

OMB Contract Review

Contract Name	SAMHSA Year 3 Award-Elevate				
GRANICUS	17-007A	Contract #	N/A	Date:	1/9/17

Mark all Applicable Boxes:

Type of Contract									
CIP		Grant	X	Other		Revenue	X	Project	

Contract information:

New Contract (Y/N)	N/A	Original Contract Amount	\$324,518
Fund(s)	0001	Amount of Change	\$0
Cost Center(s)	311112/100200	Contract Amount	\$324,518
Program(s)	1712	Amount Available	N/A
Account(s)	5340001/3312001	Included in Applicable Budget? (Y/N)	Not yet (FY18)
Fiscal Year(s)	FY18		
Description & Comments			
(What is it, any issues found, is there a financial impact to current/next FY, does this contract vary from previous FY, etc.)			
<p>The department is requesting approval to submit this application for the Year 3 award for the US Dept of HHS/SAMHSA Elevate Program. The total project period is 9/30/15-9/29/18. If awarded, \$324,518 will need to be appropriated to the Department's FY18 Expenditure & Revenue budget.</p>			

Analyst: **Emily Magyar**

Ok to Sign: