



**Recipient Information**

**1. Recipient Name**  
 AUGUSTA-RICHMOND COUNTY  
 GOVERNMENT  
 535 TELFAIR ST  
 STE 800  
 AUGUSTA, GA 30901

**2. Congressional District of Recipient**  
 12

**3. Payment System Identifier (ID)**  
 1582204274A4

**4. Employer Identification Number (EIN)**  
 582204274

**5. Data Universal Numbering System (DUNS)**  
 073438418

**6. Recipient's Unique Entity Identifier**  
 ZH93N1J4TBE8

**7. Project Director or Principal Investigator**  
 Crystal A Page  
  
 cpage@augustaga.gov  
 706-849-3484

**8. Authorized Official**  
 Ms. Takiyah Douse  
 cpage@augustaga.gov  
 706-821-2400

**Federal Agency Information**

**9. Awarding Agency Contact Information**  
 Aina Halili  
 Grants Specialist  
 aina.halili@samhsa.hhs.gov  
 240-276-2820

**10. Program Official Contact Information**  
 Oluwashina Deborah  
 Program Official  
 deborah.oluwashina@samhsa.hhs.gov  
 (240) 276-1015

**Federal Award Information**

**11. Award Number**  
 1H79TI085872-01

**12. Unique Federal Award Identification Number (FAIN)**  
 H79TI085872

**13. Statutory Authority**  
 Section 509 (42 USC 290bb-2) of the PHS Act, as amended

**14. Federal Award Project Title**  
 Richmond County Accountability Court Substance Abuse Program

**15. Assistance Listing Number**  
 93.243

**16. Assistance Listing Program Title**  
 Substance Abuse and Mental Health Services\_Projects of Regional and National Significance

**17. Award Action Type**  
 New Competing

**18. Is the Award R&D?**  
 No

Summary Federal Award Financial Information	
<b>19. Budget Period Start Date 09/30/2023 – End Date 09/29/2024</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$350,728
20a. Direct Cost Amount	\$350,728
20b. Indirect Cost Amount	\$0
<b>21. Authorized Carryover</b>	
<b>22. Offset</b>	
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$350,728
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$350,728
-----	
<b>26. Project Period Start Date 09/30/2023 – End Date 09/29/2028</b>	
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	\$350,728

**28. Authorized Treatment of Program Income**  
 Additional Costs

**29. Grants Management Officer - Signature**  
 LeSchell D Browne

**30. Remarks**

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.



SAMHSA Treatment Drug Courts  
Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration

Notice of Award

Issue Date: 09/08/2023

Center for Substance Abuse Treatment

**Award Number:** 1H79TI085872-01  
**FAIN:** H79TI085872  
**Program Director:** Crystal A Page

**Project Title:** Richmond County Accountability Court Substance Abuse Program

**Organization Name:** AUGUSTA-RICHMOND COUNTY GOVERNMENT

**Authorized Official:** Ms. Takiyah Douse

**Authorized Official e-mail address:** [cpage@augustaga.gov](mailto:cpage@augustaga.gov)

**Budget Period:** 09/30/2023 – 09/29/2024  
**Project Period:** 09/30/2023 – 09/29/2028

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$350,728 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to AUGUSTA-RICHMOND COUNTY GOVERNMENT in support of the above referenced project. This award is pursuant to the authority of Section 509 (42 USC 290bb-2) of the PHS Act, 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](http://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,  
LeSchell D Browne  
Grants Management Officer  
Division of Grants Management

See additional information below

**SECTION I – AWARD DATA – 1H79TI085872-01**

**Award Calculation (U.S. Dollars)**

Supplies	\$1,800
Contractual	\$346,438
Other	\$2,490
<b>Direct Cost</b>	<b>\$350,728</b>
<b>Approved Budget</b>	<b>\$350,728</b>
Federal Share	\$350,728
Cumulative Prior Awards for this Budget Period	\$0
<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	<b>\$350,728</b>

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$350,728
2	\$350,728
3	\$357,547
4	\$357,547
5	\$357,547

Note: 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: 1582204274A4  
 Document Number: 23TI85872A  
 Fiscal Year: 2023

