



Recipient Information

1. Recipient Name
 MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
 235 S GRAND AVE
 LANSING, MI 48933

2. Congressional District of Recipient
 07

3. Payment System Identifier (ID)
 1386000134J1

4. Employer Identification Number (EIN)
 386000134

5. Data Universal Numbering System (DUNS)
 113704139

6. Recipient's Unique Entity Identifier
 C2AQVDYYUAS7

7. Project Director or Principal Investigator
 Angela Smith-Butterwick

 smitha8@michigan.gov
 517-335-2294

8. Authorized Official
 Daniel Lance
 MDHHS-Grants@michigan.gov
 517-284-4255

Federal Agency Information

9. Awarding Agency Contact Information
 Milton Blijd
 Grants Specialist
 MILTON.BLIJD@SAMHSA.HHS.GOV

10. Program Official Contact Information
 Courtney West
 Program Official
 COURTNEY.WEST@SAMHSA.HHS.GOV
 240-276-1052

Federal Award Information

11. Award Number
 1H79TI087831-01

12. Unique Federal Award Identification Number (FAIN)
 H79TI087831

13. Statutory Authority
 PL 188-47, Div. D, Title II & PL 114-255, section 1003

14. Federal Award Project Title
 Michigan State Opioid Response 4

15. Assistance Listing Number
 93.788

16. Assistance Listing Program Title
 Opioid STR

17. Award Action Type
 New Competing

18. Is the Award R&D?
 No

Summary Federal Award Financial Information	
19. Budget Period Start Date 09/30/2024 – End Date 09/29/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$36,376,429
20a. Direct Cost Amount	\$36,347,616
20b. Indirect Cost Amount	\$28,813
21. Authorized Carryover	
22. Offset	
23. Total Amount of Federal Funds Obligated this budget period	\$36,376,429
24. Total Approved Cost Sharing or Matching, where applicable	\$0
25. Total Federal and Non-Federal Approved this Budget Period	\$36,376,429
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26. Project Period Start Date 09/30/2024 – End Date 09/29/2027	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$36,376,429

28. Authorized Treatment of Program Income
 Additional Costs

29. Grants Management Officer - Signature
 Katrina Morgan

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.



FY24 State Opioid Response Grants
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Notice of Award

Issue Date: 09/24/2024

Center for Substance Abuse Treatment

Award Number: 1H79TI087831-01
FAIN: H79TI087831
Program Director: Angela Smith-Butterwick

Project Title: Michigan State Opioid Response 4

Organization Name: MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

Authorized Official: Daniel Lance

Authorized Official e-mail address: MDHHS-Grants@michigan.gov

Budget Period: 09/30/2024 – 09/29/2025

Project Period: 09/30/2024 – 09/29/2027

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$36,376,429 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES in support of the above referenced project. This award is pursuant to the authority of PL 188-47, Div. D, Title II & PL 114-255, section 1003 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,
Katrina Morgan
Grants Management Officer
Division of Grants Management
katrina.morgan@samhsa.hhs.gov
See additional information below

SECTION I – AWARD DATA – 1H79TI087831-01

Award Calculation (U.S. Dollars)

Personnel(non-research)	\$49,500
Fringe Benefits	\$39,154
Travel	\$6,270
Supplies	\$2,925
Contractual	\$36,217,802
Other	\$31,965
Direct Cost	\$36,347,616
Indirect Cost	\$28,813
Approved Budget	\$36,376,429
Federal Share	\$36,376,429
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$36,376,429

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$36,376,429
2	\$36,376,429
3	\$36,376,429

Note: Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number:	93.788
EIN:	1386000134J1
Document Number:	24TI87831A
Fiscal Year:	2024

IC	CAN	Amount
TI	C96N600	\$36,376,429

IC	CAN	2024	2025	2026
TI	C96N600	\$36,376,429	\$36,376,429	\$36,376,429

TI Administrative Data:

PCC: SOR-24 / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI087831-01

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 – 1H79TI087831-01

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

SECTION IV – TI SPECIAL TERMS AND CONDITIONS – 1H79TI087831-01

REMARKS

New Award

This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity *TI-24-008, State Opioid Response Grants/SOR*, has been selected for funding.

