# REQUEST FOR ADDITIONAL APPROPRIATION

Instructions: Complete all information in Parts A and B. Have Director/ Department Head sign and date on appropriate lines in Part C. Forward original to OPM Director, 10th Floor. OPM Director will forward to the Boards. Submit to OPM by the 20th of the month in order to be included on the next Board of Finance and Representatives meeting agendas.

Part A - Account	t Information		0 17	5V 22 24	
			Grant Year	FY 23-24	
Project #	GF3000043	I#407.000		6 15 F 5	
Revenue #	2800-3300-432102-0000-000	\$127,009		mford Police Department	
E	2000 2000 540404 0000 000	1000 000		eral Funds- SAMHSA	۲: (O - I
Expend. #	2800-3300-510101-0000-000	\$96,308		ansion of Community Response Initia	-
Expend. #	2800-3300-522200-0000-000	\$30,701	Account Title Exp	ansion of Community Response Initia	tive/Fringe
Source:	100% Grant Funded Federal (SA	AMHSA)			
	Request Amo	unt	\$127,009		
Previous Year's	Expenditure		\$ -		
Department Req	quest				
Approved by Ma	yor				
Approved by Fin	ance Board				
Approved by Boa	ard of Reps.				
Revised Budget					
Balance in Acco	unt				
Projected Exp. 8	& Enc.		\$ -		
Part B - Request	t Description and Supporting Calculations	i			
•	tment is a sub-grantee of the Recovery Netw	• ,			
•	fcier in the Behavioral Health Unit (BHU) sala	, -	•	· · · · · ·	
-	year at a time. \$30,000 of the salary line item	includes 25% of the	e salary of the Sergeant in t	he BHU to cover our required 25%	
Cost Share as an	in-kind match.				
Part C - Approva	als				
Timothy Shaw	_		Elda Sinani (Oct 27, 2023 16:23 EDT)	<u> </u>	Oct 27, 2023
Timothy Shaw,	Chief of Police		Elda Sinani, Directo	or OPM	
Louis DeRubeis	_		Benjamin Barnes (Oct 27, 2023 16:26 EDT)	-	Oct 27, 2023
Louis DeRubei	s, Director of Public Safety		Benjamin Barnes, [	Director of Adminstration	
			_Caroline Simmons		0-+ 30 303
Anita Carpenter			Caroline Simmons (Oct 30, 2023 13:38 ED	T)	Oct 30, 202

Caroline Simmons, Mayor

Anita Carpenter, Grants Officer

# Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services

**Notice of Award** 

FAIN# H79SM089507 Federal Award Date 09/19/2023

# **Recipient Information**

#### 1. Recipient Name

RECOVERY NETWORK OF PROGRAMS, INC. 2 TRAP FALLS RD STE 405 SHELTON, CT 06484

- 2. Congressional District of Recipient
- 3. Payment System Identifier (ID) 1060910080A1
- 4. Employer Identification Number (EIN) 060910080
- 5. Data Universal Numbering System (DUNS) 075113480
- 6. Recipient's Unique Entity Identifier P5PNN9R2JEE1
- 7. Project Director or Principal Investigator Rodriguez Frambiel

Jennifer.Kolakowski@rnpinc.org 203-929-1954

## 8. Authorized Official

Jennifer Kolakowski Jennifer.Kolakowski@rnpinc.org 203-929-1954

# **Federal Agency Information**

#### 9. Awarding Agency Contact Information

Darrell Russ Grants Specialist darrell.russ@samhsa.hhs.gov (240) 276-1517

## 10. Program Official Contact Information

Roxanne Castaneda Program Official Roxanne.Castaneda@samhsa.hhs.gov (240) 276-1917

## **Federal Award Information**

#### 11. Award Number

1H79SM089507-01

# 12. Unique Federal Award Identification Number (FAIN)

H79SM089507

#### 13. Statutory Authority

Sec. 520G of the PHS Act, (42 U.S. Code § 290bb-38)

#### 14. Federal Award Project Title

Expansion of the Community Response Initiative

# 15. Assistance Listing Number

93.243

#### 16. Assistance Listing Program Title

Substance Abuse and Mental Health Services\_Projects of Regional and National Significance

## 17. Award Action Type

**New Competing** 

#### 18. Is the Award R&D?

No

Summary Federal Award Financial Information	
19. Budget Period Start Date 09/30/2023 – End Date 09/29/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$330,000
20a. Direct Cost Amount	\$308,831
20b. Indirect Cost Amount	\$21,169
21. Authorized Carryover	
22. Offset	
23. Total Amount of Federal Funds Obligated this budget period	\$330,000
24. Total Approved Cost Sharing or Matching, where applicable	\$88,500
25. Total Federal and Non-Federal Approved this Budget Period	\$418,500
<b>26. Project Period Start Date</b> 09/30/2023 – End Date 09/29/2028	
27. Total Amount of the Federal Award including Approved Cost	\$418,500
Sharing or Matching this Project Period	

## 28. Authorized Treatment of Program Income

**Additional Costs** 

## 29. Grants Management Officer - Signature

Eileen Bermudez

#### 30. Remarks

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

#### Notice of Award

**Issue Date:** 09/19/2023



FY2023 Early Diversion
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

#### Center for Mental Health Services

Award Number: 1H79SM089507-01
FAIN: H79SM089507
Program Director: Rodriguez Frambiel

Project Title: Expansion of the Community Response Initiative

Organization Name: RECOVERY NETWORK OF PROGRAMS, INC.

Authorized Official: Jennifer Kolakowski

Authorized Official e-mail address: Jennifer.Kolakowski@rnpinc.org

**Budget Period:** 09/30/2023 – 09/29/2024 **Project Period:** 09/30/2023 – 09/29/2028

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$330,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to RECOVERY NETWORK OF PROGRAMS, INC. in support of the above referenced project. This award is pursuant to the authority of Sec. 520G of the PHS Act, (42 U.S. Code § 290bb–38) 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 <a href="www.samhsa.gov">www.samhsa.gov</a> (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 – 1H79SM089507-01**

Award Calculation (U.S. Dollars)	
Personnel(non-research)	\$80,000
Fringe Benefits	\$28,970
Travel	\$4,532
Supplies	\$5,500
Contractual	\$147,009
Other	\$42,820
Direct Cost	\$308,831
Indirect Cost	\$21,169

Direct Cost	\$308,831
Indirect Cost	\$21,169
Approved Budget	\$418,500
Federal Share	\$330,000
Non-Federal Share	\$88,500
Cumulative Prior Awards for this Budget Period	\$0

