FY 2022 Cooperative Agreements for Innovative Community Crisis Response Partnerships

June 15, 2022 4-5 PM EST

Please Stand By – This webinar will begin shortly.

To access the audio portion of this webinar,
+1 332-249-0748 Phone Conference ID: 933 493 509#



Basic Information

Estimated Award Amount: Up to \$750,000 per year

Length of Project Period: Up to 4 years

Due Date: July 25, 2022

Anticipated Start Date: September 30, 2022



Eligibility

- State governments, including Territories and the District of Columbia;
- Political subdivisions of States;
- Indian tribes or tribal organizations (as defined in section 5304 of title 25);
- Health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service;
- Other public or private nonprofit entities.



Required Application Components

Budget Information (NOFO, p. 20, 27; Appendix L p. 74)

SF-424A (see pages 74-75)

Budget Justification and Narrative – See Appendix L (p.74-78)

Project Narrative – no longer than 10 PAGES (p. 20; p.24-28)

Attachments 1-8 (see p. 21-22 with page limitations)

Attachment 1: Letters of Commitment from participating organizations

Attachment 2: Data Collection Instruments/Interview Protocols

Attachment 3: Sample Consent Forms

Attachment 4: Project Timeline



Required Application Components, continued

Continued Attachments 5-8 (see p. 21-22 with page limitations)

Attachment 5: Biographical Sketches and Position Descriptions – See Appendix G (p. 59)

Attachment 6: Letter to the Single State Agency (SSA) – See Appendix J (p. 66-67)

Attachment 7: Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines – See Appendix D (p. 49-52)

Attachment 8: Documentation of Non-Profit Status (p. 22)



Application Submission

All applicants must register with NIH's eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, start the registration process immediately. Do not wait to start this process.

SEE APPENDIX A FOR DETAILED INSTRUCTIONS



Application Submission

You are required to complete four (4) registration processes:

- Dun & Bradstreet Data Universal Numbering System (DUNS number)
 Please review the information in Appendix A on the DUNS number;
 transitioning to a new Unique Entity Identifier (UEI) effective April 2022;
- System for Award Management (SAM);
- Grants.gov; and
- eRA Commons

If you have already completed registrations for DUNS, SAM, and Grants.gov, you need to ensure that your accounts are still active, and then register in **eRA Commons**.

SEE APPENDIX A FOR DETAILED INSTRUCTIONS



Purpose

The purpose of this program is to create or enhance existing mobile crisis response teams to divert adults, children, and youth experiencing mental health crises from law enforcement in high-need community(ies).

This program recognizes a high-need community as a community where mobile crisis services are absent or inconsistent, where most mental health crises are responded to by first responders, and/or where first responders are not adequately trained or equipped to diffuse mental health crises.



Goals of the Program

- Increase the capacity of mobile crisis response teams while expanding access in high-need communities;
- Increase collaboration to improve crisis stabilization in the community for adults, children, and youth; and
- Improve equity in the continuity of care and post-crisis follow-up, including for those with suicidal ideation and/or a previous suicide attempt.



Required Activities

- Create, or enhance existing, mobile crisis response teams to serve individuals in high-need communities utilizing SAMHSA's *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*, as a guide for best practices in the delivery of mobile crisis services. Mobile crisis team requirements include the following:
 - Mobile crisis response teams must plan to achieve 24/7 coverage for a defined service area (the identified high-need community or communities).
 - Mobile crisis response should target response within one hour of dispatch (two hours for rural communities; three hours for remote communities).
 - For safety and optimal engagement, mobile crisis response teams should utilize two providers per response (e.g., licensed counselors, social workers, physicians, EMTs, crisis workers, peers, etc.). If necessary, one provider can respond via telehealth.



Mobile crisis team requirements continued:

- Supplement, as needed, mobile crisis response by incorporating telehealth services to increase access to licensed / credentialed professionals in rural and remote communities.
- Individuals receiving mobile crisis team services shall receive stabilization in the community, when appropriate, and referral to community-based mental health services and recovery supports as needed.
- In order to support justice system diversion, respond without law enforcement accompaniment unless special circumstances warrant inclusion.
- Minimize to the extent possible involuntary transport by law enforcement/police following mobile crisis visits.



- Deliver crisis response services in a culturally responsive manner and offer service
 options in the primary language usually spoken by residents of the identified community
 or communities (or include translation services).
- Establish and implement post-crisis follow-up protocols for all recipients of mobile crisis response services.
- Provide developmentally appropriate/age-appropriate crisis response and post-crisis follow-up to adults, children, and youth.
- Within 90 days of the grant award, develop and implement protocols for partnering and coordinating project activities with local law enforcement, the 988 call/contact center, and 911/Public Safety Answering Points (PSAPs).