The purpose of this program is to address the overdose crisis, driven primarily by illicitly manufactured fentanyl, by providing resources to states and territories for increasing access to U.S. Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders. The State Opioid Response (SOR) program also supports the continuum of care for stimulant misuse and use disorders, including those involving cocaine and methamphetamine.

SOR awards are authorized under the Further Consolidated Appropriations Act, 2024, Division D, Title II, [Public Law 118-47] and section 1003 of the 21st Century Cures Act [Public Law 114-255] (42 USC 290ee 3 note), 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 Key personnel are organization staff members or consultants/subrecipients who must be part of the project regardless of whether they receive a salary or compensation from the project. These individuals must make a substantial contribution to the execution of the project.

The key staff for this program will be the Key personnel are staff members who must be part of the project, whether or not they receive a salary from the project. Key personnel must make a major contribution to the project. Key personnel and staff selected for the project should reflect the diversity in the geographic catchment area.

Key personnel for this program are the Project Director, Project Coordinator, and Data Coordinator. The Project Director, Project Coordinator, and Data Coordinator cannot be the same person. No more than two people can share a position.

- The **Project Director** is responsible for oversight of the entire project, including overseeing, monitoring, and managing the award, with a level of effort of 100% (1.0 FTE).
- The **Project Coordinator** is responsible for the day-to-day operations of the project, with a level of effort of 100% (1.0 FTE).
- The **Data Coordinator** is responsible for all aspects of data collection and reporting, ensuring complete, accurate, and timely data entry into SPARS and/or other data systems as directed by SAMHSA. The Data Coordinator is also responsible for monitoring client-level intake and follow-up rates, to ensure that recipients are meeting the target numbers reported in the application. The level of effort is 100% (1.0 FTE) for all awards \$4 million and above, and 50% (0.5 FTE) for all awards less than \$4 million.

You will be notified if the individuals designated for these positions have been approved. If you need to replace Key Personnel during the project period, SAMHSA will review the credentials and job description before approving the replacement.

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

In addition to the key personnel referenced above, in Section D of the Project Narrative, you **must** identify a **Point of Contact (POC)** for financial management matters who is knowledgeable of all federal financial management requirements and the fiscal/budgetary requirements specific to the SOR program. As noted in [Section H](#) of the NOFO Application Guide, *Standards for Financial Management and Standard Funding Restrictions*, this position may not be directly charged to the award. As a result, use of an indirect cost rate is the most effective mechanism to recover these costs and not violate federal financial requirements of consistency, allocability, and allowability.

The Key Personnel identified in your application have 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 [Notice of Funding Opportunity](#) 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 of Funding Opportunity](#).

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 or call 1-877-614-553. You should also visit the [Payment Management System](#)

[\(PSC\)](#) website for more information about their services.

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 the SAMHSA [Training Materials](#) page on our website.

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 [Post Award Amendments](#) page for specific guidance on submitting a post-award amendment request in eRA Commons.

Primary Contacts

- o For technical support, contact [eRA Service Desk](#) at 866-504-9552.
- o For budget and grants management related questions, contact your assigned GMS.
- o 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:

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

Special Remark - FY 2024 Allocations

All eligible states/territories did not apply to the FY 2024 State Opioid Response Notice of Funding Opportunity; therefore, funds remaining have been redistributed proportionally among applicable states and placed in the Other Budget Category for use in meeting approved project goals and objectives. A revised budget may be required if the increase exceeds 25% of the annual award amount or \$250k, whichever is less. Please review the Special Conditions sections of the Notice of Award to confirm if submitting a revised budget is required for your award.