#### AMOUNT OF THIS ACTION (FEDERAL SHARE) \$330,000

SUMMARY TOTALS FOR ALL YEARS					
YR	AMOUNT				
1	\$330,000				
2	\$330,000				
3	\$330,000				
4	\$330,000				
5	\$330,000				

Note: 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:
 1060910080A1

 Document Number:
 23SM89507A

 Fiscal Year:
 2023

 IC
 CAN
 Amount

 SM
 C96J396
 \$330,000

<u>IC</u>	<u>CAN</u>	<u>2023</u>	2024	<u>2025</u>	<u>2026</u>	<u>2027</u>
<u>SM</u>	C96J396	\$330,000	\$330,000	\$330,000	\$330,000	\$330,000

# SM Administrative Data:

PCC: BHP-ED23 / OC: 4145

# **SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SM089507-01**

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 - 1H79SM089507-01

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 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

#### **Treatment of Program Income:**

Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

#### SECTION IV - SM SPECIAL TERMS AND CONDITIONS - 1H79SM089507-01

#### REMARKS

#### **New Award**

- 1. This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity FY 2023 SM-23-012 Behavioral Health Partnerships for Early Diversion of Adults and Youth has been selected for funding.
  - This award reflects conditional approval of the revised budget submitted 06/08/2023 by your organization.
  - This award also reflects conditional acceptance of the responses received via 2-way correspondence on 06/08/2023.
  - NOTE: Appropriated funds may not used to purchase food (whether for conferences or meetings; for meals, light refreshments, or beverages; or for Federal or non-Federal

participants).

- 2. Recipients are expected to plan their work to ensure that funds are expended within the 12-month budget period reflected on this Notice of Award. If activities proposed in the approved budget cannot be completed within the current budget period, SAMHSA cannot guarantee the approval of any request for carryover of remaining unobligated funding.
- **3.** All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions or how to submit a post award amendment request please refer to <a href="https://www.samhsa.gov/grants/grants-training-materials">https://www.samhsa.gov/grants/grants-training-materials</a> under heading Grant Management Reference Materials for Grantees.
- **4. All Post-Award Amendments must be submitted in eRA Commons for prior approval.** Please refer to the SAMHSA website for specific SAMHSA guidance on how to submit a post-award amendment in eRA Commons: <a href="https://www.samhsa.gov/grants/grants-management/post-award-amendments">https://www.samhsa.gov/grants/grants-management/post-award-amendments</a>.

Prior approval is required for, but is not limited to: a change in key personnel and level of effort, a budget revision, a change in scope, a formal carryover request, and a no cost extension. Reference the full prior approval term on the SAMHSA website under Standard Terms and Conditions at: <a href="https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions">https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions</a>.

Technical questions regarding the submission of a post-award amendment in eRA Commons should be directed to the eRA Service Desk: http://grants.nih.gov/support

**5.** Register Program Director/Project Director (PD) in eRA Commons: If you have not already done so, you must register the PD in eRA Commons to assign a Commons ID. Once the PD has received their Commons ID, please send this information to your Grants Management Specialist. You can find additional guidance on Managing eRA User Accounts at <a href="https://www.samhsa.gov/grants/grants-training-materials/managing-user-accounts">https://www.samhsa.gov/grants/grants-training-materials/managing-user-accounts</a>

#### 6. Key Personnel

Key Personnel are listed below:

- o Frambiel Rodriguez, Project Director @ 75% level of effort
- o TBD Project Evaluator @ 25% level of effort

Organizations receiving Federal Funds may not exceed 100% level of effort for any program staff member (Key Personnel or otherwise) across all federally funded sources.

Any changes to Key Personnel including level of effort involving separation from the project for any continuous period of three months or longer, or a reduction in time dedicated to the project of 25% or more requires prior approval and must be submitted as a post-award amendment in eRA Commons.

Note: If an organization is awarded a grant and chooses to move forward with hiring an individual for a Key Personnel position before receiving SAMHSA's formal approval, this will be done at the organization's own risk.

For additional information on post-award amendment requirements, please visit the SAMHSA

website: https://www.samhsa.gov/grants/grants-management/post-award-amendments.

# SPECIAL TERMS

# **Disparity Impact Statement (DIS)**

By <u>11/29/2023</u>, submit via eRA Commons a completed <u>Disparity Impact Statement</u>. SAMHSA's Behavioral Health Disparity Impact Statement (DIS) is a data-driven, quality improvement approach to advance behavioral health equity for all. The DIS is a grant requirement that helps grantees identify racial, ethnic, sexual, and gender minority groups at the highest risk of experiencing behavioral health disparities within their grant projects and implement a disparity reduction action plan with a quality improvement process to address and close the identified gap(s). The DIS should be consistent with the Population of Focus and Statement of Need identified in the grant application and include the components as described below. Please refer to the DIS worksheet, examples, and other resources on the SAMHSA website at: https://www.samhsa.gov/grants/grants-management/disparity-impact-statement

The main components of the DIS are:

- Identify and describe the behavioral health disparity within the population of focus of the grant project that experience disparate access, use, and outcomes.
- Provide a demographic table of the proposed number of individuals to be served, reached, or trained in the grant project that covers the entire grant period. Identify the data sources used to support the rationale for how the determination of the disparity was made.
- Identify the social determinants of health (SDOH) domains and the Culturally and Linguistically Appropriate Services in Health and Health Care (<u>CLAS</u>) Standards that the grantee organization will work to address and improve for the identified population(s) of focus.
- Develop a disparity reduction quality improvement action plan to address behavioral health disparities based on the available data on access, use, and outcomes.

In accordance with the reporting requirements outlined in the Notice of Funding Opportunity (NOFO), the grantee is required to provide an update on the project's progress towards addressing quality care of underserved populations related to the Disparity Impact Statement (DIS), barriers encountered, including challenges serving populations of focus, efforts to overcome these barriers; evaluation activities for tracking DIS efforts; and a revised quality improvement plan if the DIS does not meet the quality of care requirements as stated in the DIS.

All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to <a href="https://www.samhsa.gov/grants/grants-training-materials">https://www.samhsa.gov/grants/grants-training-materials</a> under heading How to Respond to Terms and Conditions.

## **Risk Assessment**

The Office of Financial Advisory Services (OFAS), SAMHSA may perform an administrative review of your organization's financial management systems, policies, procedures and records. If the review discloses material weaknesses or other financial management concerns, grant funding may be restricted in accordance with 45 CFR 75/2 CFR 200, as applicable. The

restriction will affect your organization's ability to withdraw funds from the Payment Management System account, until the concerns are addressed.

