



Recipient Information	Federal Award Information
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1. Recipient Name
 HEALTH AND SENIOR SERVICES, MISSOURI
 DEPARTMENT OF
 920 WILDWOOD DR

 JEFFERSON CITY, 65109

2. Congressional District of Recipient
 03

3. Payment System Identifier (ID)
 [REDACTED]

4. Employer Identification Number (EIN)
 [REDACTED]

5. Data Universal Numbering System (DUNS)
 878092600

6. Recipient's Unique Entity Identifier
 UETLXV8NG8F4

7. Project Director or Principal Investigator
 Karen Wallace

 karen.wallace@health.mo.gov
 573-751-6839

8. Authorized Official
 Marcia Mahaney
 grants@health.mo.gov
 573-751-6014

11. Award Number
 1H79TI084749-01

12. Unique Federal Award Identification Number (FAIN)
 H79TI084749

13. Statutory Authority
 Section 546 of the PH Act, 42 USC 290ee-1, as amended

14. Federal Award Project Title
 Missouri Coordinating Overdose Response Partnerships and Support (MO-CORPS)

15. Assistance Listing Number
 93.243

16. Assistance Listing Program Title
 Substance Abuse and Mental Health Services_Projects of Regional and National Significance

17. Award Action Type
 New Competing

18. Is the Award R&D?
 No

Summary Federal Award Financial Information	
19. Budget Period Start Date 09-30-2022 – End Date 09-29-2023	
20. Total Amount of Federal Funds Obligated by this Action	\$800,000
20a. Direct Cost Amount	\$793,277
20b. Indirect Cost Amount	\$6,723
21. Authorized Carryover	
22. Offset	
23. Total Amount of Federal Funds Obligated this budget period	\$800,000
24. Total Approved Cost Sharing or Matching, where applicable	\$0
25. Total Federal and Non-Federal Approved this Budget Period	\$800,000

26. Project Period Start Date 09-30-2022 – End Date 09-29-2026	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$800,000

Federal Agency Information

9. Awarding Agency Contact Information
 Linda Kim

 Center for Substance Abuse Treatment
 linda.kim@samhsa.hhs.gov
 240-276-1865

10. Program Official Contact Information
 Devin Sweat

 Center for Substance Abuse Treatment
 devin.sweat@samhsa.hhs.gov
 303-551-1018

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

First Responders-CARA
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Issue Date: 07-29-2022

Center for Substance Abuse Treatment

Award Number: 1H79TI084749-01

FAIN: H79TI084749

Program Director: Karen Wallace

Project Title: Missouri Coordinating Overdose Response Partnerships and Support (MO-CORPS)

Organization Name: HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF

Authorized Official: Marcia Mahaney

Authorized Official e-mail address: grants@health.mo.gov

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

Project Period: 09-30-2022 – 09-29-2026

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$800,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF in support of the above referenced project. This award is pursuant to the authority of Section 546 of the PH Act, 42 USC 290ee-1, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (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 – 1H79TI084749-01

Award Calculation (U.S. Dollars)

Personnel(non-research)	\$32,916
Fringe Benefits	\$2,469
Supplies	\$1,620
Contractual	\$756,272
Direct Cost	\$793,277
Indirect Cost	\$6,723
Approved Budget	\$800,000
Federal Share	\$800,000
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$800,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$800,000
2	\$800,000
3	\$800,000
4	\$800,000

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

Fiscal Information:

CFDA Number: 93.243
EIN: [REDACTED]
Document Number: 22TI84749A
Fiscal Year: 2022

IC	CAN	Amount
TI	C96N707	\$800,000

IC	CAN	2022	2023	2024	2025
TI	C96N707	\$800,000	\$800,000	\$800,000	\$800,000

TI Administrative Data:

PCC: FRCARA22 / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI084749-01

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 – 1H79TI084749-01

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 – 1H79TI084749-01**REMARKS****FRCARA New Award**

This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity TI-22-008, ***First Responders – Comprehensive Addiction and Recovery Support Services Act Grant (FR-CARA)***, has been selected for funding.

THE GRANT RECIPIENT IS REQUIRED TO ADDRESS ALL OF THE BELOW "SPECIAL CONDITIONS" IDENTIFIED IN THIS NOA.

The purpose of this program is to provide resources to first responders and members of other key community sectors at the state, tribal, and other government levels to train, carry and administer Federal Food, Drug, and Cosmetic Act (FD&C Act) approved drugs and devices for emergency reversal of known or suspected opioid overdose. Recipients will be expected to establish processes, protocols, and mechanisms for: (1) referral to appropriate treatment and recovery support services support services, and (2) safety around fentanyl, carfentanil, and

other dangerous licit and illicit drugs.

