Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Notice of Award
FAIN# H79TI085750
Federal Award Date
09-23-2022

Recipient Information

1. Recipient Name
HEALTH & HUMAN SERVICES, MICHIGAN DEPARTMENT OF
235 S GRAND AVE

LANSING, 48933

2. Congressional District of Recipient
08

3. Payment System Identifier (ID)
138600134J1

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

Center for Substance Abuse Treatment
MILTON.BLIJD@SAMHSA.HHS.GOV

10. Program Official Contact Information
Courtney West

Center for Substance Abuse Treatment
COURTNEY.WEST@SAMHSA.HHS.GOV
240-276-1052

Federal Award Information

11. Award Number
1H79TI085750-01

12. Unique Federal Award Identification Number (FAIN)
H79TI085750

13. Statutory Authority
Consolidated Appropriations Act, of 2022-Public Law 117-103

14. Federal Award Project Title
Michigan State Opioid Response 3

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 09-30-2022 **– End Date** 09-29-2023	
20. Total Amount of Federal Funds Obligated by this Action	$36,852,749
20a. Direct Cost Amount	$36,826,043
20b. Indirect Cost Amount	$26,706
21. Authorized Carryover	
22. Offset	
23. Total Amount of Federal Funds Obligated this budget period	$36,852,749
24. Total Approved Cost Sharing or Matching, where applicable	$0
25. Total Federal and Non-Federal Approved this Budget Period	$36,852,749
26. Project Period Start Date 09-30-2022 **– End Date** 09-29-2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$36,852,749

28. Authorized Treatment of Program Income
Additional Costs

29. Grants Management Officer - Signature
Odessa Crocker

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.

Notice of Award

State Opioid Response (SOR) **Issue Date:** 09-23-2022
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Award Number: 1H79TI085750-01
FAIN: H79TI085750
Program Director: Angela Smith-Butterwick

Project Title: Michigan State Opioid Response 3

Organization Name: HEALTH & HUMAN SERVICES, MICHIGAN DEPARTMENT OF

Authorized Official: Daniel Lance

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

Budget Period: 09-30-2022 – 09-29-2023
Project Period: 09-30-2022 – 09-29-2024

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of $36,852,749 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to HEALTH & HUMAN SERVICES, MICHIGAN DEPARTMENT OF in support of the above referenced project. This award is pursuant to the authority of Consolidated Appropriations Act, of 2022-Public Law 117-103 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,
Odessa Crocker
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H79TI085750-01

Award Calculation (U.S. Dollars)

Personnel(non-research)	$59,500
Fringe Benefits	$45,875
Travel	$13,930
Supplies	$7,200
Contractual	$36,677,641
Other	$21,897
Direct Cost	$36,826,043
Indirect Cost	$26,706
Approved Budget	$36,852,749
Federal Share	$36,852,749
Cumulative Prior Awards for this Budget Period	$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	$36,852,749

SUMMARY TOTALS FOR ALL YEARS	
YR	**AMOUNT**
1	$36,852,749
2	$36,852,749

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:	138600134J1
Document Number:	22TI85750A
Fiscal Year:	2022

IC	**CAN**	**Amount**
TI	C96N600	$36,852,749

IC	CAN	2022	2023
TI	C96N600	$36,852,749	$36,852,749

TI Administrative Data:
PCC: SOR22 / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI085750-01

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 – 1H79TI085750-01

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 – 1H79TI085750-01

REMARKS

New Award (SOR)

This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity number TI-22-005 (State Opioid Response Grants) (Short Title: SOR), has been selected for funding.

The purpose of this program is to address the opioid overdose crisis by providing resources to states and territories for increasing access to 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 SOR program is authorized under the Consolidated Appropriations Act of 2022, [Public Law 117-103]

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.

Key Personnel for this program are the Project Director, Project Coordinator, and Data Coordinator at a 1.0 FTE (100 percent level of effort) for each position. This position requires prior approval by SAMHSA after a review of staff credentials and job descriptions.

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

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 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 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 Amendments in eRA Commons:

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

Special Remark

Not all states applied to the FY 2022 SOR funding; therefore, the remaining funds have been redistributed based on the formula per the Notice of Funding Opportunity (NOFO).