<b>IC</b>	<b>CAN</b>	<b>Amount</b>
TI	C96N306	\$350,728

IC	CAN	2023	2024	2025	2026	2027
TI	C96N306	\$350,728	\$350,728	\$357,547	\$357,547	\$357,547

**TI Administrative Data:**

PCC: DC-AD23 / OC: 4145

**SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI085872-01**

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 – 1H79TI085872-01**

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:**

Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

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 (FAPIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

---

**SECTION IV – TI SPECIAL TERMS AND CONDITIONS – 1H79TI085872-01****REMARKS****New Award - SAMHSA Treatment Drug Courts**

**This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity TI-23-007, Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts, has been selected for funding.**

The purpose of this program is to expand substance use disorder (SUD) treatment and recovery support services in existing drug courts. The program recognizes the need for treatment instead of incarceration for individuals with SUDs. These awards provide a continuum of care, including prevention, harm reduction, treatment, and recovery services, for individuals with SUD involved with the courts. Harm reduction services funded under this award must adhere to federal, state, and local laws, regulations, and other requirements related to such programs or services.

Award recipients will be expected to screen and assess clients for the presence of SUD

---

and/or co-occurring substance use and mental disorders, screen for infectious diseases for which those with SUDs are at high risk and provide evidence-based and population appropriate harm reduction, treatment, and recovery support services. SAMHSA Treatment Drug Courts awards are authorized under Section 509 (42 U.S.C 290bb-2) of Public Health Service Act, as amended.

**Policies and Regulations** – Accepting a grant award or cooperative agreement requires the recipient organization to comply with the terms and conditions of the NoA, as well as all applicable Federal Policies and Regulations. This award is governed by the Uniform Guidance [2 Code of Federal Regulations \(CFR\) § 200](#) as codified by HHS at [45 CFR § 75](#); Department of Health and Human Services (HHS) [Grants Policy Statement](#); SAMHSA [Additional Directives](#); and the [Standard Terms and Conditions](#) for the fiscal year in which the grant was awarded.

**\* Key Personnel** – are staff members who must be part of the project regardless of whether they receive a salary or compensation from the project. These staff members must make a substantial contribution to the execution of the project and should reflect SAMHSA’s expectation of diversity, equity, and inclusion in the selection of staff.

**The key personnel for this program will be:**

- o **Project Director with a minimum level of effort of 0.20 FTE.**

**\* The Key Personnel identified in your application has not been approved by SAMHSA.** Your assigned GPO will confirm approval via eRA Correspondence within 60 days of receipt of this NoA. If SAMHSA’s review of the Key Personnel results in the proposed individual not being approved or deemed not qualified for the position, the organization will be required to submit a qualified candidate for the Key Personnel position. SAMHSA will not be liable for any related costs incurred on this grant award.

The identified PD for this program is listed in item #7 “Project Director or Principal Investigator” on the cover page of the NoA. If the individual identified on the NoA is incorrect, you must notify your assigned Government Project Officer (GPO) and Grants Management Specialist (GMS) via email immediately and plan to submit a post award amendment for a change in key personnel via eRA Commons.

Key personnel or other grant-supported staff may not exceed 100% level of effort across all federal and non-federal funding sources.

Any changes to 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, and must be submitted as a post-award amendment in eRA Commons. Refer to SAMHSA’s website for more information on submitting a [key personnel change](#). See [SAMHSA PD Account Creation Instructions](#) for a quick step-by-step guide and [SAMHSA Grantee PD Account Creation Slides](#) for additional information

---

on the eRA Commons registration process for the PD.


**Funding Limitations** – SAMHSA reserves the right to disallow costs under this grant award at any time during the award project period. Award recipients are responsible for ensuring that costs allocated to the grant award are reasonable and allowable in accordance with the [Funding Opportunity Announcement](#) and all applicable Policies & Regulations.

The Cost Principles that delineate the allowable and unallowable expenditures for HHS recipients are described in the [Code of Federal Regulations](#). Funding Limitations and Restrictions are listed in the [Notice Funding Opportunity Announcement](#). You may also reference the SAMHSA grantee guidelines on [Financial Management Requirements](#).

**Unallowable Costs** – Recipients must exercise proper stewardship over Federal funds and ensure that costs charged to awards are allowable, allocable, reasonable, necessary, and consistently applied regardless of the source of funds according to the “Factors affecting allowability of costs” per [2 CFR § 200.403](#) and the “Reasonable costs” considerations per [2 CFR § 200.404](#). A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

**Supplanting** – “Supplement Not Supplant” grant funds may be used to supplement existing activities. Grant funds may not be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal grant.