SPECIAL TERMS

SOR 2024 Special Terms

- SAMHSA requires that medications for the treatment of opioid use disorder (MOUD) is made available to those diagnosed with opioid use disorder (OUD). MOUD includes [FDA-approved treatments](#) such as methadone, buprenorphine products, including single-entity buprenorphine products, buprenorphine/naloxone tablets, films, buccal preparations, long-acting injectable buprenorphine products, and injectable extended-release naltrexone.
- SOR grant funds must be used to provide services or practices that have a proven evidence base and are appropriate for the population(s) of focus.
- SOR funds shall not be utilized for services that can be supported through other accessible sources of funding such as other federal discretionary and formula grant funds, (e.g., HHS, CDC, CMS, HRSA, and SAMHSA, DOJ (OJP/BJA)), and non-federal funds, third party insurance, and sliding scale self-pay among others.
- SOR funds for treatment and recovery support services shall only be utilized to provide services to individuals that specifically address opioid or stimulant misuse issues. If either an opioid or stimulant misuse problem (history) exists concurrently with other substance use, all substance use issues may be addressed. Individuals who have no history of or no current issues with opioids or stimulants misuse shall not receive treatment or recovery services with SOR grant funds.
- Recipients are expected to report client level data into SAMHSA's Performance Accountability and Reporting System (SPARS) in the required timelines set forth in the NOFO. Recipients are expected to report program-level data on a quarterly basis in SPARS. Recipients are also required to comply with all additional data collection requirements of the grant. Recipients shall fully participate in any SAMHSA-sponsored evaluation of the SOR grant program. The submission of these data in the form required by SAMHSA is a requirement of funding. Noncompliance with this requirement may result in restricted access to funding for this year or limited or no access to funding in the future grant year.
- Recipients are required to work with SAMHSA-funded SOR/Tribal Opioid Response Technical Assistance Training (TA/T) grant as the primary means of TA provision.
- Recipients are required to track funding of activities by providers and be prepared to submit these data to SAMHSA upon request.
- Funds may not be expended through the award or a subaward by any agency which would deny any eligible client, patient, or individual access to their program because of their use of FDA approved medications for the treatment of substance use disorders (e.g., methadone; buprenorphine products, including

buprenorphine/naloxone combination formulations and buprenorphine monopropduct formulations; naltrexone products, including extended-release and oral formulations; or long-acting products, such as extended release injectable or buprenorphine.). Specifically, patients must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a practitioner who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual s OUD. Similarly, medications available by prescription or office-based injection must be permitted if it is appropriately authorized through prescription or administration by a licensed prescriber or provider. In all cases, MOUD must be permitted to be continued for as long as the prescriber or treatment provider, in conjunction with the patient, determines that the medication is clinically beneficial. Recipients must ensure that clients will not be compelled to no longer use MOUD as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber s recommendation or valid prescription.

- SOR funds shall not be utilized to provide incentives to any Health Care Professionals for receipt of any type of Professional Development Training
- Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder and stimulant use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.
- For programs including contingency management as a component of the treatment program, clients may not receive contingencies totaling more than \$75 per budget period. The incentive amounts may be subject to change. On Officer.

Funding Limitations/Restrictions

The funding limitations/restrictions for this project are as follows:

Food can be included as a necessary expense¹⁴ for individuals receiving SAMHSA-funded mental and/or substance use disorder prevention, harm reduction, treatment, and recovery support services, not to exceed \$10.00 per person per day.

Only medications approved by the U.S. Food and Drug Administration (FDA) for treatment of opioid use disorder and/or opioid overdose can be purchased with SOR funds.

Funds may not be expended through the award or a subaward by any agency which would deny any eligible client, patient, or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone; buprenorphine products, including buprenorphine/naloxone combination formulations and buprenorphine

monoprotect formulations; naltrexone products, including extended-release and oral formulations; or long-acting products, such as extended release injectable or buprenorphine.). Specifically, patients must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a practitioner who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's OUD. Similarly, medications available by prescription or office-based injection must be permitted if it is appropriately authorized through prescription or administration by a licensed prescriber or provider. In all cases, MOUD must be permitted to be continued for as long as the prescriber or treatment provider, in conjunction with the patient, determines that the medication is clinically beneficial. Recipients must ensure that clients will not be compelled to no longer use MOUD as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.

Funds may not be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services (See 42 U.S.C. 1320a-7b).

