Notice of Award



AOT **Issue Date**: 09/27/2018

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

Center for Mental Health Services

Grant Number: 3H79SM063549-01S1 **FAIN:** H79SM063549 **Program Director:** Daisy Rodriguez

Project Title: Pinellas County - Assisted Outpatient Treatment for Individuals with SMI

Grantee Address

COUNTY OF PINELLAS Daisy Rodriguez

440 Et Hamiaan A

14 S. Ft. Harrison Ave. Clearwater, FL 337565105 **Business Address**

Mark Woodard County Administrator Pinellas County 14 S. Ft. Harrison Ave. Clearwater, FL 337565105

Budget Period: 09/30/2018 – 09/29/2019 **Project Period:** 09/30/2018 – 09/29/2022

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a supplement in the amount of \$25,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF PINELLAS in support of the above referenced project. This award is pursuant to the authority of Section 224 of PAMA 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 – 3H79SM063549-01S1

Award Calculation (U.S. Dollars)

Other	\$1,022,160
Direct Cost Approved Budget Federal Share Cumulative Prior Awards for this Budget Period	\$1,022,160 \$1,022,160 \$1,022,160 \$0

AMOUNT OF THIS ACTION (FEDERAL SHARE)

\$25,000

SUMMARY TOTALS FOR ALL YEARS			
YR	AMOUNT		
1	\$1,022,160		
2	\$997,160		
3	\$997,160		
4	\$997,160		

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

Fiscal Information:

 CFDA Number:
 93.997

 EIN:
 1596000800A5

 Document Number:
 16SM63549A

 Fiscal Year:
 2018

 IC
 CAN
 Amount

 SM
 C96J670
 \$25,000

<u>IC</u>	CAN	<u>2018</u>
<u>SM</u>	C96J670	<u>\$25,000</u>

SM Administrative Data:

PCC: AOT / **OC:** 4145

SECTION II - PAYMENT/HOTLINE INFORMATION - 3H79SM063549-01S1

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 - 3H79SM063549-01S1

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 - 3H79SM063549-01S1

REMARKS

Technical Assistance Supplement

This notice of award provides supplemental funding in the amount of \$25,000 in the "Other" cost category of federal funding for the purchase of Technical Assistance (TA) or for other allowable activities as outlined in the FOA of your grant award.

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

SPECIAL CONDITIONS

Revised Budget (\$25k Supplement)

By **November 14, 2018**, you must submit a revised SF-424A - BUDGET INFORMATION – Non Construction Programs and budget narrative/justification clearly indicating how you will use the funding.

 The \$25,000 supplemental funds should be clearly itemized in appropriate budget categories of the SF-424A. The budget narrative/justification should state how the funding will be used. If any portion of the funding is used for the purchase of TA utilizing a contract, clearly articulate who the contract is with and the activities/services they will provide. The SF-424A BUDGET INFORMATION - Non-Construction Programs can be found at: https://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf

A Sample Budget Narrative and Justification can be found in Appendix of the FOA for your grant award.

Upload the completed .pdf of the SF-424A and the budget narrative/justification to the "View Terms Tracking Details" page in eRA Commons.

Staff Contacts:

Mariam Chase, Program Official

Phone: (240) 276-1904 Email: Mariam.Chase@samhsa.hhs.gov

Sarah Dayhoff, Grants Specialist

Phone: (240) 276-1688 Email: Sarah.Dayhoff@samhsa.hhs.gov Fax: (240) 276-1420