- Provide evidence-based crisis intervention training to providers and first responders serving individuals in crisis (e.g., triage/screening, including explicit screening for suicidality, assessment, de-escalation/resolution, peer support, coordination with medical and behavioral health services, crisis planning and follow-up).
- Develop and utilize collaborative safety plans/crisis plans as a part of the mobile crisis response that include addressing access to lethal means.
- Develop and implement a data system to track mobile crisis response key performance indicators (KPIs) and mobile crisis response data and outcome metrics (refer to Section I.5.).



- Apply a community crisis mapping model (e.g., Crisis Intercept Mapping) for the identified high-need service area that can be updated at regular intervals to inform partnerships and help identify service needs, service gaps, and opportunities to improve equity.
- Coordinate project activities with relevant state efforts through the Mental Health Block Grant and Medicaid to support alignment of services and sustainability.



Allowable Activities

- Create or enhance existing co-responder models in partnership with first responders (e.g., law enforcement, EMS).
- Provide enhanced services for crisis stabilization through referral or care coordination (e.g. housing, temporary transportation, other stabilization services), as needed.
- Provide telephonic diversion programs from 911/Public Safety Answering Points (PSAPs) or police communications centers to 988 centers.
- Establish dispatch functionality within 988 centers.
- Develop and implement protocols for partnering and coordinating project activities with hospital emergency departments; crisis receiving and stabilization programs; Certified Community Behavioral Health Clinics; and other relevant organizations within the local system of care.

Data Collection and Performance Measurement

Recipients are required to collect and report performance on the following Infrastructure, Prevention, and Promotion (IPP) indicators:

- S1 (Screening) The number of individuals screened for mental health or related interventions.
- R1 (Referral) The number of individuals referred to mental health or related services.
- AC1 (Access) The number and percentage of individuals receiving mental health or related services after referral.
- TR1 (Training) The number of individuals who have received training in prevention or mental health promotion.



Recommended Data Collection

Mobile crisis response key performance indicators (KPIs)

- Total number of calls received
- Total number of individuals served
- Average number served per 8-hour shift
- Mean and median response times
- Range (minimum to maximum) of response times
- Percentage of responses within 1 hour, 2 hours, 3 hours, or longer
- Percentage of mobile crisis responses resolved in the community (e.g., crisis de-escalated, higher level of care not required)
- Percentage of referrals from law enforcement
- Number of diversions from law enforcement



Recommended Data Collection, continued

Mobile crisis response data and outcome metrics:

- Demographics of individuals receiving mobile crisis services
- Origins of mobile crisis referrals (e.g., 988, 911, school, physician)
- Primary issues identified that warranted mobile crisis response, including suicide risk
- Locations of crisis response
- Any referrals made (e.g., community-based, facility-based, social services, EMS, law enforcement)
- Impact of response on imminent suicide risk, if applicable
- Safety concerns for responders (e.g., aggression, weapons, unsafe environment, unsecured animals)



Recommended Data Collection, continued

Mobile crisis response data and outcome metrics (cont'd):

- Any outbound transportation provided, mode of transport, destination, and whether voluntary or involuntary
- Final disposition of crisis events
- Total number of follow-up contacts (e.g., telephone call, in-person visit)
- Incident reporting (e.g., suicide attempts, suicide deaths, use of restraints)



Funding Restrictions

• No more than 20 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.



Application Evaluation Criteria

Section A: Statement of Need (20 points – 2 pages)

Section B: Proposed Implementation Approach (40 points – 5 pages)

Section C: Staff, Management and Relevant Experience (25 points – 2 pages)

Section D: Data Collection and Performance Measurement (15 points - 1 page)



Section A: Population of Focus and Statement of Need

- 1. Identify and describe the proposed defined service area (geographic catchment area) where the project will be implemented and the population(s) that will be impacted by the infrastructure development in the targeted systems or agencies. Provide a demographic profile of the population of focus in the catchment area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
- 2. Document how the community or communities identified in the defined service area are "high-need" (e.g., where mobile crisis services are absent or inconsistent, where most mental health crises are responded to by first responders, and/or where first responders are not adequately trained or equipped to diffuse mental health crises).
- 3. Document the need for enhanced infrastructure to increase the capacity to implement, sustain, and improve effective mobile crisis services (or a co-responder model) in the proposed service area that is consistent with the purpose of this NOFO. Include information on the service gaps and other problems related to the need for infrastructure development. Identify the source of the data.



