



**STATE OF NORTH CAROLINA
OFFICE OF STATE BUDGET AND MANAGEMENT**

ROY COOPER
GOVERNOR

CHARLES PERUSSE
STATE BUDGET DIRECTOR

December 1, 2017

MEMORANDUM

TO: Chairs, Joint Legislative Commission on Governmental Operations

FROM: Charles Perusse *Charles Perusse*

SUBJECT: Crisis Counseling Grant

Pursuant to Session Law 2017-57, section 5.2.(a), the Office of State Budget and Management (OSBM) is reporting a grant awarded to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS). DMHDDSAS has received federal funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) for crisis counseling for those impacted by Hurricane Matthew, including residents of Bladen, Columbus, Cumberland, Edgecombe, Lenoir, Robeson, Sampson, and Wayne Counties. The Notices of Application and Award are attached for your reference.

Notification of Application for Grant Funds/Awards, 2017-18

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700

Instructions at https://ncosbm.s3.amazonaws.com/315-public/documents/files/grants_instr.pdf

1 Department	Department of Health and Human Services
2 Division (except in DHHS)	Division of Mental Health/Developmental Disabilities/Substance Abuse Services
3 DHHS only, choose division from drop down list	
4 Contact person (name)	Lisa Haire
5 Phone number	919/715-2019
6 E-mail	lisa.haire@dhs.nc.gov
7 Funding Entity (grantor)	The Substance Abuse and Mental Health Services Administration (SAMHSA)
8 CFDA number	93.982
9 Grant title	Crisis Counseling
10 Grant application deadline (MM/DD/YY)	07/01/17
11 Start date of grant (MM/DD/YY)	01/30/18
12 End date of grant (MM/DD/YY)	New
13 Application type	No
14 Is this grant already in agency's continuation budget?	14460
15 Budget code the grant will be expended in (XXXXX)	1422
16 Fund code (XXXX or NA)	No
17 Is there a state matching requirement?	
18 If yes, what is the matching requirement?	
19 If yes, what is the source of state funds being used to match grant funds?	
20 Is there a maintenance of effort (MOE) requirement?	No
21 If yes, what is the MOE?	
22 Is an additional General Fund appropriation required to meet the state match requirement?	No
23 Will any of these funds be passed through to local governments or non-state entities?	Yes
24 If yes, identify affected entities by type	local gov AND private non-profit
25 Will additional state monies be required to continue the program if grant expires or is reduced?	No
26 If yes, is this a requirement of the grant?	No
27 Are new FTEs funded through the grant?	No

27 If yes, give the number by type for each year	Permanent					
	Time-Limited					
28 Amount of grants funds applied for in each year						
29 Amount of grants funds awarded in each year						

SFY 2016-17	Actual	SFY 2017-18	Authorized	SFY 2017-18	Proposed	SFY 2018-19	Proposed	SFY 2019-20	Proposed	SFY 2020-21	Proposed

↑ **For 2017-18** ↓
Complete either Authorized or Proposed

31 Comments

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.



Crisis Counseling
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Notice of Award

Issue Date: 06/15/2017

Center for Mental Health Services

Grant Number: 1H07SM000383-01

FAIN: SM000383

Program Director: Lisa J Haire

Project Title: Crisis Counseling

Grantee Address	Business Address
NC DIV OF MH/DEVELOP DISABIL & SUB AUBSE Jason Vogler Division of Mental Health, DD 306 N. Wilmington St 3001 Mail Service Center Raleigh, NC 276993001	Lisa Haire Interim Senior Director DMHDDSAS 306 North Wilmington St 3001 Mail Service Center Raleigh, NC 276993001

Budget Period: 07/01/2017 – 01/30/2018

Project Period: 07/01/2017 – 01/30/2018

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$1,560,937 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to NC DIV OF MH/DEVELOP DISABIL & SUB AUBSE in support of the above referenced project. This award is pursuant to the authority of P.L. 93-288, SEC. 416 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,
Roger George
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H07SM000383-01**Award Calculation (U.S. Dollars)**

Salaries and Wages	\$178,461
Fringe Benefits	\$13,652
Personnel Costs (Subtotal)	\$192,113
Supplies	\$4,595
Consortium/Contractual Cost	\$1,341,901
Travel Costs	\$22,328
 Direct Cost	 \$1,560,937
Approved Budget	\$1,560,937
Federal Share	\$1,560,937
Cumulative Prior Awards for this Budget Period	\$0
 AMOUNT OF THIS ACTION (FEDERAL SHARE)	 \$1,560,937

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$1,560,937

*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number:	93.982
EIN:	1561541747A1
Document Number:	17SM00383A
Fiscal Year:	2017

IC	CAN	Amount
SM	C96R822	\$1,560,937

IC	CAN	2017
SM	C96R822	\$1,560,937

SM Administrative Data:

PCC: DR / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H07SM000383-01

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 – 1H07SM000383-01

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 – SM Special Terms and Conditions – 1H07SM000383-01

REMARKS:

A. FEMA-4285-DR-NC

B. The Division of Grants Management created a Public Assistance (P) Account in the Division of Payment Management's (DPM) payment management system to provide a separate accounting of federal funds. When discussing your account with the DPM's Account Representative, provide the document number identified on Page 2 of the Notice of Award under Section I - AWARD DATA, Fiscal Information.

C. The recipient is reminded that indirect costs are not allowable on the Crisis Counseling (CCP) Regular Services (RSP) grant program. Please make sure that indirect charges are not included in the original grant application, in any budget revisions, and in any quarterly and final budget expense reports submitted for review and approval.

D. The recipient is required to submit a revised Checklist form reflecting a different name of either the Business Official or the Program Director/Project Director/Principal Investigator, as Lisa Haire cannot serve in both roles on this CCP RSP grant.

The revised Checklist form must be submitted by email attachment only to the SAMHSA Project Officer, CDR Jamie Seligman by June 30, 2017.

D. The Government Project Officer will include with the Notice of Award any Special

Programmatic Conditions of Award.

2. 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>

All changes in key staff including level of effort must be sent electronically to the GPO including a biographical sketch and other documentation and information as stated above who will make a recommendation for approval or disapproval to the assigned Grants Management Specialist. Only the GMO, SAMHSA may approve Key Staff Changes.

CLOSEOUT -

A. The recipient is required to submit an email request for a 90 day closeout period beyond the project period (period of performance) end date. The purpose will be to allow for the administrative closeout period costs, which includes salaries and related costs for approved staff to prepare and submit the final program and fiscal reports only.

This requirement applies to the Regular Services Program (RSP) Crisis Counseling Program only.

B. REPORTING REQUIREMENTS:

Refer to the following SAMHSA website for the Closeout instructions which applies

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

A. A final Federal Financial Report (FFR), (Standard Form 425) is required to be submitted within 90 days after the end of the period of performance (project period end date). NOTE: SINGLE GRANT REPORTING IS REQUIRED FOR EACH SAMHSA PROJECT AS STATED ON THE FFR (#10 d-o). If possible, disbursements reported on the FFR should equal/or agree with the top portion of the FFR (#10 a-c).

B. The FFR may be accessed from the following website at http://www.whitehouse.gov/omb/grants_forms including instructions. The data can be entered directly on the form and the system will calculate the figures, then it can be printed and mailed (or emailed) to the SAMHSA Crisis Counseling Program project officers.

C. The grantee must contact the SAMHSA Crisis Counseling Project Officer for the format of a Programmatic Report and the due date.

