

Post Award Amendment Kit

AMENDMENT TYPE:	SF-424 Form	SF-424a Form	HHS Checklist Form	Budget Narrative (Line Item and Narrative)	Other Narrative Attachments	Additional Information
Budget Revision	✓	✓	✓	✓	Cover Letter	<p>If requesting a change in indirect costs, provide your current Indirect Cost Rate Agreement.</p> <p>Cover Letter/Narrative:</p> <ul style="list-style-type: none"> • Explain and support the need for the budget revision, including a detailed explanation of what costs are being re-budgeted. • Include a statement of assurance that there will be no changes to the approved award objectives, goals or purposes, which would require a post award amendment for a change in scope.
Carryover	✓	✓	✓	<p>✓</p> <ul style="list-style-type: none"> • For the unobligated balance requested for carryover. • As applicable, the budget must include matching or cost sharing. 		<p>Formal carryover requests must be submitted no later than 90 days after the end of the previous budget period. Requests submitted in an untimely manner may not be granted.</p> <p>Cover Letter/Narrative</p> <ul style="list-style-type: none"> • Explain why an unobligated balance exists. • Explain and support the need for carryover funds. • Describe how the unobligated funds will be used in the current budget period (the proposed work must be allowable under the grant). • Describe the impact on the project if the carryover is not approved. • Justify how increased matching or cost sharing will be met if the carryover is approved (as applicable).
Change in Scope	✓	✓	✓	✓	Cover Letter	<p>Cover Letter/Narrative</p> <ul style="list-style-type: none"> • Explain and support the need for a change in scope, including a detailed explanation of any potential impact on the approved project budget, and on accomplishing the aims and objectives of the funded project. • Discuss and document any unique circumstances that will impact the ability to meet the expectations of the funded project.

Change in Key Personnel	✓	✓	✓	✓ ¹	<ul style="list-style-type: none"> • Cover Letter² • A curriculum vitae, resume, or biographical sketches for any new key personnel • Position Description 	Please see Budget Narrative and Other Narrative Attachments instructions
Merger, Successor-In-Interest, Transfer	✓		✓	✓	✓	<ul style="list-style-type: none"> • Existing grant recipient organization must submit an FFR. • Budget narrative required from new organization. • Current grant recipient organization: SF424, HHS Checklist, Other Narrative Attachments (Relinquishing Statement); FFR • New Organization: FOA application package, including; SF424, SF424A, HHS Checklist, Project Abstract, Project Narrative, Budget Narrative, Performance Site Location, Other Narrative Attachments
No Cost Extension	✓	✓	✓	✓	✓	<p>A request for a NCE must be submitted 60 days prior to the end of the project period.</p> <ul style="list-style-type: none"> • An explanation as to why project goals were not completed during the award project period. • The requested duration of the NCE. The time frame requested cannot exceed 12 months. The request must reflect the number of months it will take to reasonably complete the remaining work, and is subject to SAMHSA review. • Identification of the remaining program goals will be accomplished during the NCE period. • The estimated amount of remaining funding that will be used during the NCE.
Change in Organizational Information	✓		✓		✓	Letter outlining the grant number, request, justification, IRS documentation, articles of incorporation, etc. See detailed instructions in footnote. ³

¹ **Key Personnel: Budget**

- If the changes in key personnel or the level of effort requires a budget revision (i.e. exceed 25% of the approved budget, or \$250,000, whichever is less), then a revised SF-424A, line item budget, and budget narrative for the budget year (including annual salaries and the percentage of LOE) are required.
- If matching funds are required, this information must be included in the request as well.

² Key Personnel: Cover Letter/Narrative

- Explain and support the need to change the key personnel and/or change the LOE dedicated to the award.
- Describe the proposed duties or responsibilities that have changed, if any, and why
- Discuss the impact, if any, that the change in personnel or LOE will have on the budget and scope of work for the approved grant.
- If the change in key personnel or the level of effort falls below the budget revision threshold, then the letter must include the statement, “The budget changes associated with this a post award amendment request fall below SAMHSA’s budget revision threshold”, and also identify the annual salary and level of effort of the proposed key personnel.
- The proposed PD’s eRA Commons ID must accompany the request.

³ Change in Organizational Information: Cover Letter and Documentation

1. A copy of the legal instrument that authorized the name change and authenticated by a proper official of the state or government agency having jurisdiction, such as:
 - a. If the organization is incorporated: a copy of the amendment to the Articles of Incorporation, and proof of filing with the appropriate state authority.
 - b. If the organization is a trust: A copy of the amendment to the trust instrument, or a resolution to amend the trust instrument, showing the effective date of the change of name and signed by at least one trustee.
 - c. If the organization is an unincorporated association: A copy of the amendment to the Articles of Association, constitution, or other organizing document, showing the effective date of the change of name and signed by at least two officers, trustees or members.
 - d. If the organization is a government entity, political subdivision, instrumentality of government: Documentation from the governmental unit that created the entity showing the (new) name of the entity and a letter signed by a person authorized by the creating governmental unit.

The required documentation that an organization submits to SAMHSA for reporting a name change is the same as the supporting documentation the organization uses when reporting a name change to the Internal Revenue Service (IRS).

2. Legal opinion that includes a statement that says the name change was properly effected in accordance with applicable law.

Contacts

- Budget and grant-specific questions: contact your assigned Grants Management Specialist (GMS)
- Program-related questions: contact your assigned Government Project Officer (GPO)
- Technical questions: contact the eRA Service Desk

Web: <https://grants.nih.gov/support/index.html>

Submit a Web Ticket: <https://public.era.nih.gov/commonshelp> (preferred method of contact)

Toll-free: 1-866-504-9552 (Press 6 for SAMHSA Grantees)

Phone: 301-402-7469 (Press 6 for SAMHSA Grantees)

Hours: Mon-Fri, 7 a.m. to 8 p.m. Eastern Time (closed on federal holidays)