Section B: Proposed Approach

- 1. Describe the goals and measurable objectives (see Appendix E) of your proposed project and describe how they align with the Statement of Need outlined in A.2.
- 2. Describe how you will implement the Required Activities in Section I, including how you plan to partner and coordinate project activities with local law enforcement and 911/PSAPs (Public Safety Answering Points). This section should address plans for coresponse with law enforcement when it is necessary.
- 3. In Attachment 4, provide a chart or graph depicting a realistic timeline for the entire four years of the project period showing dates, key activities, and responsible staff, including a month-by-month implementation timeline for all required activities for the first 12 months of the project.



Section C: Staff, Management, and Relevant Experience

- 1. Describe the experience of your organization with similar projects and/or providing services to the population(s) of focus for this NOFO. Identify any other organization(s) that will partner in the proposed project. Describe their specific roles and responsibilities in this project. If applicable, Letters of Commitment from each partner must be included in Attachment 1 of your application.
- 2. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Project Evaluator) and other significant staff members, such as staff of any mobile crisis team or co-responder team.



Section D: Data Collection and Performance Measurement

- 1. Provide specific information about how you will collect the required mobile crisis response key performance indicators (KPIs) and data and outcome metrics for this program, including the data system you will use, and how such data will be utilized to manage, monitor, and enhance the program. If you plan to work with partner agencies, please specify how you will receive data from these agencies.
- 2. Describe any current data use agreements that exist between you and key project partners referenced in your application, and/or which partners you will seek to develop data use agreements with and a timeline for this process.



Questions?

Program Contact:

Walker Tisdale III Walker.Tisdale@samhsa.hhs.gov Government Project Officer (GPO)

To download the presentation slides, please select 'File' at the top left of your screen. Then select 'Transfer' to access the File Transfer box. Then you can select and download the file.



Transition to Grants Management Overview



Grants Management Overview

Division of Grants Management
Substance Abuse and Mental Health
Services Administration
U.S. Department of Health and Human Services

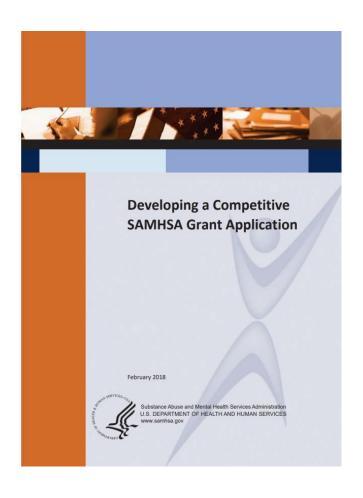


OBJECTIVES

- 1. Applying for a Grant Available Resources
- 2. Applicable Policies & Regulations
- 3. Factors Affecting Allowability of Costs
- 4. Budget Narrative & Justification
- 5. Sample Budget Template
- 6. SF-424A
- Key Personnel
- 8. Indirect Cost Rate
- 9. Funding Limitations/Restrictions
- 10. Questions/Technical Support



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APPLICABLE POLICIES & REGULATIONS

- 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards - https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75
- HHS Grants Policy Statement http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf

 the HHS Grants Policy Statement document contains important information on the general terms and conditions for discretionary grants and cooperative agreement awards.
- Financial Management Requirements the financial management control areas provide recipients with guidance for ensuring their existing accounting and personnel policies and procedures (P&P) include the necessary controls. The guidance is also used by SAMHSA to complete Financial Capability Reviews (FCRs) of new and prospective grantees. Learn more about grantee financial management requirements.
- The Notice of Funding Opportunity (NOFO)



APPLICABLE POLICIES & REGULATIONS (CONT'D.)

45 CFR PART 75—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS

| Recipient Type | Uniform Admin Requirements | Cost Principles | Audit Requirements |
|---------------------------|------------------------------------|------------------------------|------------------------------|
| State & Local Governments | 45 CFR Part 75, Subpart C and D | 45 CFR Part 75, Subpart E | 45 CFR Part 75, Subpart F |
| Colleges & Universities | 45 CFR Part 75, Subpart C and D | 45 CFR Part 75, Subpart E | |
| Non-Profits | | 45 CFR Part 75, Subpart E | |



FACTORS AFFECTING ALLOWABILITY OF COSTS

Proposed budgets must contain allowable, reasonable, and allocable costs, as defined under 45 CFR 75.403, 75.404, and 75.405.

