hhs.gov **Fax:** (240) 276-2410

APPROVED AS TO FORM
OFFICE OF THE ATTORNEY
By  
2/27/2014