**Award Payments** – 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). First time PMS users must obtain access to view available funds, request funds, or submit reports. Users will need to request permission and be approved by PSC. Inquiries regarding payments should be directed to PMS by emailing the helpdesk at [PMSSupport@psc.hhs.gov](mailto:PMSSupport@psc.hhs.gov) or call 1-877-614-553. You should also visit the PSC website for more information about their services - <https://pms.psc.gov/>

 **Special Terms & Conditions of Award** – There may be special terms and conditions associated with your grant award. Recipients must address all special terms and conditions by the reflected due date. See the **Special Terms of Award** and **Special Conditions of Award** sections below for the specific terms and conditions associated with your grant award. A recipient's failure to comply with the terms and conditions of award, may cause SAMHSA to take one or more actions, depending on the severity and duration of the non-compliance. SAMHSA will undertake any such action in accordance with applicable statutes, regulations, and policies.

**Responding to Award Terms & Conditions** – All responses to award terms and

---

**conditions must be submitted as .pdf documents in eRA Commons.** For more information on how to respond to tracked terms and conditions or how to submit a post award amendment request please refer to <https://www.samhsa.gov/grants/grants> training-materials under the heading “Grant Management Reference Materials for Grantees.”

**Prior Approval Requirements** – Prior approval is required for the following changes to your grant award: Changes in the status of the Project Director, or other key personnel named in the NoA; Changes in scope; Significant re-budgeting and Transfer of substantive programmatic work; Carryover of unobligated balances; Change of grantee organization; Deviation from award terms and conditions; No-cost extension and Transfer of substantive programmatic work. A full list of actions requiring prior approval can be found on page II-49 of the HHS [Grants Policy Statement](#) Exhibit 5 (Summary of Actions Requiring OPDIV Prior Approval). **All prior approval actions must be submitted as post award amendment requests in eRA Commons.**

**Post Award Amendments** – If information on the NoA needs to be changed, it will require approval from the federal agency before the grant recipient can implement the modification. Please refer to the SAMHSA website for specific SAMHSA guidance on how to submit a post-award amendment in eRA Commons: <https://www.samhsa.gov/grants/grants-management/post-award-amendments>

### **Primary Contacts**

- For technical support, contact [eRA Service Desk](#) at 866-504-9552 (Press 6 for SAMHSA Grantees).
- For budget and grants management related questions, contact your assigned GMS.
- For programmatic questions, contact your assigned GPO

**Contact information for the GMS and GPO are listed on the last page of this NoA.**

**Training & Resources** – Visit the following pages on our website for more information on implementation, monitoring and reporting on your new grant award:

- [Grants Management](#)
- [Training & Resources for recipients](#)
- [eRA Commons](#)

### **Adult Treatment Drug Court (PCC: DC-AD23)**

Adult Drug Court Model Key Components and Standards may be found in Appendix M of the NOFO, page 87

---

## **SPECIAL TERMS**

### **Project implementation**

Project implementation is expected to begin by the fourth month of the award.

### **Funding Limitations/Restrictions**

The funding restrictions for this project are below.

- No more than **15 percent** of the total award for the budget period may be used for developing the program infrastructure necessary for expansion of services.
- No more than **20 percent** of the total award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

**Be sure to identify these expenses in your proposed budget.**

 **SAMHSA recipients must also comply with SAMHSA's standard funding restrictions, which are included in Appendix I – Standard Funding Restrictions.**

### **Disparity Impact Statement (DIS)**

**By November 30, 2023, submit via eRA Commons a completed Disparity Impact Statement.**

SAMHSA's Behavioral Health Disparity Impact Statement (DIS) is a data-driven, quality improvement approach to advance behavioral health equity for all. The DIS is a grant requirement that helps grantees identify racial, ethnic, sexual, and gender minority groups at the highest risk of experiencing behavioral health disparities within their grant projects and implement a disparity reduction action plan with a quality improvement process to address and close the identified gap(s). The DIS should be consistent with the Population of Focus and Statement of Need identified in the grant application and include the components as described below. Please refer to the DIS worksheet, examples, and other resources on the SAMHSA website at: <https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>

**The main components of the DIS are:**

- Identify and describe the behavioral health disparity within the population of focus of the grant project that experience disparate access, use, and outcomes.
- Provide a demographic table of the proposed number of individuals to be served, reached, or trained in the grant project that covers the entire grant period. Identify the data sources used to support the rationale for how the determination of the disparity was made.
- Identify the social determinants of health (SDOH) domains and the Culturally and Linguistically Appropriate Services in Health and Health Care ([CLAS](#)) Standards that the grantee organization will work to address and improve for the identified population(s) of focus.
- Develop a disparity reduction quality improvement action plan to address behavioral health disparities based on the available data on access, use, and outcomes.

