

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION
OFFICE OF PROGRAM SERVICES
DIVISION OF GRANTS MANAGEMENT

PRE AWARD APPLICATION PROCESS:

- Request for Application (RFA)
- PHS-5161-1 (Application for Federal Assistance)
- Detailed Budget/Narrative Justification
- On line submission of Application
 - Grants.gov

Website for additional information or to get started:

http://www.samhsa.gov

Click on:

- "Grants" (Button at top)
- "Applying for a new SAMHSA Grant"

Grants.gov.

- On-line submission www.grants.gov
- DUNS number required -
 - DUNS (Dun and Bradstreet) <u>www.dunandbradstreet.com</u> or call 1-866-705-5711
- At least two weeks prior to submitting the application the applicant must register at www.grants.gov
- On-line tutorial is provided for submitting applications on grants.gov

Financial Capability Review(FCR)

Why FCRs are important:

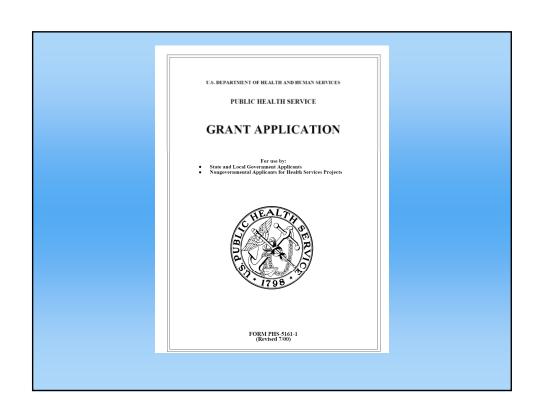
- Pre-award Financial Advisory Services Officer (FASO) perform a FCR of new and prospective grantees
- Post award FASO provides financial advisory services to Grants Management Specialists on grantee fiscal matters and Federal cost principles
- Resolve findings in OMB Circular A-133 Audits and follow up with grantees or non receipt at the Federal Audit Clearninghouse

How FCRs Are Performed:

- FCR helps grantees succeed with financial management systems
 - Helps protect Federal dollars against fraud, waste and abuse
 - Helps applicants be equipped with adequate financial management systems
 - Requests applicant's recent financial statements or audit together with accounting and personnel policies & procedures (P&P)
 - Provides guidance to applicant prior to funding to assure good stewardship of federal funds.

Division of Grants Management (DGM)

- DGM conducts a cost analysis of applicant's budgets, negotiations with applicants to make necessary changes or revisions and collaborates with the Government Project Officer
- DGM conducts an administrative review of the application.
- Grants Management Officer, SAMHSA approves Notice of Grant Award
- Closeout after Project Period ends.



| Application for Federal Assistance SF-424 | Version 02 |
|--|------------|
| 9. Type-of Applicant 1: Select Applicant Type: | |
| Type of Applicant 2 Select Applicant Type | |
| | |
| Type of Agglacant 3: Second Aggregant Type | |
| Otier (specify) | |
| 16. Name of Federal Agency | |
| | |
| 11. Catalog of Federal Domestic Assistance Number | |
| CFDA Tide: | |
| *12 Funding Opportunity Number | |
| 12 Fluding Opportunity Number | |
| Tipe. | |
| | |
| | |
| 12 Competition Identification Number | |
| | |
| | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): | |
| 14. Head Affected by Froject (Cities, Collines, States, etc.). | |
| | |
| | |
| 15. Descriptive Title of Applicant's Project: | |
| | |
| | |
| Attach supporting documents as specified in agency instructions. | |

