

SAMPLE-PROGRAM
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Issue Date: 09/10/2016

Center for Substance Abuse Treatment



Grant Number: 1H80T5012345-01
FAIN: T5012345
Program Director: Jane Doe

Project Title: THIS IS A SAMPLE PROJECT TITLE (TISPT)



Grantee Address	Business Address
RECOVERY HEALTH CENTER President & Chief Executive Officer 100 Healthy Living Way Bran, MT 12345	RECOVERY HEALTH CENTER President & CEO 100 Healthy Living Way Bran, MT 12345



Budget Period: 09/30/2016 – 09/29/2017
Project Period: 09/30/2016 – 09/29/2019



Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$250,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to Recovery Health Center in support of the above referenced project. This award is pursuant to the authority of Section --- of the Public Health Service 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,
/insert name/
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H80T5012345-01

Award Calculation (U.S. Dollars)

Salaries and Wages	\$100,550
Fringe Benefits	\$27,099
Personnel Costs (Subtotal)	\$127,649
Supplies	\$3,350
Travel Costs	\$9,402
Other	\$86,872
Direct Cost	\$227,273
Indirect Cost	\$22,727
Approved Budget	\$250,000
Federal Share	\$250,000
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$250,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$250,000
2	\$250,000
3	\$250,000

*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: 0123456789Z1
Document Number: 12T534567A
Fiscal Year: 2016

IC	CAN	Amount
T5	C00N000	\$250,000

IC	CAN	2016	2017	2018
T5	C00N000	\$250,000	\$250,000	\$250,000

TI Administrative Data:

PCC: TCE-PTP / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H80T5012345-01

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: 1-800-000-0000.

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, Page-2

SECTION III – TERMS AND CONDITIONS – 1H80T5012345-01

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:

Additional Costs

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 – TI Special Terms and Conditions – 1H80T5012345-01

REMARKS:

- 1) As a reminder all SAMHSA official notifications will be electronically mailed to your organization's Business Official address as identified in the HHS Checklist, Part C.
- 2) This award reflects approval of the revised budget submitted on May 31, 2016, by your authorized representative in response to the application request.

SPECIAL TERMS OF AWARD:

Disparity Impact Statement (DIS):

By November 30, 2016 you must:

Submit an electronic copy of a disparity impact statement to the Government Project Officer (GPO) and Grants Management Specialist (GMS) as identified under Contacts on this notice of award. The disparity impact statement should be consistent with information in your application regarding access, *service use and outcomes for the program and include three components as described below. Questions about the disparity impact statement should be directed to your GPO. Examples of disparity impact statements can be found on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/disparity-impact-statement>.

*Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training, and/or technical assistance activities.
The disparity impact statement, in response to the Special Term of Award, consists of three components:

1. Proposed number of individuals to be served by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.
2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.
3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:
 1. Diverse cultural health beliefs and practices;
 2. Preferred languages; and
 3. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

DOMA:

On June 26, 2013, in United States v. Windsor, the Supreme Court held that section 3 of the Defense of Marriage Act (DOMA), which prohibited federal recognition of same-sex spouses/marriages, was unconstitutional. As a result of that decision, SAMHSA is no longer prohibited from recognizing same sex marriages. Consistent with HHS policy and the purposes of SAMHSA programs, same-sex spouses/marriages are to be recognized in the SAMHSA Targeted Capacity Expansion-Peer-to-Peer (TCE-PTP). This means that, as a recipient of SAMHSA TCE-PTP funds you are required to treat as valid the marriages of same-sex couples whose marriage was legal when entered into. This applies regardless of whether the couple now lives in a jurisdiction that recognizes same-sex marriage or a jurisdiction that does not recognize same-sex marriage. Any same-sex marriage legally entered into in one of the 50 states, the District of Columbia, a U.S. territory or a foreign country will be recognized. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage.

STANDARD TERMS OF AWARD:

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

<http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>

REPORTING REQUIREMENTS:

Submission of a Programmatic Quarterly Report is due no later than the dates as follows:

- 1st Report - January 31, 2017
- 2nd Report - April 30, 2017
- 3rd Report - July 31, 2017
- 4th Report - October 31, 2017

Please submit your Programmatic Quarterly Report to DGMPProgressReports@samhsa.hhs.gov and copy your Program Official. (HARD COPIES SUBMISSION IS NOT REQUIRED)

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 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.

CONTACTS:

James Doe, Program Official
Phone: 240-276-0001 **Email:** jamesdoe@samhsa.hhs.gov

John Doe, Grants Specialist
Phone: (240) 276-0000 **Email:** johndo@samhsa.hhs.gov **Fax:** (240) 276-1430



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