# **Cost Sharing and Match Requirements**

Cost sharing/match is required for this program under Section 520G of the Public Health Service Act, as amended. For each year of the project, recipients must provide matching funds (directly or through donations from public or private entities) from nonfederal contributions in an amount not less than 25 percent of the total award.

Non-federal contributions may be in cash or in-kind. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of the non-Federal contributions. Applicants must itemize the match separately in the budget worksheet and explain the match separately in the budget justification.

## **Conflicts of Interest Policy**

Consistent with 45 CFR § 75.112, recipients must establish written policies and procedures to prevent employees, consultants, and others (including family, business, or other ties) involved in grant-supported activities, from involvement in actual or perceived conflicts of interest. The policies and procedures must:

- address conditions under which outside activities, relationships, or financial interest are proper or improper;
- provide for advance disclosure of outside activities, relationships, or financial interest to a responsible organizational official;
- o include a process for notification and review by the responsible official of potential or actual violations of the standards; and
- o specify the nature of penalties that may be imposed for violations.

#### Flow Down of Requirements to Subrecipients

The recipient, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to subrecipients, in accordance with 45 CFR § 75.351 - 75.352, Subrecipient Monitoring and Management.

#### **SPARS**

Recipients are required to collect and report in SAMHSA's Performance Accountability and Reporting System (SPARS) two types of data: Infrastructure, Prevention, and Mental Health Promotion (IPP) and National Outcome Measures (NOMs).

Recipients are required to do the following:

- (1) Complete SPARS Annual Goals training and enter IPP annual goals into SPARS no later than December 30, 2023:
- (2) Begin collecting and reporting IPP data in SPARS in the second quarter (January March 2024);
- (3) Begin entering NOMS client level data into SPARS within 7 days after completion of each intake interview:
- (4) Conduct a NOMs reassessment interview six months following the intake interview and enter these data into SPARS; and

(5) Conduct a Clinical Discharge NOMS interview at the time of client discharge and enter these data into SPARS.

#### **Subaward Agreements**

Subaward Agreements are considered subrecipients as they participate in accomplishing the award's objectives and therefore must have executed subaward agreements in place. Subaward agreements must include all award requirements and clearly state that requirements flow down to the subrecipient. When established, the subaward agreements between your organization and the subrecipients should also include as a term and condition, the requirements cited below concerning Standards for Financial Management and Consistent Treatment of Costs.

# **SPECIAL CONDITIONS**

# **Participant Protection**

By 10/30/2023 submit via eRA Commons.

Please provide your response to the following participant protection concerns raised by SAMHSA's Initial Review Group

The applicant organization not only does not include the a response to the seven elements of Confidentiality and SAMHSA Participant Protection but does not offer any explanation for its omission.

The seven elements that must be addressed are:

- (1) Protection of clients and staff from potential risks;
- (2) Fair selection of participants;
- (3) Absence of coercion;
- (4) Data collection;
- (5) Privacy and confidentiality:
- (6) Adequate consent procedures; and
- (7) Risks and benefits of participation

The response needs to be uploaded via eRA Commons (more information can be found at <a href="https://www.samhsa.gov/grants/grants-training-materials">https://www.samhsa.gov/grants/grants-training-materials</a> 'Notice of Award: How to Respond to Terms and Conditions Training'). Please also email, with the grant number in the Subject line, the response to your assigned Government Project Officer and SAMHSA Participant Protection Officer, Michelle Bechard (michelle.bechard@samhsa.hhs.gov).

All grant funds are available for this project except for those funds directly related to Participant Protection issues as outlined in the NOFO. Currently, only activities that do not directly involve Participant Protection issues (i.e., are clearly severable and independent from those activities that do involve Participant Protection issues) may be conducted under this award. This restriction of funds will only be lifted if the Participant Protection issue noted above is appropriately addressed by you as the grantee and resolved to the satisfaction of your designated Government Project Officer and Participant Protection Officer.

All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to <a href="https://www.samhsa.gov/grants/grants-training-materials">https://www.samhsa.gov/grants/grants-training-materials</a> under heading How to Respond to Terms and Conditions.

#### Revised SF424

By October 30, 2023, submit in eRA.

The proposed Project Director must be registered in eRA Commons and the Commons ID of the proposed Project Director must be stated on Field #4 Applicant Identifier of the SF-424.

On the SF 424 Face Page, Section 8f must reflect the Project Director contact information and section 21 must reflect the Business Official contact information.

Please see <u>SAMHSA PD Account Creation Instructions (PDF | 687 KB)</u> for a quick step-by-step guide and <u>SAMHSA Grantee PD Account Creation Slides (PDF | 987 KB)</u> for additional information on the eRA Commons registration process for the PD.

All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to <a href="https://www.samhsa.gov/grants/grants-training-materials">https://www.samhsa.gov/grants/grants-training-materials</a> under heading How to Respond to Terms and Conditions.

# **Revised Budget**

By <u>10/30/2023</u>, submit via eRA Commons.

A Revised Budget Narrative that include the following:

1. Identification of the individual who will serve as the Project Evaluator at 25% as required by the Notice of Funding Opportunity SM 23-012.

All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to <a href="https://www.samhsa.gov/grants/grants-training-materials">https://www.samhsa.gov/grants/grants-training-materials</a> under heading How to Respond to Terms and Conditions.

#### Resumes/Biographical Sketches

By October 30, 2023, submit via eRA system:

A copy of the resume/biographical sketch for the following key personnel: Frambiel Rodriguez, Project Director.

All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to <a href="https://www.samhsa.gov/grants/grants-training-materials">https://www.samhsa.gov/grants/grants-training-materials</a> under heading How to Respond to

Terms and Conditions.

# STANDARD TERMS AND CONDITIONS

## **Quarterly Progress Report language**

Submit **Quarterly Reports** via eRA Commons only and submitted as a .pdf to the View Terms Tracking Details page in the eRA Commons System.

- The first quarterly progress report on project performance will be due no later than
   1/31/2024.
- The second quarterly progress report on project performance will be due no later than 4/30/2024.
- The third quarterly progress report on project performance will be due no later than
   7/31/2024.
- The fourth quarterly progress report on project performance will be due no later than 10/30/2024.

The Quarterly Progress Report must, at a minimum, include the following information:

- Data and progress for performance measures as reflected in your application regarding goals and evaluation activities.
- o A summary of key program accomplishments to-date.
- Description of the changes, if any, that were made to the project that differ from the application for this incremental period.
- Description of any difficulties and/or problems encountered in achieving planned goals and objectives including barriers to accomplishing program objectives, and actions to overcome barriers or difficulties.