As a result, the difference has been placed in the "Other" budget category and a Budget Revision is required per the Special Condition of Award below.

SPECIAL TERMS

Project Implementation

Project implementation is expected to begin by the third month of the grant

Funding Limitations/Restrictions

The funding restrictions for this project are below.

• No more than 5 percent of the total grant award for the budget period may be used for administrative costs (i.e., indirect cost) and developing the infrastructure necessary for expansion of services.

• No more than 5 percent of the total grant 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.

• Only U.S. Food and Drug Administration (FDA) – approved products that address opioid use disorder and/or opioid overdose can be purchased with Opioid SOR grant funds.

• Funds may not be expended through the grant 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 26 substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct 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 physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder. Similarly, medications available by prescription or office-based implantation must be permitted if it is appropriately authorized through prescription 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 determines that the medication is clinically beneficial. Recipients must assure 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.

• No funding may be used to procure DATA waiver training by recipients or subrecipients of this funding. SAMHSA recipients must also comply with SAMHSA's standard funding restrictions, which are included in Appendix G (Standard Funding Restrictions) in the Notice of Funding Opportunity.

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.

SOR 2022 Special Terms

- Medication for Opioid Use Disorder (MOUD) using one of the FDA-approved medications for the maintenance treatment of opioid use disorder. MOUD includes 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 fund prevention, harm reduction, treatment, and recovery support services and evidence-based practices that 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 must implement prevention and education services including training of peers, first responders, and other key community sectors on recognition of opioid overdose and appropriate use of the opioid overdose antidote naloxone, developing evidence-based community prevention efforts such as strategic messaging on the

consequences of opioid and stimulant misuse, implementing school-based prevention programs and outreach, and purchasing and distributing opioid overdose antidote reversal naloxone, based on the naloxone distribution and saturation plan, and train on its use.

- 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. Grantees are also required to comply with all additional data collection requirements of the grant. Grantees 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.

- Grantees 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 grant 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 treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or long acting products such as extended release injectable or implantable 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 physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder. Similarly, medications available by prescription or office-based implantation must be permitted if it is appropriately authorized through prescription 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 determines that the medication is clinically beneficial. Recipients must assure 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.

- Procurement of DATA waiver training is not allowable use of SOR funds as this training is offered free of charge from SAMHSA at pcssnow.org. No funding may be used to procure DATA waiver training by recipients or subrecipients of SOR funding.

- Recipients must ensure that all practitioners eligible to obtain a DATA waiver employed by an organization receiving funding through SOR receives such a waiver.

- SOR funds shall not be utilized to provide incentives to any Health Care Professional for receipt of a Data Waiver or 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.

- Contingencies may be used to reward and incentivize treatment compliance. Clients may not receive contingencies totaling more than $75 per budget period. The contingency amounts are subject to change.

Contingency Management

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 your SAMHSA grant award you will be required to comply with contingency management guidance outlines in Appendix J – Contingency Management of the NOFO. By **December 29, 2022**, 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.

SPECIAL CONDITIONS

Participant Protection Concerns

Confidentiality and Participant Protection
The Committee reviewed the applicant organization's plans for ensuring confidentiality and SAMHSA participant protection and had comments about the inadequacy of the discussion of the following:

- Protection of clients and staff from potential risks: The applicant organization briefly identifies one foreseeable risk for participants being confidentiality, but does not provide any other foreseeable risks. Additionally, the applicant organization does not provide foreseeable risks for staff.
- Fair selection of participants: While the applicant organization provides options for treatment, it is unclear if participation in the evaluation process is a requirement for treatment. Additionally, the applicant organization states that it does not plan to exclude or include vulnerable groups and that inclusion will be based on participation in the grant goals and not on individual characteristics. Therefore, it is unclear how the applicant organization plans to ensure the fair selection of participants in evaluative activities.
- Absence of coercion: The applicant organization does not indicate how it will inform participants that they may receive services event if they chose not to participate in the data collection component of the proposed project.
- Risks and benefits of participation: Although the applicant organization discusses potential

risks and benefits for participants, it does not discuss potential risks and benefits for staff.