| 6. Congressional Districts Of: |
|---|
| |
| a. Applicant b. Program/Project |
| attach an additional list of Program/Project Congressional Districts if needed: |
| |
| 7. Proposed Project: |
| a. Start Date: b. End Date: |
| 8. Estimated Funding(S): |
| a. Federal |
| b. Applicant |
| c. State |
| d. Local |
| e. Other |
| f. Program Income |
| g. TOTAL |
| 40.1.4.1.4.0.1.4.5.1.0.0.4.1.5.4.0.1.40070. |
| 19. Is Application Subject to Review By State Under Executive Order 12372 Process? |
| a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. |
| c. Program is not covered by E.O. 12372. |
| 20. Is the Applicant Deliniquent on Any Federal Debt? (If "Yes", provide explanation.) |
| 1. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements |
| erein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to omply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims |
| nay subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001) |
| **I AGREE |
| " The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency |
| pecific instructions. |
| . Authorized Representative |
| refor: "Fire: Name: |
| hiddle Name |
| ast Name: |
| iuffix: |
| Title |
| Telephone Number: |
| |
| Email |
| Signature of Authorized Representative: Date Signed: |

PHS 51-61-1

- SF 424 (version 2)

 Application for Federal Assistance - complete all
- SF 424A Budget Information Nonconstruction – complete Sections B, C,E, and F
- SF 424B Assurance Non-Construction Programs – for reference
- SF 424C Budget Information Construction Programs – Do not complete

PHS 5161-1 (cont)

- SF 424D Assurances Construction Programs – Do not complete
- Certifications For reference
- Program Narrative Complete using RFA
- Budget Narrative Complete using RFA "Sample Budget" as guide
- Checklist Complete

Cover Page SF 424 (cont.)

- Subject to Executive Order 12372
 - Intergovernmental Review of Federal Programs
 - go to www.whitehouse.gov/omb/grants/spoc.html to reference list of states affected by EO 12372
- Authorized signature = Individual legally responsible for application and grant funds

| | | _ | SF 42 | - 7/7 | | | |
|--------------------------------|-------------------------------------|---|--|--------------------------------|-----------------------|--------------|--|
| | BU | DGET INFORM | ATION - Non-Co | nstruction Progr | ams | | |
| Glane | Catalog of Federal | SECTION A - BUDGET SUMMAR Estimated Unobligated Funds | | IMARY | New or Revised Budget | | |
| Function or Activity (a) | Domestic Assistance other (b) | Federal (o) | Non-Federal (d) | Federal (e) | Non-Federal (f) | Total (g) | |
| 1. | | \$ | \$ | \$ | s | \$ 0 | |
| 2. | | | | | | 0.00 | |
| 3. | | | | | | 0.00 | |
| 4. | | | | | | 0.00 | |
| 5. TOTALS | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| | | SE | CTION B - BUDGET CATE GRANT PROGRAM | CORIES A FUNCTION OR ACTIVITY | | Total | |
| Object Class Categories | 5 | (1) | (2) | (3) | (4) | (5) | |
| a. Personnel | | \$ | \$ | \$ | S | \$ 0.00 | |
| b. Fringe Benefits | | | | | | 0.00 | |
| c. Travel | | | | | | 0.00 | |
| d. Equipment | | | | | | 0.00 | |
| e. Supplies | | | | | | 0.00 | |
| f. Contractual | | | | | | 0.00 | |
| g. Construction | | | | | | 0.00 | |
| h. Other | | | | | | 0.00 | |
| i. Total Direct Charge | s (sum of 6a - 6h) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| j. Indirect Charges | | | | | | 0.00 | |
| k. TOTALS (sum of 6 | i and θį) | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| · · | | | \$ | | \$ | | |

Budget Categories

- Personnel
- · Fringe Benefits
- Travel
- Equipment
- Supplies
- Contractual
- Construction Not allowed
- Other
- Indirect Costs

Budget Categories (cont.)