Note: Recipients must also comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the FOA or by the Grant Program Official (GPO). This information is needed in order to comply with PL 102-62, which requires that Substance Abuse and Mental Health Services Administration (SAMHSA) report evaluation data to ensure the effectiveness and efficiency of its programs.

The response to this term must be submitted as .pdf documents in eRA Commons. Please contact your Government Program Official (GPO) for program specific submission information.

For more information on how to respond to tracked terms and conditions please refer to <a href="https://www.samhsa.gov/grants/grants-training-materials">https://www.samhsa.gov/grants/grants-training-materials</a> under heading How to Respond to Terms and Conditions.

Additional information on reporting requirements is available at <a href="https://www.samhsa.gov/grants/grants-management/reporting-requirements">https://www.samhsa.gov/grants/grants-management/reporting-requirements</a>.

#### Annual Federal Financial Report (FFR or SF-425)

All financial reporting for recipients of Health and Human Services (HHS) grants and cooperative agreements has been consolidated through a single point of entry, which has been identified as the Payment Management System (PMS). The Federal Financial Report (FFR or SF-425) initiative ensures all financial data is reported consistently through one source; shares reconciled financial data to the HHS grants management systems; assists with the timely financial monitoring and grant closeout; and reduces expired award payments.

The FFR is required on an annual basis no later than 90 days after the end of each Budget Period. The FFR should reflect cumulative amounts. Additional guidance to complete the FFR can be found at http://www.samhsa.gov/grants/grants-management/reporting-requirements.

SAMHSA reserves the right to request more frequent submissions of FFRs. If so, the additional submission dates will be shown below.

Your organization is required to submit an FFR for this grant funding as follows:

- By 12/28/2024, submit the Federal Financial Report (FFR)/(SF-425).
- The grant recipient staff member(s) responsible for FFR preparation, certification and submission of the FFR must either submit a request for New User Access or Update User Access to the FFR Module as applicable. Refer to the PMS User Access website <a href="https://pms.psc.gov/grant-recipients/user-access.html">https://pms.psc.gov/grant-recipients/user-access.html</a> for information on how to submit a New User Access, Update User Access or Deactivate User Access. You can also view PMS' Video on how to request new user access @ <a href="https://youtu.be/kdoqaXfiul0">https://youtu.be/kdoqaXfiul0</a> and PDF resource with instructions on Requesting Access @ <a href="https://pms.psc.gov/forms/New-User-Request">https://pms.psc.gov/forms/New-User-Request</a> Grantee.pdf
- Instructions on how to submit a FFR via PMS are available at <a href="https://pmsapp.psc.gov/pms/app/help/ffr/ffr-grantee-instructions.html">https://pmsapp.psc.gov/pms/app/help/ffr/ffr-grantee-instructions.html</a> (The user must be logged in to PMS to access the link). Updates to the FFR instructions effective 4/1/2022 are also available @ <a href="https://pms.psc.gov/grant-recipients/ffr-updates.html">https://pms.psc.gov/grant-recipients/ffr-updates.html</a>
- While recipients must submit the FFR in PMS, the FFR can also be accessed by connecting seamlessly from the eRA Commons to PMS by clicking the "Manage FFR" link on the "Search for Federal Financial Report (FFR)" page in eRA Commons, which will redirect to PMS. SAMHSA will not accept FFRs submitted by email or uploaded as an attachment into eRA. To access the "Manage FFR" link in eRA Commons, the individual must be registered in eRA Commons and assigned the Financial Status Reporter (FSR) role for their organization. The individual assigned the FSR role is responsible for reporting the statement of grant expenditures for their organization. Refer to the page Managing eRA User Accounts on SAMHSA's website for instructions on how to assign a the FSR role.

If you have questions about how to set up a PMS account for your organization, please contact the PMS Help Desk at PMSSupport@psc.hhs.gov or 1-877-614-5533.

<u>Note</u>: Recipients will use PMS to report all financial expenditures, as well as to drawdown funds; SAMHSA recipients will continue to use the eRA Commons for all other grant-related matters including submitting progress reports, requesting post-award amendments, and accessing grant documents such as the Notice of Award.

#### Standard Terms for Awards

Your organization must comply with the Standard Terms and Conditions for the Fiscal Year in which your grant was awarded. The Fiscal Year for your award is identified on your Notice of Award. SAMHSA's Terms and Conditions webpage is located at: <a href="https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions">https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions</a>.

## **Standards for Financial Management**

Recipients and subrecipients are required to meet the standards and requirements for financial management systems set forth in 45 CFR part 75 Subpart D. The financial systems must enable the recipient and subrecipient to maintain records that adequately identify the sources of

funds for federally assisted activities and the purposes for which the award was used, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income. The system must also enable the recipient and subrecipient to compare actual expenditures or outlays with the approved budget for the award. SAMHSA funds must retain their specific identity – they may not be commingled with non-federal funds or other federal funds. "Commingling funds" typically means depositing or recording funds in a general account without the ability to identify each specific source of funds with related expenditures.

#### **Reasonable Costs for consideration**

Recipients must exercise proper stewardship over Federal funds and ensure that costs charged to awards are allowable, allocable, reasonable, necessary, and consistently applied regardless of the source of funds according to "Reasonable Costs" consideration per 2 CFR § 200.404 and the "Factors affecting allowability of costs" per 2 CFR § 200.403. A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

#### **Consistent Treatment of Costs**

Recipients must treat costs consistently across all federal and non-federal grants, projects and cost centers. Recipients may not direct-charge federal grants for costs typically considered indirect in nature, unless done consistently. If part of the indirect cost rate, then it may not also be charged as a direct cost. Examples of indirect costs include (administrative salaries, rent, accounting fees, utilities, office supplies, etc.). If typical indirect cost categories are included in the budget as direct costs, it is SAMHSA's understanding that your organization has developed a cost accounting system adequate to justify the direct charges and to avoid an unfair allocation of these costs to the federal government. Also, note that all awards are subject to later review in accordance with the requirements of 45 CFR 75.364, 45 CFR 75.371, 45 CFR 75.386 and 45 CFR Part 75, Subpart F, Audit Requirements.