- Allowable costs, unless otherwise authorized by program statute are necessary and reasonable for award performance and allowable under the cost principles.
- Reasonable costs are not in excess of what would normally be incurred by a prudent person under the circumstances prevailing at the time the decision was made, given market rates, effort and the organization's documented policies.
- Allocable costs can be charged to a federal award if the goods or services are chargeable in accordance with relative benefits received.



BUDGET NARRATIVE & JUSTIFICATION

- All applications must include a detailed budget and narrative justification that explains the federal and the non-federal expenditures.
- The detailed budget and narrative justification must be consistent with and support the Project Narrative.
- You must provide a description of existing resources and other support you expect to receive for the proposed project.
 - ✓ Other support is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means.



BUDGET NARRATIVE & JUSTIFICATION (CONT'D.)

- The Budget Narrative and justification must be concrete and specific. It must provide a
 justification for the basis of each proposed cost in the budget and how that cost was
 calculated. Examples to consider when justifying the basis of your estimates can be
 ongoing activities, market rates, quotations received from vendors, or historical records.
- Detailed Breakdowns must be provided of the materials, quantities, number of persons, cost per unit/hour, number of hours/levels of effort, or other relevant basis to show how costs will be utilized towards achieving the grant's goals and objectives. This is to facilitate the determination of whether the proposed costs are allowable, reasonable, and allocable.
- An illustration of a budget and narrative justification is included in <u>Appendix L</u> of the NOFO.



SAMPLE BUDGET TEMPLATE

To reduce errors and expedite the review of your budget, it is highly recommended you use the SAMHSA Budget Template to complete the Detailed Budget and Narrative Justification required for submission with your application.

- Over the years, numerous recipients requested a template to present budget information. We heard you!!
- The budget template was created with extensive recipient consultation and input and designed to avoid all the common budget preparation pitfalls.
- The SAMHSA Budget Template includes a wealth of helpful tooltips and resources to assist and guide you with preparation of your budget.
- The budget template is available at: https://www.samhsa.gov/grants/applying/forms-resources

Note: For SAMHSA to view all your budget data, you must flatten/convert the PDF to a non-editable format by **PRINTING TO PDF** before submission.

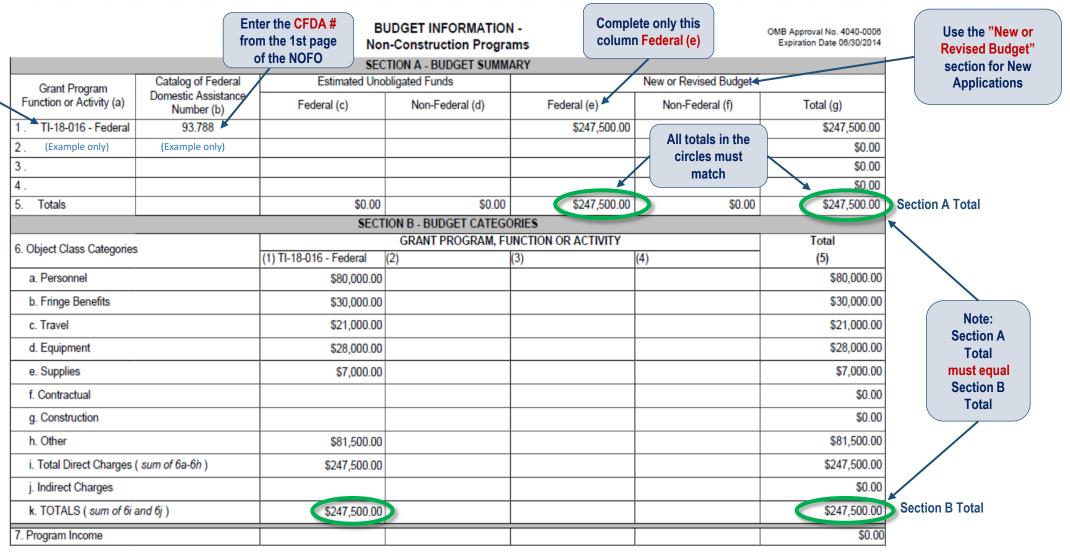
The following resources provide guidance on use of the budget template:

- Key Features of the Budget Template
- Budget Template Users Guide
- <u>Budget Review Checklist</u> (For review of your Detailed Budget before submission)