In accordance with the reporting requirements outlined in the Notice of Funding Opportunity



---

(NOFO), the grantee is required to provide an update on the project's progress towards addressing quality care of underserved populations related to the Disparity Impact Statement (DIS), barriers encountered, including challenges serving populations of focus, efforts to overcome these barriers; evaluation activities for tracking DIS efforts; and a revised quality improvement plan if the DIS does not meet the quality of care requirements as stated in the DIS.

All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading How to Respond to Terms and Conditions.

## **SPECIAL CONDITIONS**

### **Key Personnel - Resume & Job Description**

By **October 16, 2023**, submit via eRA Commons:

Please submit a resume and position description for all project staff as supporting documentation for the application. In accordance with the [FOA](#), kindly ensure that your resume and position description adhere to the following guidelines:

#### **Biographical Sketch**

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents.

- Name of staff member
- Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
- Professional experience
- Recent relevant publications

#### **Position Description**

- Title of position
- Description of duties and responsibilities
- Qualifications for position
- Supervisory relationships
- Skills and knowledge required
- Amount of travel and any other special conditions or requirements
- Salary range
- Hours per day or week

All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading How to Respond to Terms and Conditions.

**Revised SF424 & Revised Budget**  
By **October 31, 2023**, submit in eRA.

- 
1. **Submit a revised SF-424** with the Project Director (PD) name and contact information listed in Section 8f and the Authorized Representative listed in Section 21. **Correct the amount on line 18-a to match to the amount listed in SF-424A, section 6 k.** The contact information for the Authorized Representative in Section 21 must match the name of the person who signs the SF-424 form. For instructions on how to complete the SF-424 form can be found at: <https://www.samhsa.gov/grants/applying/forms-resources>.
  2. **Submit a detailed Revised Budget with Narrative Justification addressing the items below.** For your revised budget narrative **we need you to use the SAMHSA Budget Template** located on the following website: <https://www.samhsa.gov/grants/grants-management/post-award-amendments#pdfbudget-template>

## A. Personnel

In your budget all staff have been marked incorrectly as a Key Personnel. Please insure to identify as the Key Personnel only the Project Director required by the FOA.

For staff listed under the personnel section, please provide additional information, as:

1. **Key Personnel** – Identify if the position is key personnel required by the FOA:
  - a. Key staff positions require prior approval by SAMHSA after review of credentials and job descriptions.
2. **Salary/Rate** – The estimated annual salary or rate. If providing a rate, specify the time basis (e.g., hourly, weekly).
  - a. Salaries should be comparable to those within your organization.
  - b. If the position is not being charged to the Federal award, but the individual is working on the project identify the salary/rate as an “in-kind” cost.
3. **Level of Effort (LOE)** – The level of effort (percentage of time) that the position contributes to the project.
4. **Total Salary** – The total salary/amount each position is paid based on their contribution to the project.
  - a. If the position is not being charged to the Federal award, identify the cost as \$0.

## C. Travel

**Travel – \$8,619:** The travel cost appears to be quite high given that there are three individuals travelling. Travel expenses charged to an award must comply with HHS

---

regulations at [45 CFR §75.474](#). We kindly request that you provide a copy of your organization's written travel reimbursement policies. If your organization does not have documented travel policies, please utilize the federal GSA rates (<https://www.gsa.gov/portal/category/26429>). Kindly specify the three grant staff positions that will be attending this conference. Additionally, please ensure that the justification clearly identifies the necessity of the travel if it is not specifically required by the FOA. The narrative description should include the purpose of the travel and explain how it directly relates to the scope of work.

When conference charges include meals, it is necessary to minimize the daily meal reimbursements. Furthermore, please make necessary adjustments to the meal costs on both the arrival and departure days.