#### **Compliance with Award Terms and Conditions**

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH 45 CFR 75.371, REMEDIES FOR NON-COMPLIANCE AND 45 CFR 75.372 TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

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

## **Staff Contacts:**

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Darrell Russ, Grants Specialist

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pl	licant/Recipient									Applic	cation/Award	Number
ecc	overy Network of Pro	ograms, <b>I</b> nc.								SM-23	3-012	
oje	ect Title:	Behaviora	l Health	Partn	ership f	or Earl	y Dive	ersion of	Adults a	and Youth		
						1						
			Start D			-		End Date			Budget Ye	ear 
	Budget Period:		09/30/2	023				9/29/202	28		1	
or I	Multi-Year Funded	(MYF) awards on	ly									
	applicable to new a <sub>l</sub>	•	•									
nec	ck the box to select	the Incremental Pe	eriod									
OS	ST SHARING AN	ND MATCHING										
ato	ching Required:	<b>⊠</b> YES		NO								
atc												
att	ch Ratio stated in t	he NOFO:										
	ch Ratio stated in t matching funds mus		\$ <u>1</u>	for e	ach <u>\$</u>	<u>4</u>	of fede	eral fund	s provid	ed.		
			<u>\$</u> <u>1</u>	for e	ach <u>\$</u>	4	of fede	eral fund	s provid	ed.		
ne i	matching funds mus		\$ <u>1</u>	for e	ach \$	4	of fede	eral fund	s provid	ed.		
ne i			\$ 1	for e	ach \$	4			s provid	ed.		
ne i	matching funds mus	st not be less than	\$ 1  Key Position	for e		4	C	Calculation			FEDERAL	NON-
P	matching funds mus		Key	Check	ach \$  Hourly Rate	4 Hours			% Level of Effort (LOE)	ed.  Personnel Cost	FEDERAL REQUEST	NON- FEDERAL MATCH
P Line Item #	matching funds mus	st not be less than	Key Position per the	Check if Hourly	Hourly		C # of	Calculation Annual Salary	% Level of Effort	Personnel		FEDERAL
P Line Item #	matching funds must ersonnel  Position	st not be less than	Key Position per the	Check if Hourly	Hourly		# of Staff	Calculation Annual Salary	% Level of Effort (LOE) 100.00%	Personnel Cost	REQUEST	FEDERAL
P Line ltem #	rersonnel  Position  Social Worker  Director of Law	Name	Key Position per the	Check if Hourly	Hourly		# of Staff	Annual Salary \$80,000 \$78,000	% Level of Effort (LOE) 100.00%	Personnel Cost \$80,000	<b>REQUEST</b> \$80,000	FEDERAL MATCH
P Line ltem #	rersonnel  Position  Social Worker  Director of Law	Name	Key Position per the	Check if Hourly	Hourly		# of Staff	Annual Salary \$80,000 \$78,000	% Level of Effort (LOE) 100.00% 75.00%	Personnel Cost \$80,000 \$58,500	\$80,000 \$0	FEDERAL MATCH \$58,500
P Line ltem #	rersonnel  Position  Social Worker  Director of Law	Name  TBD  Frambiel Rodriguez	Key Position per the	Check if Hourly	Hourly		# of Staff	Annual Salary \$80,000 \$78,000	% Level of Effort (LOE) 100.00% 75.00%	Personnel Cost \$80,000 \$58,500	\$80,000 \$0	FEDERAL MATCH \$58,500
P Line at the m # 1 2	Position  Social Worker  Director of Law Enforcement Initiatives	Name  TBD  Frambiel Rodriguez	Key Position per the	Check if Hourly	Hourly Rate		# of Staff	Annual Salary \$80,000 \$78,000	% Level of Effort (LOE) 100.00% 75.00% TOTAL	Personnel Cost \$80,000 \$58,500	\$80,000 \$0	\$58,500 \$58,500
P Line ltem #	Personnel Narra	Name TBD Frambiel Rodriguez  tive:	Key Position per the NOFO	Check if Hourly Rate	Hourly Rate	Hours	1 1 1	Annual Salary \$80,000 \$78,000	% Level of Effort (LOE) 100.00% 75.00%	Personnel Cost \$80,000 \$58,500 \$138,500	\$80,000 \$0 \$80,000	\$58,500 \$58,500 oost \$80,000
P Line at the m # 1 2	Personnel Narra Social Worker  Personnel Narra Social Worker The social worker value of Law	Name TBD Frambiel Rodriguez  tive:	Key Position per the NOFO	Check if Hourly Rate	Hourly Rate  Salar	Hours	# of Staff  1  1  y for w	Annual Salary \$80,000 \$78,000	% Level of Effort (LOE) 100.00% 75.00% TOTAL	Personnel Cost \$80,000 \$58,500 \$138,500	\$80,000 \$0 \$80,000	\$58,500 \$58,500 cost \$80,000 called
P Line ltem # 1 2	Personnel Narra Social Worker The social worker volumes to the social worker of the social wo	Name  TBD  Frambiel Rodriguez  TBD  will focus on juvenil  Frambiel Rodriguez  ject Director for thi	Key Position per the NOFO	Check if Hourly Rate	Hourly Rate  Salan the con Salan	y \$80,000 nmunity y \$78,000 day-to	# of Staff  1  1  y for w day a	Annual Salary \$80,000 \$78,000	% Level of Effort (LOE) 100.00% 75.00% TOTAL	Personnel Cost  \$80,000 \$58,500 \$138,500  LOE 100.00% Teement off LOE 75,00% Tog hiring, training, trainin	\$80,000 \$0 \$80,000 Personnel Coicer has been Personnel Coaining, engage	\$58,500 \$58,500 \$58,500 cost \$80,000 called cost \$58,500

# **B.** Fringe Benefits

Our organization's fringe benefits consist of the components shown below:

Fringe Component	Rate (%)
FICA	7.65%
Life Insurance	0.20%



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Worker's Comp	2.00%
Total Fringe Rate	9.85%

# Fringe Benefits Cost

				Calc	ulation		NON-	
Lin Ite		Name	Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Fringe Benefits Cost	FEDERAL REQUEST	FEDERAL MATCH
1	Social Worker	TBD	\$80,000	9.85%	\$21,090	\$28,970	\$28,970	
2	Director of Law Enforcement Initiatives	Frambiel Rodriguez	\$58,500			\$0	\$0	
					TOTAL	\$28,970	\$28,970	

# Fringe Benefits Narrative:

RNP covers 80% of the cost of medical and dental insurance and covers half of the employee deductible. The Fixed/Lump Sum Fringe is Medical and Dental Insurance for Employee Plus One.