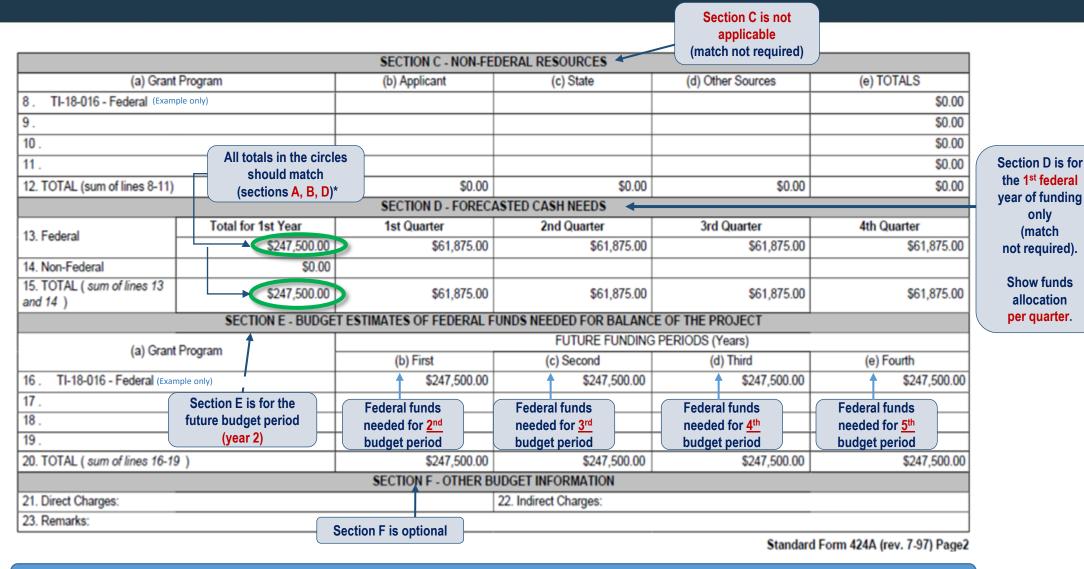
SAMPLE SF-424A (MATCH NOT REQUIRED)

On row 1 input: NOFO# - Federal (e.g. XX-19-000 – Federal)





SAMPLE SF-424A (MATCH NOT REQUIRED)



* Section D – Forecasted Cash Needs, Federal (line 13) amount must equal Section A Budget Summary and Section B Budget Categories federal funding. Ensure that Section D "TOTAL" amount = Section A and Section B TOTALS.



only

(match

not required).

Show funds

allocation

per quarter.

AVOIDING COMMON ISSUES WITH THE SF-424A

- "SECTION D FORECASTED CASH NEEDS" column "Total for 1st year" line "15. TOTAL" MUST EQUAL
 "SECTION A BUDGET SUMMARY" subsection "New or Revised Budget" column "Total (g)" line "5.
 Totals" amount.
- "SECTION B BUDGET CATEGORIES" column "Total (5)" line "K. TOTALS" MUST EQUAL "SECTION A
 -BUDGET SUMMARY" subsection "New or Revised Budget" column "Total (g)" line "5. Totals"
 amount.
- The number of years indicated in "SECTION E BUDGET ESTIMATES OF FEDERAL FUNDS...." subsection "FUTURE FUNDING PERIODS (YEARS)" MUST correlate with the number of years based on the "Start Date" and "End Date" in section "17. Proposed Project" on the SF 424. Enter data for the first budget period in Section D and enter future budget periods in Section E. Please refer to the Notice of Funding Opportunity (NOFO) for additional guidance.



KEY PERSONNEL

- 1. The Key Personnel for this program is the Project Director (PD) with at least a 50% level of effort (LOE) and the Evaluator with at least a 25% level of effort (LOE).
 - a) Both require review and approval by SAMHSA.
 - b) List both positions in your detailed budget (even if funded in-kind or with matching contributions).
 - c) Provide both Key Personnel resumes and job/position descriptions.
- 2. List the Principal Investigator (PI) or PD to be designated as "Contact" in section 8f and reflect their commons ID in Field #4 of the SF-424. Either the PI or the PD can be designated as "Contact" in eRA to take actions and receive notifications <u>but not both</u>.
- 3. If the PD position is being filled by a contractor/consultant, you must provide a copy of the formal written agreement tor that specifies the official relationship and addresses performance of all the required duties and responsibilities.

