**Substance Abuse and Mental Health Services Administration Disaster Response Grants**

**Template for**

**Budget Disbursement Request**

**Note:** The enclosed document is provided as a sample format for requesting budget disbursements within the Federal Emergency Management Agency (FEMA) Crisis Counseling Assistance and Training Program (CCP) Regular Services Program (RSP) grants. It is recommended that states follow the attached format when requesting additional funding disbursements within the total grant award. The actual object class categories used for the attached budget table must correspond with the object classes in the approved budget. It is recommended that states consult with their Center for Mental Health Services project officer to coordinate the timing of their disbursement request in order to maintain funding continuity.

**U.S. Department of Health and Human Services**

**Substance Abuse and Mental Health Services Administration**

**Center for Mental Health Services**

CCP Application Toolkit, Version 4.0

March 2013

[Name]

Project Officer

Emergency Mental Health and Traumatic Stress Services Branch

Center for Mental Health Services

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road, Room 6–[####]

Rockville, Maryland 20857

Dear [Name],

As the Project Director for the Federal Emergency Management Agency (FEMA) [####] Regular Services Program crisis counseling grant to [state name], I am writing to request an additional disbursement of funds in the amount of [$$$]. The state received approval for up to [$$$] to provide crisis counseling services and received an initial obligation of [$$$].

Budget tables are attached for the entire program, the state, and each service provider. These tables document actual expenditures to date within the categories of the approved budget and the amount remaining in each approved budget category.

Please call me at [(###) ###-####] if you have any questions.

Sincerely,

[Name of Project Director]

cc: Governor’s Authorized Representative

Gwendolyn Simpson, SAMHSA Grants Management

Randall Kinder, FEMA Headquarters

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RSP Budget Summary** | | | | | | | | | | | | |
| Disaster declaration number: | | FEMA–XXXX–DR–State | | | | | | | | | |  |
| Approved Program Full-Time Equivalent (FTE): | | | |  | Current Program FTE: | | | | | |  |  |
|  | | |  | |  | | | | |  | | |
| **Budget Category** | | | **Approved Budget** | | | **Total Program Expenditures**  **to Date**  **(add state and service provider expenditures)** | | | **Balance (subtract expenditures from approved budget)** | | | |
| Salaries and Wages **(a.)**1 | | |  | | |  | | |  | | | |
| Fringe % **(b.)**1 | | |  | | |  | | |  | | | |
| Subtotal Personnel Costs | | |  | | |  | | |  | | | |
| Travel **(c.)**1 | | |  | | |  | | |  | | | |
| Equipment **(d.)**1 | | |  | | |  | | |  | | | |
| Supplies **(e.)**1 | | |  | | |  | | |  | | | |
| Contractual Consultant/Trainer Costs | | |  | | |  | | |  | | | |
| Contractual Media/Public Information Costs | | |  | | |  | | |  | | | |
| Service Provider Costs2 | | |  | | |  | | |  | | | |
| Subtotal Contractual Costs **(f.)**1 | | |  | | |  | | |  | | | |
| Other Direct State Costs **(h.)**1 | | |  | | |  | | |  | | | |
| Subtotal Contractual and Direct Costs | | |  | | |  | | |  | | | |
| **TOTAL:** | | |  | | |  | | |  | | | |
| 1Letters in parentheses indicate the corresponding budget category on the SF–424a. | | | | | | | | | | | | |
| 2As on the SF–424a, all service provider costs are included in the program's contractual line item. | | | | | | | | | | | | |
| **Note:** As a supplemental program, the CCP does not fund a line-item category for indirect costs. All charges must be direct. | | | | | | | | | | | | |
| Completed by: |  | | | | | | Date: |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RSP State Mental Health Authority Budget Summary** | | | | | | | | | | | | | |
| Disaster declaration number: | | | | FEMA–XXXX–DR–State | | | | | | | | |  |
| Approved State FTE: | |  | | Current State FTE: | | | |  | |  | | |  |
|  | | |  | |  | | | | | |  | | |
| **Budget Category** | | | **Approved Budget** | | | **State Expenditures** | | | | | | **Balance**  **(subtract expenditures from approved budget)** | |
| Salaries and Wages **(a.)**1 | | |  | | |  | | | | | |  | |
| Fringe % **(b.)**1 | | |  | | |  | | | | | |  | |
| Subtotal Personnel Costs | | |  | | |  | | | | | |  | |
| Travel **(c.)**1 | | |  | | |  | | | | | |  | |
| Equipment **(d.)**1 | | |  | | |  | | | | | |  | |
| Supplies **(e.)**1 | | |  | | |  | | | | | |  | |
| Contractual Consultant/Trainer Costs | | |  | | |  | | | | | |  | |
| Contractual Media/Public Information Costs | | |  | | |  | | | | | |  | |
| Subtotal Contractual Costs **(f.)**1 | | |  | | |  | | | | | |  | |
| Other Direct State Costs **(h.)**1 | | |  | | |  | | | | | |  | |
| Subtotal Contractual and Direct Costs | | |  | | |  | | | | | |  | |
| **TOTAL:** | | |  | | |  | | | | | |  | |
| 1Letters in parentheses indicate the corresponding budget category on the SF–424a. | | | | | | | | | | | | | |
| **Note:** As a supplemental program, the CCP does not fund a line-item category for indirect costs. All charges must be direct. | | | | | | | | | | | | | |
| Completed by: |  | | | | | | Date: | |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RSP Additional Disbursement Request** | | | | | | | | | | |
| **Individual Service Provider Budget Summary** | | | | | | | | | | |
| Disaster declaration number: | | | FEMA–XXXX–DR–State | | | | | | |  |
| Name of Service Provider: | | |  | | | | | | |  |
| Approved Service Provider FTE: | | |  | Current Service Provider FTE: | | | | |  |  |
|  | | |  |  | | | | |  |  |
| **Budget Category** | | **Approved Budget** | | | **Provider Expenditures** | | | **Balance**  **(subtract expenditures from approved budget** | | |
| Salaries and Wages | |  | | |  | | |  | | |
| Fringe % | |  | | |  | | |  | | |
| Subtotal Personnel Costs | |  | | |  | | |  | | |
| Travel | |  | | |  | | |  | | |
| Equipment | |  | | |  | | |  | | |
| Supplies | |  | | |  | | |  | | |
| Consultant/Trainer Costs | |  | | |  | | |  | | |
| Media/Public Information Costs | |  | | |  | | |  | | |
| Other Service Provider Costs | |  | | |  | | |  | | |
| Subtotal Provider Costs | |  | | |  | | |  | | |
| **TOTAL (f.)**1 | |  | | |  | | |  | | |
| 1Letters in parentheses indicate the corresponding budget category on the SF–424a. | | | | | | | | | | |
| **Note:** As a supplemental program, the CCP does not fund a line-item category for indirect costs. All charges must be direct. | | | | | | | | | | |
| Completed by: |  | | | | | Date: |  | | | |