# C. Travel

		0-1-1-1		Cald	culation				FEDERAL	NON-
Trip #	Purpose	Origin and Destination	Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons	Travel Cost	FEDERAL REQUEST	FEDERAL MATCH
1	SAMHSA Annual Meeting	Stamford to Washington, DC	Airfare	\$500.00	Round Trip	1.00	2	\$1,000	\$1,000	
2		Stamford to Upstate New York and Bronx, New York	Local Travel (POV Mileage)	\$0.655	Mile	295.00	10	\$1,932	\$1,932	
3	SAMHSA Annual Meeting	Stamford to Washington, DC	Hotel/Lodging	\$400.00	Night	2.00	2	\$1,600	\$1,600	
						1	OTAL	\$4,532	\$4,532	

Trip	Travel Narrative:						
	SAMHSA Annual Meeting Stamford to Washington, DC Travel Cost \$1,000						
1	Projected airfare for the Evaluator and Project Director to go to the annual SAMHSA meeting						
	Sequential Intercept Mapping Exercise	Stamford to Upstate New York and Bronx, New York	Travel Cost \$1,932				
2	Travel expenses (car and train) for up to 10 personnel of Stamford Police Dept and the new Social worker to view two Sequential Intercept Mapping exercises.						
	SAMHSA Annual Meeting	Stamford to Washington, DC	Travel Cost \$1,600				
3	Hotel accommodations for Project Director and Evaluator for SAMHSA Annual Meeting in Washington, DC						

# D. Equipment

	Check		Calcu	u <b>l</b> ation			NON-
Line Item #	if Item is a Vehicle	Quantity	Purchase or Rental/Lease Cost	Percent Charged to the Project	Equipment Cost	FEDERAL REQUEST	FEDERAL MATCH
1					\$0	\$0	



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		Check		Calcu	ılation			NON-
Line Iter	ltem	if Item is a Vehicle	Quantity	Purchase or Rental/Lease Cost	Percent Charged to the Project	Equipment Cost	FEDERAL REQUEST	FEDERAL MATCH
					TOTAL	\$0	\$0	

Line Item #	Equipment Narrative:					
		Quantity	Purchase or Rental/Lease Cost	% Charged to the Project	Equipment Cost	\$0
1						

# E. Supplies

				Calculation	1			NON-
Lii Ite	m Item	Unit Cost	Basis	Quantity	Duration	Supplies Cost	FEDERAL REQUEST	FEDERAL MATCH
,	Paper, SIM workbooks, SAMHSA SIM Resources, printing, pens, flip charts, etc.	l	per month		12.00	\$3,500	\$3,500	
2	Sequential Intercept Mapping Exercise Evaluation and Report printing, etc.	\$2,000.00		1.00		\$2,000	\$2,000	
					TOTAL	\$5,500	\$5,500	

Line Item #	Supplies Narrative:						
	Paper, SIM workbooks, SAMHSA SIM Resources, pri Unit Cost \$291.67	Basis per month	Quantity	Duration 12.00	Supplies Cost \$3,500		
	Paper, SIM workbooks for up to 40 individuals, downloads for printing, and purchase of SAMHSA resources on Evidence-Based Practices training, training on specific evidence-based practices, e.g., Motivational Interviewing, Intensive Case Management, etc. for all CRI staff, community, training curriculum for presentations to judges, attorneys, etc.						
		g curriculum for					

# F. Contractual

# **Summary of Contractual Costs**

Agree- ment #	Name of Organization or Consultant	Type of Agreement	Contractual Cost	FEDERAL REQUEST	NON- FEDERAL MATCH
1	SAE Behavioral Health Consulting	Contract	\$50,000	\$50,000	\$0
2	Stamford Police Dept.	Contract	\$127,009	\$97,009	\$30,000
	TOTAL		\$177,009	\$147,009	\$30,000

# Contractual Details for SAE Behavioral Health Consulting

Agree- ment #	Services and Deliverables Provided
1	Ongoing performance measure and outcomes reporting, data entry, annual final report



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P	ersonnel	Tra	avel					Supplies	3		Indire	ct Charges
F	ringe Benefits	Ec	quipme	nt			$\boxtimes$ C	Other				
Cor	ntractual Other Co	sts for SAE Behavi	ioral H	ealth Co	nsultin	a						
			heck				Calcula	tion				NON-
Line Item #	Ite	em n	for Jinor A&R	Unit Cost Rate	/	Basis	Qu	antity	Duration	Contractual Other Cost	FEDERAL REQUEST	FEDERAL MATCH
1	SAE will provide proje services	ect evaluation		\$4,166	6.67 per	month			12.00	\$50,000	\$50,000	
		·	•		•		•	•	TOTAL	\$50,000	\$50,000	
Line	ı											
Item #	Contractual Othe	r Narrative:				•		·			·	
	SAE will provide project	eva <b>l</b> uation services U	Init Cost/F	Rate \$4,16	6.67	Basis p	er month	Quant	ity	Duration 1	2.00 Other C	ost \$50,000
	SAE Behavioral F	Health Consulting w	ill prov	ide the E	Evalua	tor for t	this gra	nt				
Cor	ntractual Total Dire	ect Charges for SA	E Beh	avioral F	Health (	Consul	ting					
	TOTAL DIRECT	TOTAL FEDERAL REQUEST		NON-FED MATCH	ERAL							
	AGREEMENT	\$50,000										
Cor	ntractual Total Cos	st for SAE Behavio	ral Hea	alth Cons	sulting							
	TOTAL COST	TOTAL FEDERAL REQUEST		NON-FED MATCH	ERAL							
	\$50,000	\$50,000										
Jon	tractual Details	for Stamford Po	olice L	Jept.								
Agree-	Services and I	Deliverables Prov	vided									
		with Stamford Police		t for an	additio	nal nol	lice offi	cer for	the CRL	expansion to	n work with S	W assigned
2		May also assist wit									o work with o	v v accignou
	)I	□ <b>-</b>						li			- In alina	at Ohanna
	Personnel		avel					Supplies	5			ct Charges
×Γ	ringe Benefits	∐ Ec	quipme	ent				Other				
Cor	ntractual Personne	el Costs for Stamfor	d Polic	ce Dept.								
Line			Key				С	alculation			FEDERAL	NON-
Item #	Position	Name	Position per the NOF	ne Annual	Hourly Rate	Hours	# of Persons	Annual Salary	% Level of Effort (LOE)		REQUEST	FEDERAL MATCH
1	Police Officer	TBD					1	\$66,30	8 100.00%	\$66,308	\$66,308	
2	Police Officer	Sergeant Molina					1	\$120,00	0 25.00%	\$30,000	\$0	\$30,000
	•	•	•					•	TOTAL	\$96,308	\$66.308	\$30.000



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Line Item #	Contractual Pe	ersonnel Narrative:								
	Police Officer	TBD		Salary \$66,308	# of Persons 1	LOE 100.00%	Personnel Cost \$66,308			
1	Police dept. ba	ase salary for one po	ice officer.							
	Police Officer	Sergeant Molina		Salary \$120,000	# of Persons 1	LOE 25.00%	Personnel Cost \$30,000			
	25% of Police Sergeant Molina's salary. He is responsible for oversight of the Stamford Police Department Community Response Initiative.									