INDIRECT COST RATE AGREEMENT OR COST ALLOCATION PLAN

- Ensure that you submit your organization's current negotiated Indirect Cost (IDC) rate
 agreement or cost allocation plan with HHS or any other federal agency which required
 to support the charge of indirect costs.
- If your organization is opting to use 10% of Modified Total Direct Costs (MTDC), then a clear statement must be made in your IDC narrative as follows: "XYZ Organization elects to use the de minimis rate of 10 percent of modified total direct costs (MTDC)".
- Ensure that you accurately calculate the MTDC base to which your IDC rate is applicable.
- Include calculations to show how you arrived at your IDC base and IDC total.



FUNDING LIMITATIONS/RESTRICTIONS

Refer to the program specific Funding Restrictions/Limitations in section IV and the Standard Funding Restrictions in Appendix I of NOFO, as well as to 45 CFR Part 75, for applicable administrative requirements and cost principles.

The funding restrictions for this project are as follows:

• No more than 20 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

Your proposed budget must adhere to the funding limitations/restrictions specified in Section IV-5 of your NOFO. Include a narrative and separate budget for each year of the grant that shows the dollar amount and the percent of the total grant award that will be used in the area where there is a limitation. Refer to the sample in Appendix L (SAMHSA Budget Template -> Sample Budget - NON-MATCH) of your NOFO for an example of how this should be presented.

Recipients should maintain adequate documentation of which expenses correspond to the funding limitations/restrictions and the percent of the total grant award that will be used in each area where there is a limitation.



GOT QUESTIONS?

Program/eligibility questions?

Center for Mental Health Services (CMHS), SAMHSA (240) 276-1747

walker.tisdale@samhsa.hhs.gov

Fiscal/budget related questions?

Office of Financial Resources, Division of Grants Management, SAMHSA (240) 276-1400

Email: FOACMHS@samhsa.hhs.gov

Review process/application status questions?

Office of Financial Resources, Division of Grant Review, SAMHSA (240) 276-0405

Email:

Samantha.DockHerbster@samhsa.hhs.gov

Problems submitting your application on Grants.gov?

Contact the Grants.gov Helpdesk:

Email: support@grants.gov

Phone: 1-800-518-4726 (1-800-518-

GRANTS)

eRA Commons Technical Questions?

Contact the eRA Service Desk

Web Support

Submit a Web Ticket (preferred method of

contact)

Toll-Free: 1-866-504-9552

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

Grantees)

Hours: Mon-Fri, 7 a.m. to 8 p.m. EST

(closed on federal holidays)

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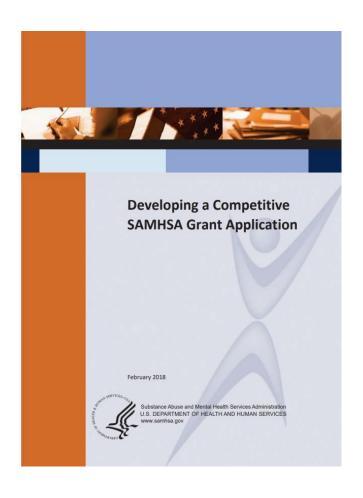


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- HHS Grants Policy Statement http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf

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 calculated. Examples to consider when justifying the basis of your estimates can be
 ongoing activities, market rates, quotations received from vendors, or historical records.
- Detailed Breakdowns must be provided of the materials, quantities, number of persons, cost per unit/hour, number of hours/levels of effort, or other relevant basis to show how costs will be utilized towards achieving the grant's goals and objectives. This is to facilitate the determination of whether the proposed costs are allowable, reasonable, and allocable.
- An illustration of a budget and narrative justification is included in <u>Appendix L</u> of the NOFO.



SAMPLE BUDGET TEMPLATE

To reduce errors and expedite the review of your budget, it is highly recommended you use the SAMHSA Budget Template to complete the Detailed Budget and Narrative Justification required for submission with your application.

- Over the years, numerous recipients requested a template to present budget information. We heard you!!
- The budget template was created with extensive recipient consultation and input and designed to avoid all the common budget preparation pitfalls.
- The SAMHSA Budget Template includes a wealth of helpful tooltips and resources to assist and guide you with preparation of your budget.
- The budget template is available at: https://www.samhsa.gov/grants/applying/forms-resources

Note: For SAMHSA to view all your budget data, you must flatten/convert the PDF to a non-editable format by **PRINTING TO PDF** before submission.