#### F. Contractual:

**Contractual total - \$346,438: For this cost, please provide the following:**

**List the budgets for each sub-award, contract, consultant, or consortium agreement.**

**Name** – Provide the name of the entity and identify if it is a sub-recipient, contractor, or consultant.

**Service** – Identify the products or services to be obtained.

- o As part of the justification, provide a summary of the scope of work, the specific tasks to be performed, the necessity of the task for each sub-award or contract as it relates to the Project Narrative. Include the dates/length for the performance period. NOTE: costs that are outside the period of performance of the award cannot be charged to the award.

**Rate** – provide an itemized line-item breakdown. Costs associated with contracts must be presented in a detailed breakdown format. This should include an itemized list of materials, quantities, number of individuals involved, unit or hourly costs, hours or levels of effort expended, or any other relevant factors. Additionally, please provide a narrative justification for each of these costs. If applicable, the number of clients involved should be included in the cost breakdown.

All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading **How to Respond to Terms and Conditions**.

### **STANDARD TERMS AND CONDITIONS**

---

## Reporting Requirements

All SAMHSA recipients are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your plan for data collection and reporting in your Project Narrative in response to Section E: Data Collection and Performance Measurement in [Section V](#) of this [NOFO](#)

Recipients are required to report performance on the following measures:

- number of individuals served
- diagnoses
- abstinence from substance use
- housing stability
- employment/education status
- social connectedness
- health/behavioral/social consequences
- access to treatment
- treatment(s) provided
- retention in treatment
- criminal justice involvement

This information will be gathered using a uniform data collection tool provided by SAMHSA. Recipients are required to submit data via SAMHSA's Performance Accountability and Reporting System (SPARS); and access will be provided upon award. An example of the required data collection tool (i.e., National Outcome Measures (NOMs) or NOMS client level services tool) can be found [here](#)). Data will be collected via an interview using this tool at three data collection points at baseline (i.e., the client's entry into the project), discharge, and six months post baseline. Recipients will be expected to do a GPRA interview on all clients for their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. Data are to be submitted through the specific online data collection tool within seven days of data collection or as specified after award. GPRA training and technical assistance will be offered to recipients.

The collection of these data enables SAMHSA to report on key outcome measures relating to the program. In addition to these outcomes, performance measures collected by recipients will be used to demonstrate how SAMHSA's programs are reducing disparities in behavioral health access, retention, service use, and outcomes nationwide.

FTDC recipients will also be required to collect and report data on the children of parents and other family members participating in the FTDC, as well as family functioning outcomes such as:

- Number and type of services provided to children and additional family members.
- Number of children placed in out of home care.
- Re-entries to out of home care/foster care.
- Number of children reunited with parents after being removed from the home and placed in temporary placement.

This information will be included in the semi-annual progress report see [Section VI.3](#).

Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.



### Programmatic Progress Report

The SAMHSA Treatment Drug Courts recipients are required to submit a six-month progress report due no later than 30 days after the end of the second quarter (**March 30, 2024**) and an annual report is due within 90 days of the end of the budget period. A final performance report must be submitted within 120 days after the end of the project

---

period (September 29, 2024).

**For this budget period Programmatic Progress Reports are due as follows:**



- o **Six Month Report – Due April 30, 2024**
- o **Annual Report – Due December 28, 2024**

The progress reports must discuss project progress, barriers encountered, efforts to overcome these barriers, evaluation activities for tracking DIS efforts and a revised quality improvement plan if DIS does not meet quality of care requirements. More information will be provided by your assigned Government Project Officer.

A final performance report must be submitted within 120 days after the end of the project period. The final performance report must be cumulative and report on all activities during the entire project period.

**The response to this term must be submitted as .pdf documents in eRA Commons. Please contact your Government Program Official (GPO) for program specific submission information.**

#### **Annual Federal Financial Report (FFR or SF-425)**

All financial reporting for recipients of Health and Human Services (HHS) grants and cooperative agreements has been consolidated through a single point of entry, which has been identified as the Payment Management System (PMS). The Federal Financial Report (FFR or SF-425) initiative ensures all financial data is reported consistently through one source; shares reconciled financial data to the HHS grants management systems; assists with the timely financial monitoring and grant closeout; and reduces expired award payments. The FFR is required on an annual basis no later than 90 days after the end of each Budget Period. The FFR should reflect cumulative amounts. Additional guidance to complete the FFR can be found at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>.

SAMHSA reserves the right to request more frequent submissions of FFRs. If so, the additional submission dates will be shown below.

Your organization is required to submit an FFR for this grant funding as follows:



- **By 12/28/2024**, submit the Federal Financial Report (FFR)/(SF-425).

The grant recipient staff member(s) responsible for FFR preparation, certification and submission of the FFR must either submit a request for New User Access or Update User Access to the FFR Module as applicable. Refer to the PMS User Access website <https://pms.psc.gov/grant-recipients/user-access.html> for information on how to submit a New User Access, Update User Access or Deactivate User Access. You can also view PMS' Video on how to request new user access @ <https://youtu.be/kdoqaXfiuI0> and PDF resource with instructions on Requesting Access @ <https://pms.psc.gov/forms/New-User-Request-Grantee.pdf>

---

Instructions on **how to submit a FFR via PMS** are available at <https://pmsapp.psc.gov/pms/app/help/ffr/ffr-grantee-instructions.html> (The user must be logged in to PMS to access the link). Updates to the FFR instructions effective 4/1/2022 are also available @ <https://pms.psc.gov/grant-recipients/ffr-updates.html>

While recipients must submit the FFR in PMS, the FFR can also be accessed by connecting seamlessly from the eRA Commons to PMS by clicking the “Manage FFR” link on the “Search for Federal Financial Report (FFR)” page in eRA Commons, which will redirect to PMS. SAMHSA will not accept FFRs submitted by email or uploaded as an attachment into eRA. To access the “Manage FFR” link in eRA Commons, the individual must be registered in eRA Commons and assigned the Financial Status Reporter (FSR) role for their organization. The individual assigned the FSR role is responsible for reporting the statement of grant expenditures for their organization. Refer to the [Managing User Accounts: Add or Remove Roles, Unaffiliate Account](#) document for instructions on how to assign a the FSR role.

**If you have questions about how to set up a PMS account for your organization, please contact the PMS Help Desk at [PMSSupport@psc.hhs.gov](mailto:PMSSupport@psc.hhs.gov) or 1-877-614-5533.**

**Note:** Recipients will use PMS to report all financial expenditures, as well as to drawdown funds; SAMHSA recipients will continue to use the eRA Commons for all other grant-related matters including submitting progress reports, requesting post-award amendments, and accessing grant documents such as the Notice of Award.

### **Standard Terms for Awards**

Your organization must comply with the Standard Terms and Conditions for the Fiscal Year in which your grant was awarded. The Fiscal Year for your award is identified on your Notice of Award. SAMHSA's Terms and Conditions Webpage is located at: <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

### **Reasonable Costs for consideration**

Recipients must exercise proper stewardship over Federal funds and ensure that costs charged to awards are allowable, allocable, reasonable, necessary, and consistently applied regardless of the source of funds according to “Reasonable Costs” consideration per 2 CFR § 200.404 and the “Factors affecting allowability of costs” per 2 CFR § 200.403. A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

### **Consistent Treatment of Costs**

Recipients must treat costs consistently across all federal and non-federal grants, projects and cost centers. Recipients may not direct-charge federal grants for costs typically considered indirect in nature, unless done consistently. If part of the indirect cost rate, then it may not also be charged as a direct cost. Examples of indirect costs include (administrative salaries, rent, accounting fees, utilities, office supplies, etc.). If typical indirect cost categories are included in the budget as direct costs, it is SAMHSA's understanding that your organization has developed a cost accounting system adequate to justify the direct charges and to avoid an unfair allocation of these costs to the federal government. Also, note that all awards are subject to later review in accordance with the requirements of [45 CFR 75.364](#), [45 CFR 75.371](#), [45 CFR 75.386](#) and [45 CFR Part 75, Subpart F, Audit Requirements](#).

---

**Compliance with Award Terms and Conditions**

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH [45 CFR 75.371](#), 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:**

Oluwashina Deborah, Program Official

**Phone:** (240) 276-1015 **Email:** [deborah.oluwashina@samhsa.hhs.gov](mailto:deborah.oluwashina@samhsa.hhs.gov)

Aina Halili, Grants Specialist

**Phone:** 240-276-2820 **Email:** [aina.halili@samhsa.hhs.gov](mailto:aina.halili@samhsa.hhs.gov)