



SPF-Partnerships for Success
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Notice of Award

Issue Date: 09/13/2018

Center for Substance Abuse Prevention

Grant Number: 1H79SP080986-01
FAIN: H79SP080986
Program Director: Sarah Gale Potter

Project Title: NC SPF-PFS 2018

Grantee Address	Business Address
NC STATE DEPT/HLTH & HUMAN SERVICES 306 N. Wilmington RALEIGH, NC 276011059	Christal Kelly NC Division of MH/DD/SAS 3304 Mail Service Center Raleigh, NC 276993004

Budget Period: 09/30/2018 – 09/29/2019

Project Period: 09/30/2018 – 09/29/2023

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$2,098,590 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to NC STATE DEPT/HLTH & HUMAN SERVICES in support of the above referenced project. This award is pursuant to the authority of Section 516 of the Public Health Service Act 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 – 1H79SP080986-01**Award Calculation (U.S. Dollars)**

Salaries and Wages	\$73,000
Fringe Benefits	\$25,150
Personnel Costs (Subtotal)	\$98,150
Materials & Supplies	\$2,400
Contractual	\$1,988,782
Travel	\$9,258
 Direct Cost	 \$2,098,590
Approved Budget	\$2,098,590
Federal Share	\$2,098,590
Cumulative Prior Awards for this Budget Period	\$0
 AMOUNT OF THIS ACTION (FEDERAL SHARE)	 \$2,098,590

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$2,098,590
2	\$2,098,590
3	\$2,098,590
4	\$2,098,590
5	\$2,098,590

*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: 1561636462A3
Document Number: 18SP80986A
Fiscal Year: 2018

IC	CAN	Amount
SP	C96V067	\$2,098,590

IC	CAN	2018	2019	2020	2021	2022
SP	C96V067	\$2,098,590	\$2,098,590	\$2,098,590	\$2,098,590	\$2,098,590

SP Administrative Data:

PCC: SPF-PFS / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SP080986-01

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 – 1H79SP080986-01

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 – SP Special Terms and Conditions – 1H79SP080986-01

REMARKS

FY 2018 New Award

1. This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity **Strategic Prevention Framework - Partnerships for Success (SP18-008)** has been selected for funding.

1a) 1(a) This award **conditionally** approves of the budget submitted July 5, 2018 as part of the application by your organization.

2. Recipients are expected to plan their work to ensure that funds are expended within the 12-month budget period reflected on this Notice of Award. If activities proposed in the approved budget cannot be completed within the current budget period, SAMHSA cannot guarantee the approval of any request for carryover of remaining unobligated funding.

3. All responses to award terms and conditions and prior approval requests must be submitted through the eRA Commons system.

4. Register Program Director/Project Director (PD) in eRA Commons:

If you have not already done so, you must register the PD listed on the HHS Checklist in eRA Commons to assign a Commons ID. Once the PD has received their Commons ID, please send this information to your Grants Management Specialist. You can find additional information about the eRA Commons registration process at

Key Staff

Key staff (or key staff positions, if staff has not been selected) are listed below:

Unnamed Project Director @ 100% level of effort

Unnamed Lead Evaluator @ unspecified level of effort

Unnamed Lead Epidemiologist @ unspecified level of effort

Unnamed State Epidemiological Outcome Workgroup (SEOW) Lead Analyst @ unspecified level of effort

Any changes in key staff including level of effort involving separation from the project for more than three months or a 25 percent reduction in time dedicated to the project, requires prior approval. Reference the Prior Approval Standard Term for additional information and instructions.

SPECIAL TERMS

Disparity Impact Statement (DIS)

By **November 30, 2018** you must submit via eRA Commons.

The DIS 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 DIS should be directed to your GPO. Examples of DIS can be found on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/disparity-impactstatement>.

*Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training, and/or technical assistance activities.

The disparity impact statement consists of three components:

1. Proposed number of individuals to be served and/or reached 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 subpopulations.
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:
 - a. Diverse cultural health beliefs and practices;

b. Preferred languages; and

c. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

SPECIAL CONDITIONS

Revised Budget

By October 31, 2018 you must address the following:

In order to determine whether costs are allowable, allocable and reasonable, please explain how the following amounts were determined/calculated.

Contractual:

- Evaluator and Data Collection- Identified by RFP
- Sampling design and methodology= \$26,700
- College Substance Use Data Collection= \$45,000
- NC Youth Survey= \$205,000
- Sub-recipient Communities: Funded through RFP @ \$123,000

All responses to award terms and conditions must be submitted as .pdf documents in the “View Terms Tracking Details” page in eRA Commons.

For more information on how to upload a document in response to a tracked term, please reference under heading “**4 Additional Materials – grantee**” in the User Guide located at: https://era.nih.gov/files/TCM_User_Guide_Grantee.pdf

Other

By October 31, 2018 per the FOA requirements you must provide the following:

- **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
- **Attachment 3:** Sample Consent Form

All responses to award terms and conditions must be submitted as .pdf documents in the “View Terms Tracking Details” page in eRA Commons.