Note: A recipient or treatment or prevention provider may provide up to \$30 noncash incentive to individuals to participate in required data collection follow-up. This amount may be paid for participation in each required follow-up interview. For programs including contingency management as a component of the treatment program, clients may not receive contingencies totaling more than \$75 per budget period. The incentive amounts may be subject to change.

Recipients must also comply with SAMHSA's Standards for Financial Management and Standard Funding Restrictions in Section H of the Application Guide.

Risk Assessment

The Office of Financial Advisory Services (OFAS), SAMHSA may perform an administrative review of your organization's financial management systems, policies, procedures and records. If the review discloses material weaknesses or other financial management concerns, grant funding may be restricted in accordance with [45 CFR 75/2 CFR 200](#), as applicable. The restriction will affect your organization's ability to withdraw funds from the Payment Management System account, until the concerns are addressed.

SPECIAL CONDITIONS

Contingency Management (CM) Plan

Submit via eRA Commons the following:

To mitigate the risk of fraud and abuse, while also promoting evidence-based practice, recipients who plan to implement contingency management (CM) interventions as part of their SAMHSA grant award will be required to comply with contingency management guidance outlines in Appendix B Contingency Management of the NOFO.

By **December 28, 2024**, you must submit your plan to ensure: (1) that sub-awardees receive appropriate education on contingency management prior to implementation; and (2) oversight of sub-awardee contingency management

implementation and operation.

STANDARD TERMS AND CONDITIONS

Reporting Requirements

Data Collection/Performance Measurement

Recipients must collect and report data for SAMHSA to meet its obligations under the Government Performance and Results (GPR) Modernization Act of 2010.

SOR recipients are required to submit data via SAMHSA's Performance Accountability and Reporting System (SPARS). Recipients will also be required to report program-level data on a quarterly basis in SPARS. The SOR/TOR Program Instrument currently collects the following measures:

- 1) Purchase and distribution of naloxone;
- 2) Overdose reversals;
- 3) Fentanyl test strips purchase and distribution;
- 4) Education of school-aged children, first responders, and key community sectors on opioid and/or stimulant misuse; and
- 5) Outreach activities that focus on underserved and/or diverse populations.

Data will be collected at three points: intake to SAMHSA-funded services, six months post intake, and discharge from the SAMHSA-funded services. Recipients will be expected to do an intake interview with all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent.

Programmatic Progress Report (PPR)

Submit via eRA Commons the PPR as follows:

Recipients are required to submit Programmatic Progress Reports at 6 months and 12 months. The six-month reports are due no later than 30 days after the end of the second quarter. The twelve-month reports are due within 90 days of the end of the budget period.

The reports must include:

Updates on key personnel, budget, or project changes (as applicable).

Progress achieving goals and objectives and implementing evaluation activities.

Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges.

Problems encountered serving the populations of focus and efforts to overcome them.

Progress achieved in addressing the needs of underserved, diverse populations (e.g., racial/ethnic minorities, LGBTQI+, older adults) and implementation of targeted interventions to promote behavioral health equity.

You must submit a final performance report within 120 days after the end of the project period. This report must be cumulative and include all activities during the

entire project period.

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*.

Additional information on reporting requirements is available at <https://www.samhsa.gov/grants/grants-management/reporting-requirements>.

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 and must be submitted **no later than 90 days after the end of each incremental period/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 **December 31, 2025**, 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 an 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 page [Managing eRA](#)

[User Accounts](#) on SAMHSA's website for instructions on how to assign 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 or 1-877-614-5533.

Note: While recipients will use PMS to report all financial expenditures as well as to drawdown funds, recipients will continue to use 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>.

Standards for Financial Management

Recipients and subrecipients are required to meet the standards and requirements for financial management systems set forth in 45 CFR part 75 Subpart D. The financial systems must enable the recipient and subrecipient to maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which the award was used, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income. The system must also enable the recipient and subrecipient to compare actual expenditures or outlays with the approved budget for the award. SAMHSA funds must retain their specific identity – they may not be commingled with non-federal funds or other federal funds. Commingling funds typically means depositing or recording funds in a general account without the ability to identify each specific source of funds with related expenditures.

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 E](#), 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.

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