- Total Direct Costs -
- Indirect Costs
 - If you have a negotiated rate agreement (include documents in the application package)
 - If you don't have a rate agreement and wish to obtain one go to http://rates.psc.gov

Budget Information Sheet Standard Form(SF) 424A

Section A = leave blank

Section B = follow categories from budget summary

- Section B Column 1 = Federal funds request
- Section B Column 2 = Non-Federal cost sharing/match
- Program Income = Income generated from grant-funded activities

| | SESTION S | - NON-FEDERAL | DESCUDES | | |
|------------------------------------|----------------------|---------------|------------------|-----------------------|-------------|
| (a) Grant Program | SECTION C | (b) Applicant | (c) State | (d) Other Sources | (e) TOTALS |
| 8. | | s | \$ | \$ | \$ 0.00 |
| 9. | | | | | 0.00 |
| 10. | | | | | 0.00 |
| 11. | | | | | 0.00 |
| 12. TOTALS (sum of lines 8 and 11) | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | SECTION D | - FORECASTED | CASH NEEDS | | |
| 13. Federal | Total for 1st Year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| 13. Federal | 0.00 | \$ | \$ | \$ | \$ |
| 14. Non-Federal | 0.00 | | | | |
| 15. TOTAL (sum of lines 13 and 14) | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| SECTION E - BU | DGET ESTIMATES OF FE | DERAL FUNDS | NEEDED FOR BALAN | CE OF THE PROJECT | |
| (a) Grant Program | (a) Grant Program | | | NDING PERIODS (Years) | |
| 16. | | (b) Firet | (c) Second | (d) Third | (e) Fourth |
| | | 3 | • | 3 | 3 |
| 17. | | | | | |
| 18. | | | | | |
| 19. | | s | \$ | \$ | \$ |
| 20. TOTALS (sum of lines 16 - 19) | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | acoriou c | | INFORMATION | | |

Budget Information Sheet Standard Form(SF) 424A

- Section C = complete use to complete Budget section on 424 Item 18 b through f
- Section D = leave blank
- Section E = Estimates of Funds Needed to Balance the Project
 - (a) Grant Program =
 - (b through e) additional years (taken from Budget Section) –First is year 2, etc.
- Section F = Complete if indirect costs are requested submit indirect cost rate agreement

| | Checklist | |
|--|---|---|
| IS-5161-1 (6/99) | | Page |
| | CHECKLIST | OMB Approval No. 0920-0428 Expiration Date: April 30, 2000 |
| rublic Burden Statement: Public reportin ollection of information is estimated to average sponse, including the time for reviewing inst skisting data sources, gathering and maintainin nd completing and reviewing the collection gency may not conduct or sponsor, and a per property may not conduct or sponsor, and a per purrently valid OMB control number. Send or its burden estimate or any other aspect on toromation, including suggestions for reduction to the property of the state of the sponsor property and the state of the sponsor property and the state of property and the sponsor property of the sponsor property of property of proper | g burden of this 4 Clearance Officer, 1600 C ATTN: PRA (0620-0428) address. To findrmation. An son is not required eless it displays a mments regarding this collection of page of the signed origin. | Clifton Fload, MS D-24, Atlanta, GA 30333, Do not send the completed form to this f: This form must be completed and all of your application. Be sure to complete check the appropriate boxes and provide J. This form should be attached as the last all of the application. This page is reserved |
| ype of Application: NEW PART A: The following checklist is provided ubmitted. | Noncompeting Competing Continuation I to assure that proper signatures, assurance | Supplemental s, and certifications have been NOT Included Applicable |
| Proper Signature and Date on PH Proper Signature and Date on app | ams) or SF-424D (Construction Programs) on file with DHHS the following have been filed by indicating the ded. (All four have been | <u> </u> |
| Assurance Concerning the Han Assurance Concerning Sex Dis Assurance Concerning Age Dis 45 CFR 91) | | |

Application Checklist for PHS-5161-1

- Type of Application =
 - "New"

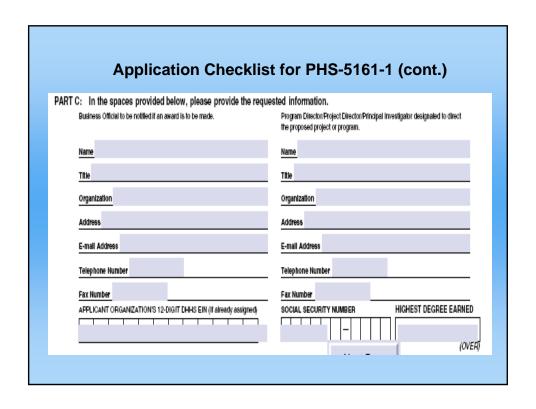
Part A - HHS Form 690 - 'Assurance of Compliance'