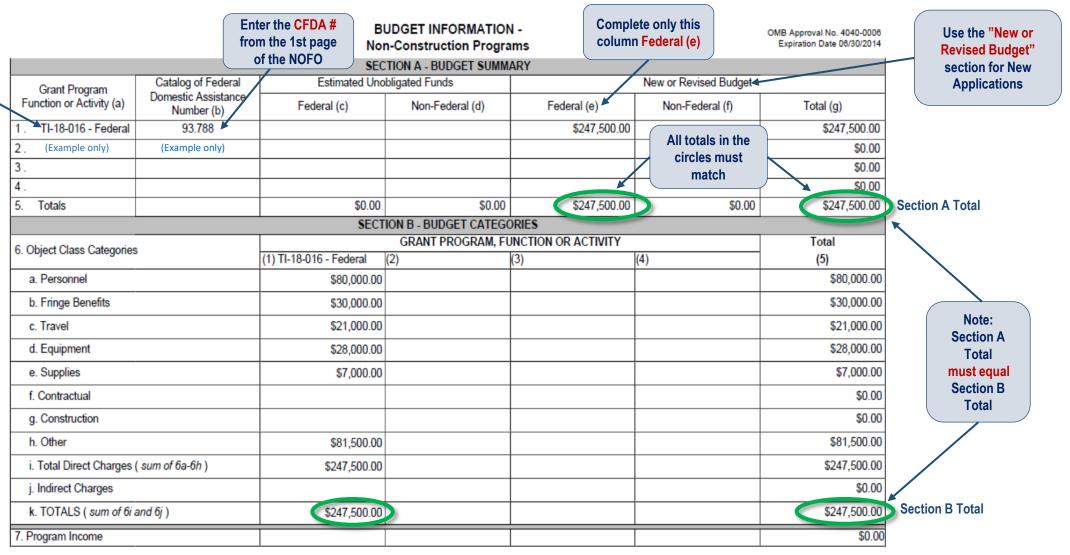
The following resources provide guidance on use of the budget template:

- Key Features of the Budget Template
- Budget Template Users Guide
- <u>Budget Review Checklist</u> (For review of your Detailed Budget before submission)



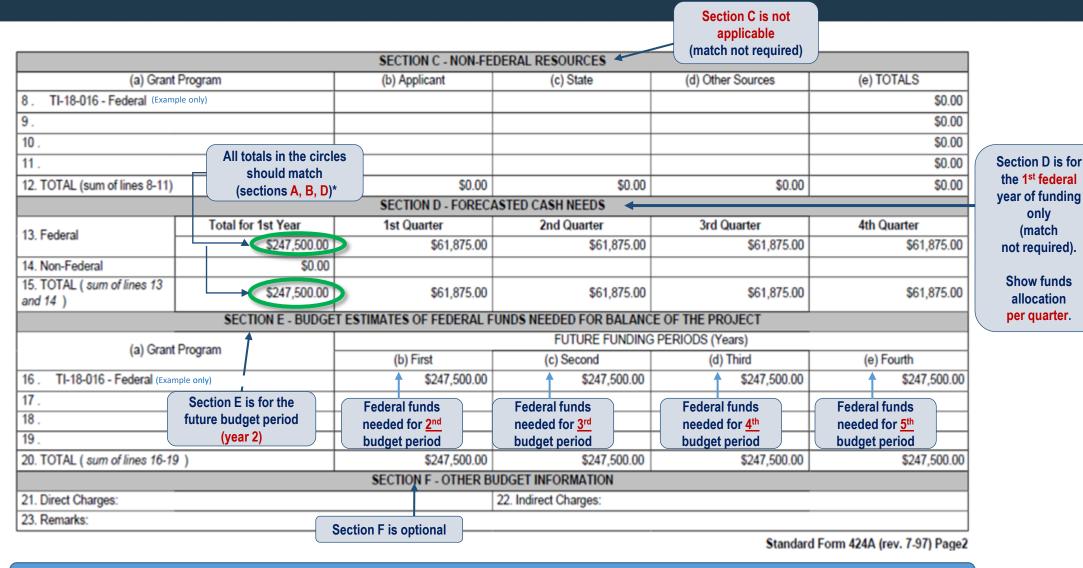
SAMPLE SF-424A (MATCH NOT REQUIRED)

On row 1 input: NOFO# - Federal (e.g. XX-19-000 – Federal)





SAMPLE SF-424A (MATCH NOT REQUIRED)



* Section D – Forecasted Cash Needs, Federal (line 13) amount must equal Section A Budget Summary and Section B Budget Categories federal funding. Ensure that Section D "TOTAL" amount = Section A and Section B TOTALS.