Contractual Fringe Benefits Costs for Stamford Police Dept.

Contractual fringe benefits consist of the components shown below:

Contractual Fringe Component	Rate (%)
Medicare	1.45%
Pension	14.82%
Worker's Comp	9.92%
Total Fringe Rate	26.19%

# Contractual Fringe Benefits Costs

				Cal	culation			NON-	
Lin Iter #		Name	Contractual Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Contractual Fringe Benefits Cost	FEDERAL REQUEST	FEDERAL MATCH	
1	Police Officer	TBD	\$66,308	26.19%	\$13,335	\$30,701	\$30,701		
2	Police Officer	Sergeant Molina	\$30,000			\$0	\$0		
		\$30,701	\$30,701						

Contractual Fringe Benefits Narrative:

Fringe benefit %s provided by police dept.. Police Officers do not pay social security taxes.

# Contractual Total Direct Charges for Stamford Police Dept.

TOTAL DIRECT CHARGES FOR THIS	PEOLIEST	TOTAL NON-FEDERAL MATCH
AGREEMENT	\$97,009	\$30,000

# Contractual Total Cost for Stamford Police Dept.

TOTAL COST	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH		
\$127,009	\$97,009	\$30,000		

G. Construction: Not Applicable

# H. Other



Fuel used to operate van

# **SAMHSA Detailed Budget and Narrative Justification**

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		Check Calculation						FEDERAL	NON-	
Line Item #	Item	if Minor A&R	Unit Cost / Rate	Basis	Quantity	Duration	Other Cost	FEDERAL REQUEST	FEDERAL MATCH	
1	Laptop		\$1,200.00		1.00		\$1,200	\$1,200		
2	Cell Phone		\$800.00		1.00		\$800	\$800		
3	Cell Phone Service		\$60.00	per month		12.00	\$720	\$720		
4	Crisis Intervention Team Training		\$250.00		48.00		\$12,000	\$12,000		
5	Sequential Intercept Mapping Exercise Training room rental cost for up to 50 ppl.		\$10,000.00		1.00		\$10,000	\$10,000		
6	Conference/Training		\$900.00		2.00		\$1,800	\$1,800		
7	Sequential Intercept Mapping Exercise Planning		\$3,000.00		1.00		\$3,000	\$3,000		
8	Van Lease		\$625.00	per month	1.00	12.00	\$7,500	\$7,500		
9	Van Insurance		\$100.00	per month		12.00	\$1,200	\$1,200		
10	Van Fuel		\$300.00	per month		12.00	\$3,600	\$3,600		
11	Van Repairs and Maintenance		\$1,000.00		1.00		\$1,000	\$1,000		
				II_		TOTAL	\$42,820	\$42,820		
1	Laptop Laptop purchase for newly hired so		t/Rate \$1,200.00 orker	Basis	Qua	antity 1.00	Duration	Other C	ost \$1,200	
1				Basis	Qua	antity 1.00	Duration	Otner G	ost \$1,200	
	Cell Phone	Unit Cos	t/Rate \$800.00	Basis	Qua	antity 1.00	Duration	Other Cost \$800		
2	Purchase of cell phone for use by r	new so	cial worker w	hile working fo	or the CR	I				
	Cell Phone Service	Unit Cos	t/Rate \$60.00	Basis per mo	onth Qua	antity	Duration 1	2.00 Other Co	ost \$720	
3	Cost of monthly cell service									
	Crisis Intervention Team Training	Unit Cos	t/Rate \$250.00	Basis	Qua	antity 48.00	Duration	Other C	ost \$12,000	
4	Cost of training for up to 48 dispate	hers a	nd law enfor	cement person	nel for 8-	hour C <b>I</b> T	training			
	Sequential Intercept Mapping Exercise Training ro	Unit Cos	t/Rate \$10,000.0	0 Basis	Qua	antity 1.00	Duration	Other Co	ost \$10,000	
5	Room Rental and refreshments (co	ffee/te	a/bottle wate	er) for up to 50	individua	ls and se	t up and bre	akdown for 3-	-day S <b>I</b> M	
6	Conference/Training	Unit Cos	t/Rate \$900.00	Basis	Qua	antity 2.00	Duration	Other C	ost \$1,800	
ь	Allotment to cover costs of off-site	relevar	nt training/co	nferences						
	Sequential Intercept Mapping Exercise Planning	Unit Cos	t/Rate \$3,000 <b>.</b> 00	Basis	Qua	antity 1.00	Duration	Other C	ost \$3,000	
7	Cost of visiting two SIM exercises, for upcoming 3 day SIM exercise	one da	ay each, in up	ostate New Yo	rk and the	e Bronx, <b>N</b>	NY for up to	10 individuals	s to prepare	
	Van Lease	Unit Cos	t/Rate \$625 <b>.</b> 00	Basis per mo	onth Qua	antity 1.00	Duration 1	2.00 Other C	ost \$7,500	
8	Monthly cost of leasing a van for us	se to tr	ansport indiv	iduals in crisis	to appro	priate trea	atment			
	Van Insurance	Unit Cos	t/Rate \$100.00	Basis per mo	onth Qua	antity	Duration 1	2.00 Other Co	ost \$1,200	
9	Insurance cost for leased van									
	Van Fuel	Unit Cos	t/Rate \$300.00	Basis per mo	onth Qua	antity	Duration 1	2.00 Other Co	ost \$3,600	
10										



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Line Item #	Other Narrative:					
	Van Repairs and Maintenance	Unit Cost/Rate \$1,000.00	Basis	Quantity 1.00	Duration	Other Cost \$1,000
11	Cost of annual repairs and n					

# I. Total Direct Charges

TOTAL DIRECT CHARGES	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
	\$308,831	\$88,500

# J. Indirect Charges

# Type of IDC Rate / Cost Allocation Plan

We elect to charge the de minimis rate of 10%

De Minimis Rate Statement (we have never received a federally negotiated IDC rate):

We have never received an approved federally negotiated IDC rate and we are electing to charge the de minimis rate of 10% of modified total direct costs (MTDC) until such time we have an approved federally negotiated IDC rate. We will use the de minimis rate consistently for all federal awards until we choose to negotiate for an IDC rate, which we may apply to do at any time.

