

## OMB Grant Review

<b>Grant Name</b>					
<b>Department</b>		<b>Granting Agency</b>		<b>Date</b>	
<b>Program Manager</b>		<b>Application Submitter</b>		<b>Funding Type</b>	

**Grant information:**

<b>Award Type</b>	
<b>Amount Requested</b>	
<b>Match</b>	
<b>Match Type</b>	
<b>Match Funding Source</b>	
<b>Total Project Cost</b>	
<b>Fiscal Year(s)</b>	

<b>Description &amp; Comments</b>	
(What is it, any issues found, is there a financial impact to current/next FY, does this contract vary from previous FY, etc.)	
<p>This is an intent to apply for the Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts grant through Substance Abuse and Mental Health Services Administration (SAMHSA).</p> <p>If awarded, this grant will benefit the County by providing participants support to help them overcome their substance use issues and the opportunity to become productive, drug free members of their communities through the continued enhancement of treatment and support services for individuals involved in the criminal justice system who have substance use issues.</p> <p>This grant will be multi-year and single-departmental, which will likely impact Fiscal Years 2025, 2026, 2027, 2028, and 2029. Human Services has already coordinated with SAMHSA.</p> <p>This grant will be administered by Human Services in close coordination with SAMHSA.</p> <p>The total application amount is \$2,000,000.00 with \$0.00 match required. There are no other funding sources associated with this project, which will complete the total project budget of \$2,000,000.00.</p> <p>This is not budgeted and would likely require a future budget amendment.</p> <p>Based on the thresholds for delegated approval, this grant application will require Director approval to apply.</p>	

**Analyst:** *Samantha Wexler*

**Ok to Sign with Comments:**