By **November 15, 2022**, please provide your response to the following Confidentiality and Participant Protection comments raised by SAMHSA's Initial Review Group.
• Include other foreseeable risks for participants. Only one (confidentiality) is identified in the application.
• Provide foreseeable potential risks for staff.
• Clarify if participation in the evaluation process is a requirement for treatment.
• Clarify how the applicant organization will ensure fair selection of participants in evaluative activities.
• Clarify how participants will be informed that they may receive services event if they chose not to participate in the data collection component of the proposed project.
• Include a discussion about the potential risks and benefits for staff.
The response to each of the areas above needs to be uploaded via eRA Commons (more information can be found at https://www.samhsa.gov/grants/grants-training-materials 'Notice of Award: How to Respond to Terms and Conditions Training')

Revised Budget - NOFO Redistribution of funds

By October 30, 2022, you are required to submit a Post Award Amendment for a Budget Revision in eRA, to reflect the increased approved budget amount.

Be sure to include in your request:

- A revised categorical budget which reconciles to the increased "Approved Budget" amount.
- A detailed budget narrative
- SF-424A
- Please provide a statement in the personnel section of your budget confirming that the total level of effort between SOR 2020 and SOR 2022 does not exceed 100% level of effort for any of your personnel, if applicable.

STANDARD TERMS AND CONDITIONS

Reporting Requirements

Data Collection/Performance Measurement

Government Performance and Results (GPRA) 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. This information will be gathered using SAMHSA's Performance Accountability and Reporting System (SPARS); access will be provided upon award. Data will be collected via face-to-face interview using this tool at three data collection points: intake to services, six months post intake, and at discharge. Recipients will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. Recipients

should enter their data within 1 day—but no later than 7 days—after the GPRA interview is conducted. This guidance applies to recipients who manually enter their data and batch upload their data. Recipients will be required to report a series of data elements that will

enable SAMHSA to determine the impact of the program on opioid use, and opioid-related morbidity and mortality.

Recipients will be required to report client-level data on elements including but not limited to: demographic characteristics, substance use, diagnosis(es) services received, types of MOUD received; length of stay in treatment; employment status, criminal justice involvement, and housing. Additional data elements will also be required and will be provided upon award.

Recipients will also be required to report program-level data on a quarterly basis in SPARS. The SOR/TOR – Program Instrument will collect the following measures:

(1) Naloxone overdose kits purchase and distribution,

(2) Overdose reversal,

(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 target underserved and/or diverse populations.

The data collection specified by SAMHSA is a required component of the grant; compliance with this requirement will be monitored throughout the performance of the grant and exceptions to data submission will not be made.

Programmatic Progress Report (PPR)

Recipients are required to submit reports at 6 months and 12 months.

The six-month report is due no later than 30 days after the end of the second quarter of the budget period. The annual report is due within 90 days of the end of the budget period.

- Mid-Year Report Due April 30, 2023
- Annual Report Due December 29, 2023

Recipients are required to report on their progress addressing the goals and objectives identified in the NOFO, major accomplishments, progress achieved in addressing the needs of diverse populations, barriers encountered, and efforts to overcome these barriers.

Recipients will be required, with each report, to document Administrative and Data Collection costs to ensure the costs are compliant and do not exceed the cap.

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 will be 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:

- **December 30, 2023,** submit the Federal Financial Report (FFR)/(SF-425).

Effective January 1, 2021, recipients can connect seamlessly from the **eRA Commons FFR Module** to **PMS** by clicking the "**Manage FFR"** button on the "**Search for Federal Financial Report (FFR)***"* page.

- Recipients who do not have access to PMS may use the following instructions on how to update user permission: https://pms.psc.gov/grant-recipients/access-newuser.html.
- Recipients who currently have access to PMS and are submitting or certifying the FFR on behalf of their organization, should login to PMS and update their permissions to request access to the FFR Module using the following instructions: https://pms.psc.gov/grant-recipients/access-changes.html.
    - Instructions on how to submit a FFR via PMS are available at https://pmsapp.psc.gov/pms/app/help/ffr/ffr-grantee-instructions.html **(Must be logged into PMS to access link**)

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: 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 Page 3 of 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.

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