# **Indirect Charges**

	Calculation					
De Minimis Rate (%)	MTDC Base	IDC	FEDERAL REQUEST	FEDERAL MATCH		
10.00%	\$211,690	\$21,169	\$21,169			
	TOTAL	\$21,169	\$21,169			

# Indirect Charges Narrative:

10% of allowable MTDC charges

# **REVIEW OF COST SHARING AND MATCHING**

The table below compares the amount of matching funds (NON-FEDERAL MATCH) entered in the budget with the minimum required match calculated based on the match ratio entered on page 1.

FEDERAL REQUEST (amount of federal funds requested in the budget)	NON-FEDERAL MATCH (your matching funds entered in the budget)	REQUIRED NON-FEDERAL MATCH (minimum match required per the match ratio on page 1)
\$330,000	\$88,500	\$82,500

## **BUDGET SUMMARY: YEAR 1**



BUDGET CATEGORY	FEDERAL REQUEST	NON-FEDERAL MATCH
A. Personnel	\$80,000	\$58,500
B. Fringe Benefits	\$28,970	\$0
C. Travel	\$4,532	\$0
D. Equipment	\$0	\$0
E. Supplies	\$5,500	\$0
F. Contractual	\$147,009	\$30,000
G. Construction (N/A)	\$0	\$0
H. Other	\$42,820	\$0
I. Total Direct Charges (sum of A to H)	\$308,831	\$88,500
J. Indirect Charges	\$21,169	\$0
Total Projects Costs (sum of I and J)	\$330,000	\$88,500

# **BUDGET SUMMARY FOR REQUESTED FUTURE YEARS**

	Year 2	,	Year 3		Year 4	,	Year 5	
Budget Category	FEDERAL REQUEST	NON-FEDERAL MATCH	FEDERAL REQUEST	NON-FEDERAL MATCH	FEDERAL REQUEST	NON-FEDERAL MATCH	FEDERAL REQUEST	NON-FEDERAL MATCH
A. Personnel	\$82,400	\$60,255	\$84,872	\$62,063	\$87,418	\$63,925	\$87,418	\$65,842
B. Fringe Benefits	\$30,418		\$32,870		\$33,536		\$33,536	
C. Travel			\$2,600				\$2,600	
D. Equipment								
E. Supplies	\$3,500		\$3,500		\$3,500		\$5,500	
F. Contractual	\$154,535	\$31,050	\$158,265	\$32,137	\$162,004	\$33,262	\$162,004	\$34,426
G. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
H. Other	\$38,820		\$27,820		\$23,820		\$27,820	
I. Total Direct Charges (sum A to H)	\$309,673	\$91,305	\$309,927	\$94,200	\$310,278	\$97,187	\$318,878	\$100,268
J. Indirect Charges	\$20,327		\$20,073		\$19,722		\$11,122	
Total Project Costs (sum of I and J)	\$330,000	\$91,305	\$330,000	\$94,200	\$330,000	\$97,187	\$330,000	\$100,268

# **Budget Summary Narrative:**

The future years budgets include ongoing costs with some expenses in the Other Budget Category for training, etc. taking place in some years and not others.

# **FUNDING LIMITATIONS / RESTRICTIONS**

Funding	Limitation/Restriction	



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Data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection.

	Year	1	Year	2	Year	3	Year	4	Year	5	Total for Budget Category
A. Personnel											
B. Fringe Benefits											
C. Travel											
D. Equipment											
E. Supplies											
F. Contractual		\$50,000	\$!	50,000		\$50,000		\$50,000		\$50,000	\$250,000
H. Other											
I. Total Direct Charges (sum A to H)		\$50,000	\$	50,000		\$50,000		\$50,000		\$50,000	\$250,000
J. Indirect Charges											
TOTAL for the Budget Year		\$50,000	\$:	50,000		\$50,000		\$50,000		\$50,000	\$250,000
Percentage of the Budget		15.152%	15	.152%		15.152%		15.152%		15.152%	

# Funding Limitation/Restriction Narrative:

15.152% of the total grant award for the budget period is being used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection.

# **BUDGET INFORMATION - Non-Construction Programs**

OMB Number: 4040-0006 Expiration Date: 02/28/2022

## **SECTION A - BUDGET SUMMARY**

SECTION A - BODGET SUMMARY									
Grant Program Function	Catalog of Federal Domestic Assistance	Estimated Uno	bligated Funds	New or Revised Budget					
or Activity (a)	Number (b)	Federal Non-Federal (c) (d)		Federal (e)	Non-Federal (f)	Total (g)			
Behavioral Health Partnership for Early Diversion of Adults and Youth	93.243	\$0	\$0	\$330,000	\$88,500	\$418,500			
2.									
3.									
4.									
5. Totals		\$0	\$0	\$330,000	\$88,500	\$418,500			

# SECTION B - BUDGET CATEGORIES

6. Object Class Categories		Total			
	(1) Behavioral Health Partnership for Early Diversion of Adults and Youth	(2) Behavioral Health Partnership for Early Diversion of Adults and Youth Matching Funds	(3)	(4)	(5)
a. Personnel	\$80,000	\$58,500			\$138,500
b. Fringe Benefits	\$28,970	\$0			\$28,970
c. Travel	\$4,532	\$0			\$4,532
d. Equipment	\$0	\$0			\$0
e. Supplies	\$5,500	\$0			\$5,500
f. Contractual	\$147,009	\$30,000			\$177,009
g. Construction	\$0	\$0	\$0	\$0	\$0
h. Other	\$42,820	\$0			\$42,820
i. Total Direct Charges (sum of 6a-6h)	\$308,831	\$88,500			\$397,331
j. Indirect Charges	\$21,169	\$0			\$21,169
k. TOTALS (sum of 6i and 6j)	\$330,000	\$88,500			\$418,500
7. Program Income					

#### SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Behavioral Health Partnership for Early Diversion of Adults and Y	\$58,500		\$30,000	\$88,500
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$58,500		\$30,000	\$88,500

# SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$330,000	\$82,500	\$82,500	\$82,500	\$82,500
14. Non-Federal	\$88,500	\$22,125	\$22,125	\$22,125	\$22,125
15. TOTAL (sum of lines 13 and 14)	\$418,500	\$104,625	\$104,625	\$104,625	\$104,625

# SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Behavioral Health Partnership for Early Diversion of Adults and	\$330,000	\$330,000	\$330,000	\$330,000
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$330,000	\$330,000	\$330,000	\$330,000

# SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: 308,831 22. Indirect Charges: 21,169

23. Remarks: