DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 5 NH28CE003141-05-00 FAIN# NH28CE003141 Federal Award Date: 07/21/2024

<b>Recipient Information</b>	Federal Award Information	
1. Recipient Name DESCHUTES COUNTY 1300 NW Wall St Public Health Bend, OR 97703-1959	<ul> <li>11. Award Number 5 NH28CE003141-05-00</li> <li>12. Unique Federal Award Identification Number (FAIN) NH28CE003141</li> <li>13. Statutory Authority Drug-Free Communities Act, 21 USC 1531 et seq., P.L.105-20</li> </ul>	
<ul> <li>2. Congressional District of Recipient</li> <li>02</li> </ul>	<b>14. Federal Award Project Title</b> Shared Future Coalition	
<ol> <li>Payment System Identifier (ID) 1936002292A4</li> <li>Employer Identification Number (EIN) 936002292</li> <li>Data Universal Numbering System (DUNS) 030805147</li> <li>Recipient's Unique Entity Identifier (UEI) SVJRCF7JN519</li> <li>Project Director or Principal Investigator</li> </ol>	<ul> <li>15. Assistance Listing Number 93.276</li> <li>16. Assistance Listing Program Title Drug-Free Communities Support Program Grants</li> <li>17. Award Action Type Non-Competing Continuation</li> <li>18. Is the Award R&amp;D? No</li> </ul>	
Ms. Crystal Sully Crystal.Sully@deschutes.org	Summary Federal Award Financial Informatio	n
458-231-4856	<b>19. Budget Period Start Date</b> 09/30/2024 - End Date 09/29/2025	
8. Authorized Official Ms. Cheryl Smallman cheryl.smallman@deschutes.org	<ul> <li>20. Total Amount of Federal Funds Obligated by this Action</li> <li>20a. Direct Cost Amount</li> <li>20b. Indirect Cost Amount</li> <li>21 Authorized Commune</li> </ul>	\$125,000.00 \$113,636.00 \$11,364.00
5413227449	<ul><li>21. Authorized Carryover</li><li>22. Offset</li></ul>	\$0.00
	<ul><li>22. Onset</li><li>23. Total Amount of Federal Funds Obligated this budget period</li></ul>	\$0.00 \$0.00
Federal Agency Information CDC Office of Financial Resources	24. Total Approved Cost Sharing or Matching, where applicable	\$187,500.00
9. Awarding Agency Contact Information	<ol> <li>25. Total Federal and Non-Federal Approved this Budget Period</li> <li>26. Period of Performance Start Date 12/31/2020 - End Date 09/29/2025</li> </ol>	\$312,500.00
SeQuoyah Hill GMO/ GMS kwj3@cdc.gov 770-488-2884	<b>27.</b> Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$1,165,728.00
110-100-2001	28. Authorized Treatment of Program Income	
10.Program Official Contact Information	ADDITIONAL COSTS	
Katherine Hardin Program Officer uaq7@cdc.gov 334.744.0597	<b>29. Grants Management Officer – Signature</b> Mrs. Rhonda Colbert Grants Management Officer	

30. Remarks

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

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Award# 5 NH28CE003141-05-00 FAIN# NH28CE003141 Federal Award Date: 07/21/2024

Recipient Inf	ormation		<b>3. Approved Budg</b> Excludes Direct Ass	,			
<b>Recipient</b> Name		1	I. Financial Assistance from the Federal Awarding Agency Only				
DESCHUTES COUNTY			II. Total project costs including grant funds and all other financial participation				
1300 NW Wall St			a. Salaries and Wa	iges			\$64,989.00
Public Health			o. Fringe Benefits	0			
Bend, OR 97703-19	959		0				\$44,244.00
			c. TotalPers	onnelCos	ts		\$109,233.00
Congressional District of Recipient		nt	l. Equipment				\$0.00
02	·····		e. Supplies				\$0.00
Payment Account Number and Type 1936002292A4 Employer Identification Number (EIN) Data 936002292 Universal Numbering System (DUNS) 030805147 Recipient's Unique Entity Identifier (UEI)		ype 1	f. Travel				\$1,500.00
		(FIN) Data	g. Construction				\$0.00
		. ,	n. Other				\$2,903.00
		iS)	. Contractual				\$0.00
		ier (UEI) j	. TOTAL DIRECT	COSTS			\$113,636.00
SVJRCF7JN519		1	. INDIRECT COST	'S			\$11,364.00
31. Assistance Ty	-	1	. TOTAL APPROV	ED BUDGI	ET		\$125,000.00
Cooperative Agreen		1	n. Federal Share				\$125,000.00
<b>32. Type of Awar</b> Other	ra	1	n. Non-Federal Sh	are			\$187,500.00
34. Accounting Classification Codes							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE COI	DE OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL AS	SSISTANCE	APPROPRIATION
4-9390JXS	21NH28CE003141	CE	41.51	93.276		\$125,000.00	75-24-0943



Centers for Disease Control and Prevention

Award# 5 NH28CE003141-05-00 FAIN# NH28CE003141 Federal Award Date: 07/21/2024

#### **Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

# AWARD ATTACHMENTS

# DESCHUTES COUNTY

1. Terms and Conditions

5 NH28CE003141-05-00

# AWARD INFORMATION

**Incorporation**: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <u>https://www.cdc.gov/grants/federal-regulations-</u> <u>policies/index.html</u>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **CDC-RFA-CE20-2003**, entitled **Drug-Free Communities (DFC) Support Program**, and application dated **March 7**, **2024**, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NOA).

**Total Approved Funding is included in Summary Federal Award Financial Information on page 1 of the NOA**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

#### Financial Assistance Mechanism: Grant

**Key Personnel:** In addition to the Principal Investigator/Project Director identified in this Notice of Award, the application and work plan included individuals considered key personnel. In accordance 45 CFR Part 75.308, the recipient must request prior approval from CDC to change the following individual/position:

# Crystal Sully – Principal Investigator/Program Director and Project Coordinator Cheryl Smallman –Authorized Organization Representative

**Expanded Authority:** The recipient is permitted the following expanded authority in the administration of the award.

☑ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of carried over unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

# FUNDING RESTRICTIONS AND LIMITATIONS

**Unallowable Cost:** The following item of cost has been added to the DFC Funding Restrictions. All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

• Vaping Detection Devices: DFC funds <u>may not</u> be used for Vaping Detection Devices.

**Indirect Costs:** The recipient's indirect costs are approved and based on a de minimis rate of ten (10) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2, effective September 30, 2024.

**Matching Funds Requirement**: The required level of non-federal participation for the Drug Free Communities Grant Program is listed below:.

Grant Year	Matching Requirement
1-6	100%
7-8	125%
9-10	150%

Matching is generally calculated on the basis of the federal award amount and is comprised of recipient contributions proposed to support anticipated costs of the project during a specific budget period (confirmation of the existence of funding is supplied by the recipient via their Federal Financial Report). The recipient must be able to account separately for stewardship of the federal funding and for any required matching; it is subject to monitoring, oversight, and audit. The recipient may not use matching expenditures to count toward any Maintaining State Funding requirement.

When a recipient requests a carryover of unobligated funds from prior year(s), matching funds equal to the new requirement must be on record in the CDC grant file, or the recipient must provide evidence with the carryover request.

# **REPORTING REQUIREMENTS**

#### **DFC Progress Report:**

In addition to the CDC Annual Performance/Progress Report (APR) which also serves as the non-competing continuation application, all DFC Recipients are required to submit a DFC Progress Report in August of the current calendar year (e.g. August 2024). The CDC program office will be in communication about the exact date. The report must be submitted through the DFC Me system (<u>https://dfcme.ondcp.eop.gov/</u>). For more information on the DFC Me system, please contact the DFC National Evaluation Team at <u>dfc\_evaluators@icf.com</u>.

#### **Core Measures Data**

DFC recipients are required to provide core measures data every two years, via the DFC Me system, on the following core measures for alcohol, tobacco, marijuana, and (illicit) use of prescription drugs for three grades (6th-12th) with a recommended combination of at least one middle school grade and at least one high school grade:

- 1. Past 30-day use
- 2. Perception of risk or harm
- 3. Perception of parental disapproval of use
- 4. Perception of peer disapproval of use

#### Year 6 Recipients

Year 6 recipients who received continuous funding between Years 5 and 6 will remain on the core measure reporting schedule established in the first five years of DFC funding.

Year 6 recipients who have not had sequential years of DFC funding will need to speak with the DFC National Evaluation Team to determine when to report core measures. Please contact the DFC National Evaluation Team at <u>dfc\_evaluators@icf.com</u> for more information.

#### PROGRAM OR FUNDING GENERAL REQUIREMENTS

**Key Personnel Requirements:** The following are updates to the DFC Key Personnel Requirements. All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

#### Authorized Organization Representative (AOR)

• The AOR <u>must not</u> be the same person as the project coordinator.

#### Program Director or Principal Investigator (PD/PI)

• The PI/PD is no longer required to be an employee of the recipient organization.

**Award Expectations and Noncompliance:** We can take corrective actions if your performance is poor. This means CDC may impose other enforcement actions in accordance with <u>45 CFR 75.371-Remedies for Noncompliance</u>.

# **PAYMENT INFORMATION**

**Payment Management System Subaccount**: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

# CLOSEOUT REQUIREMENTS

Standard closeout reporting requirements are identified in the General Terms and Conditions, which are published on the CDC website at <u>https://www.cdc.gov/grants/federal-regulations-policies/index.html</u>.