- located at www.samhsa.gov
- Click on "grants"
- Click on "Applying New SAMHSA Grants"

Application Checklist for PHS-5161-1 (cont.) PART B: This part is provided to assure that pertinent information has been addressed and included in the application. Applicable 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? 2. Has the appropriate box been checked for item # 16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) 3. Has the entire proposed project period been identified in item # 13 of the FACE 4. Have biographical sketch(es) with job description(s) been attached, when 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? Has the 12 month detailed budget been provided? 7. Has the budget for the entire proposed project period with sufficient detail been For a Supplemental application, does the detailed budget address only the additional funds requested? ... 9. For Competing Continuation and Supplemental applications, has a progress report been included?.

Application Checklist for PHS-5161-1 (cont.)

- Part B Public Health Systems Impact Statement (RFA– Application and Submission Requirements);
 - Intergovernmental review Executive Order 12372
 - go to
 www.whitehouse.gov/omb/grants/spoc.html to
 reference list of states affected by EO 12372



Application Checklist for PHS-5161-1 (cont)

Part C -

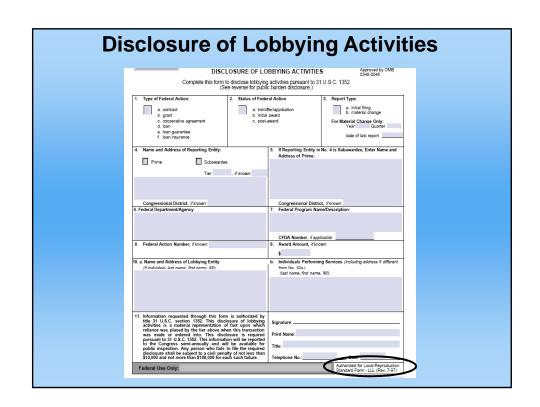
- Name of Business Official person with signatory authority
- Name of Project Director should be same person as Section 8 f of SF 424 - Social Security No. is not required
- Address:
 - Addresses must be physical location not P.O. Box numbers
- EIN:
 - Use 9 digit EIN or 12 digit Payment Management federal account number

Application Checklist for PHS-5161-1 (cont.) Page 36 PRATID: Aprivate, progenite organization must include revidence of its nonprofit states with the application. Any of the following is acceptable veridence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable. | (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of the control of the control

Application Checklist for PHS-5161-1 (cont.)

Part D

 Non-profit Status: Submit required documentation with this application – include EIN verification State or IRS letter



Required Application Components

Face Page – SF 424 (version 2)

Abstract

Table of Contents

Budget Form - SF 424A

Project Narrative and Supporting Documents

Appendices

Preparing to Apply-Required Application Components

- Disclosure of Lobbying Activities SF LLL
- Checklist PHS 5161-1
- Assurance of Compliance with SAMHSA Charitable Choice Statues and Regulations – SMA 170 (found at SAMHSA website)

POST AWARD REQUIREMENTS:

- Standard Terms and Conditions of Notice of Grant Award on SAMHSA website
- Reporting Requirements
 - Annual Financial Status Report SF-269
 - Quarterly or Semi-Annual Programmatic Report
- Prior Approval
 - HHS Policy Statement Requirements on SAMHSA website.
 - Closeout DGM's responsibility

Grant Requirements- Reports

- Program Progress Reports
 - Quarterly) or Semi-Annul determined by the Program and GPRA data
- SF-269 -Financial Status Report
 - Annual/within 90 days from the end of Budget Period
- PMS 272-Financial Disbursement Report
 - Quarterly

Questions after workshop:

For questions on grants management issues, contact:

Kimberly Pendleton

Office of Program Services, Division of Grants Management

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road

Room 7-1091

Rockville, Maryland 20857

(240) 276-1421

kimberly.pendleton@samhsa.hhs.gov