Services Administration

only

(match

not required).

Show funds

allocation

per quarter.

AVOIDING COMMON ISSUES WITH THE SF-424A

- "SECTION D FORECASTED CASH NEEDS" column "Total for 1st year" line "15. TOTAL" MUST EQUAL
 "SECTION A BUDGET SUMMARY" subsection "New or Revised Budget" column "Total (g)" line "5.
 Totals" amount.
- "SECTION B BUDGET CATEGORIES" column "Total (5)" line "K. TOTALS" MUST EQUAL "SECTION A
 -BUDGET SUMMARY" subsection "New or Revised Budget" column "Total (g)" line "5. Totals"
 amount.
- The number of years indicated in "SECTION E BUDGET ESTIMATES OF FEDERAL FUNDS...." subsection "FUTURE FUNDING PERIODS (YEARS)" MUST correlate with the number of years based on the "Start Date" and "End Date" in section "17. Proposed Project" on the SF 424. Enter data for the first budget period in Section D and enter future budget periods in Section E. Please refer to the Notice of Funding Opportunity (NOFO) for additional guidance.



KEY PERSONNEL

- 1. The Key Personnel for this program is the Project Director (PD) with at least a 50% level of effort (LOE) and the Evaluator with at least a 25% level of effort (LOE).
 - a) Both require review and approval by SAMHSA.
 - b) List both positions in your detailed budget (even if funded in-kind or with matching contributions).
 - c) Provide both Key Personnel resumes and job/position descriptions.
- 2. List the Principal Investigator (PI) or PD to be designated as "Contact" in section 8f and reflect their commons ID in Field #4 of the SF-424. Either the PI or the PD can be designated as "Contact" in eRA to take actions and receive notifications <u>but not both</u>.
- 3. If the PD position is being filled by a contractor/consultant, you must provide a copy of the formal written agreement tor that specifies the official relationship and addresses performance of all the required duties and responsibilities.

INDIRECT COST RATE AGREEMENT OR COST ALLOCATION PLAN

- Ensure that you submit your organization's current negotiated Indirect Cost (IDC) rate
 agreement or cost allocation plan with HHS or any other federal agency which required
 to support the charge of indirect costs.
- If your organization is opting to use 10% of Modified Total Direct Costs (MTDC), then a clear statement must be made in your IDC narrative as follows: "XYZ Organization elects to use the de minimis rate of 10 percent of modified total direct costs (MTDC)".
- Ensure that you accurately calculate the MTDC base to which your IDC rate is applicable.
- Include calculations to show how you arrived at your IDC base and IDC total.



FUNDING LIMITATIONS/RESTRICTIONS

Refer to the program specific Funding Restrictions/Limitations in section IV and the Standard Funding Restrictions in Appendix I of NOFO, as well as to 45 CFR Part 75, for applicable administrative requirements and cost principles.

The funding restrictions for this project are as follows:

• No more than 20 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

Your proposed budget must adhere to the funding limitations/restrictions specified in Section IV-5 of your NOFO. Include a narrative and separate budget for each year of the grant that shows the dollar amount and the percent of the total grant award that will be used in the area where there is a limitation. Refer to the sample in Appendix L (SAMHSA Budget Template -> Sample Budget - NON-MATCH) of your NOFO for an example of how this should be presented.

Recipients should maintain adequate documentation of which expenses correspond to the funding limitations/restrictions and the percent of the total grant award that will be used in each area where there is a limitation.



GOT QUESTIONS?

Program/eligibility questions?

Center for Mental Health Services (CMHS), SAMHSA (240) 276-1747

walker.tisdale@samhsa.hhs.gov

Fiscal/budget related questions?

Office of Financial Resources, Division of Grants Management, SAMHSA (240) 276-1400

Email: FOACMHS@samhsa.hhs.gov

Review process/application status questions?

Office of Financial Resources, Division of Grant Review, SAMHSA (240) 276-0405

Email:

Samantha.DockHerbster@samhsa.hhs.gov

Problems submitting your application on Grants.gov?

Contact the Grants.gov Helpdesk:

Email: support@grants.gov

Phone: 1-800-518-4726 (1-800-518-

GRANTS)

eRA Commons Technical Questions?

Contact the eRA Service Desk

Web Support

Submit a Web Ticket (preferred method of

contact)

Toll-Free: 1-866-504-9552

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

Grantees)

Hours: Mon-Fri, 7 a.m. to 8 p.m. EST

(closed on federal holidays)