For more information on how to upload a document in response to a tracked term, please reference under heading “**4 Additional Materials – grantee**” in the User Guide located at: https://era.nih.gov/files/TCM_User_Guide_Grantee.pdf.

STANDARD TERMS AND CONDITIONS

Standard Terms for Awards FY 2018

Your organization must comply with the Standard Terms and Conditions for grants awarded in Fiscal Year 2018 and the following award terms applicable to your award type as identified below:

* New Grant

SAMHSA's Terms and Conditions Webpage is located at:
<https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

Annual Programmatic Progress Report

Submission of an Annual Programmatic Report is due no later than **December 31, 2019**.

Note: Recipients must also comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the FOA or by the Grant Program Official (GPO). This information is needed in order to comply with PL 102-62, which requires that Substance Abuse and Mental Health Services Administration (SAMHSA) report evaluation data to ensure the effectiveness and efficiency of its programs.

The response to this term must be submitted as .pdf documents in the "View Terms Tracking Details" page in eRA Commons. Please contact your Government Program Official (GPO) for program specific submission information.

For more information on how to upload a document in response to a tracked term, please reference under heading **"4 Additional Materials – grantee"** in the User Guide located at: https://era.nih.gov/files/TCM_User_Guide_Grantee.pdf

Additional information on reporting requirements is available at
<https://www.samhsa.gov/grants/grants-management/reporting-requirements>.

Annual Federal Financial Report (SF-425)

The Federal Financial Report (FFR) (SF-425) is required on an annual basis and must be submitted no later than 90 days after the end of the budget period. The annual FFR should reflect only cumulative actual Federal funds authorized and disbursed, any non-Federal matching funds (if identified in the Funding Opportunity Announcement (FOA)), unliquidated obligations incurred, the unobligated balance of the Federal funds for the award, as well as program income generated during the timeframe covered by the report. Additional guidance to complete the FFR can be found at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>.

FFR reporting must be entered directly into the eRA Commons system. Instructions on how to submit a Federal Financial Report (FFR) via the eRA Commons is available at <https://www.samhsa.gov/sites/default/files/samhsa-grantee-submit-ffr-10-22-17.pptx>.

Compliance with Terms and Conditions

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH 45 CFR 75.3 71, REMEDIES FOR NON-COMPLIANCE AND 45 CFR 75.372 TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

Staff Contacts:

Tonia Schaffer, Program Official

Phone: 240-276-1938 **Email:** Tonia.Schaffer@samhsa.hhs.gov

Eileen Bermudez, Grants Specialist

Phone: (240) 276-1412 **Email:** eileen.bermudez@samhsa.hhs.gov **Fax:** (240) 276-1430

Notification of Application for Grant Funds/Awards, 2018-19

Office of State Budget and Management, 430 N. Salisbury Street, Raleigh, NC 27603, 919-807-4700.
Instructions at: https://ncbom.s3.amazonaws.com/05BM-application-documentallegations_inst.pdf

1. Department: Division (except HHS)	Department of Health and Human Services
2. Division (except HHS): DHHS only, choose division from drop-down list	Division of Mental Health, Developmental Disabilities, Substance Abuse Services
3. Contact person (name)	Jessica Dicken/Kathy Nichols
4. Phone number	919-715-2462
5. E-mail	jessica.dicken@dhs.nc.gov
6. Funding Entity (grantor)	Substance Abuse and Mental Health Services Administration, SAMHSA
7. CFDA number	93.243
8. Grant title	Strategic Prevention Framework-Partnerships for Success-2018
9. Grant application deadline (MM/DD/YYYY)	07/06/18
10. Start date of grant (MM/DD/YYYY)	09/30/18
11. End date of grant (MM/DD/YYYY)	09/29/23
12. Application type	New
13. Is this grant already in agency's continuation budget?	No
14. Budget code the grant will be expended in (XXXX)	14450
15. Fund code (XXXX or NA)	1453
16. Is there a state matching requirement?	No
17. If yes, what is the matching requirement?	NA
18. If yes, what is the source of state funds being used to match grant funds?	
19. Is there a maintenance of effort (MOE) requirement?	NO
20. If yes, what is the MOE?	NA
21. Is an additional General Fund appropriation required to meet the state match requirement?	NO
22. Will any of these funds be passed through to local governments or non-state entities?	Yes
23. If yes, identify affected entities by type	private non-profit
24. Will additional state monies be required to continue the program if grant expires or is reduced?	No
25. If yes, is this a requirement of the grant?	No
26. Are new FTEs funded through the grant?	Yes

	FY 2018-19		FY 2019-20		FY 2020-21		FY 2021-22	
	Actual	Authorized	Actual	Authorized	Actual	Authorized	Actual	Authorized
27. If yes, give the number by type for each year								
28. Amount of grants funds applied for in each year								
29. Amount of grants funds awarded in each year								