FR-CARA grants are authorized under the Comprehensive Addiction and Recovery Support Services Act of 2016 (290ee-1).

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 Personnel for this program are the Project Director and the Evaluator. These position(s) require prior approval by SAMHSA after a review of staff credentials and job descriptions. The key staff for this program will be the **Project Director** (person responsible for overseeing, monitoring, and managing the grant) with **at least a 50 percent level of effort**, and the **Evaluator** (person responsible for evaluating processes and outcomes of the grant, and oversight of reporting in SPARS) with **at least a 20 percent level of effort**.

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 <https://www.samhsa.gov/grants/grants-training-materials> under the heading “Grant Management Reference Materials for Grantees.”

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

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

Primary Contacts

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

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

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

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

[eRA Commons](#)

SPECIAL TERMS

Project Implementation

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

Funding Limitations/Restrictions

The funding restrictions for this project are below:

No more than 15 percent of the total grant award for the budget period may be used for developing the infrastructure necessary for expansion of services.

- No more than 20 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.
- Recipients may use up to 10 percent of the total grant award for the budget period for state, tribal, or local governmental administrative costs. • SAMHSA grant award funds must not be used for the same activities that are funded by HRSA, CDC, or other SAMHSA programs.
- Only drugs or devices approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose may be purchased with FR-CARA funds.

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

Limitations on use of Drug Paraphernalia

Award funds shall not be used, directly or indirectly, to purchase or promote the use of drug paraphernalia, including pipes/pipettes in safer smoking kits, i.e., they are unallowable costs and shall not be charged to this award. U.S. Code Title 21 Section 863 prohibits the sale or distribution of drug paraphernalia. The term drug paraphernalia refers to any equipment that is used to produce, conceal, and consume illicit drugs. Please note, syringes to prevent and control the spread of infectious diseases are not included in the prohibition and may be allowable if the cost meets the requirements of 45 CFR75 subpart E – Cost Principles.

Risk Assessment

The Office of Financial Advisory Services (OFAS), SAMHSA may perform an administrative review of your organization's financial management system. 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.

Disparity Impact Statement (DIS)

By **November 30, 2022**, submit via eRA Commons.

The DIS should be consistent with information in your application regarding access, *service use and outcomes for the program and include three components as described below. Questions about the DIS should be directed to your GPO. Examples of DIS can be found on the SAMHSA website at: <https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>

*Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training, and/or technical assistance activities.

The disparity impact statement consists of three components:

1. Proposed number of individuals to be served and/or reached by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.
2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.
3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:
 - a. Diverse cultural health beliefs and practices;
 - b. Preferred languages; and
 - c. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

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

SPECIAL CONDITIONS

Submit Indirect Cost Rate

By **October 28, 2022**, submit via eRA Commons. The recipient must submit an Indirect Cost Rate.

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

STANDARD TERMS AND CONDITIONS

REPORTING REQUIREMENTS

Data Collection/Performance Measurement - Government Performance and Results Act (GPRA):

All SAMHSA recipients are required to collect and report certain data so SAMHSA can meet its obligation under the Government Performance Results Act (GPRA) Modernization Act of 2010. These GPRA data are collected and reported using SAMHSA's Performance Accountability and Reporting System (SPARS). SPARS is an online data entry, reporting, and training system that supports grantee recipients in reporting timely and accurate data to SAMHSA. A username and password are required to gain access to SPARS system, <https://spars.samhsa.gov>. Your assigned Government Project Officer will provide additional information about these reporting requirements after award. Grant recipients will be expected to report each year of the grant.

To help grant recipients understand the reporting requirements and systems used to monitor progress, all grant recipients are required to complete online SPARS training within the first 90 days after award (i.e., December 31, 2022).

To meet these requirements, FR CARA grant recipients are expected to:

- Enter the first quarterly GPRA data into SPARS no later than: o January 31, 2023 for the periods covering October 1, 2022 – December 31, 2022.
- Enter the second quarterly GPRA data into SPARS no later than: o April 30, 2023 for the periods covering January 1, 2023– March 31, 2023.
- Enter the third quarterly GPRA data into SPARS no later than: o July 31, 2023 for the periods covering April 1, 2023 – June 30, 2023.
- Enter the fourth quarterly GPRA data into SPARS no later than: o October 31, 2023 for the periods covering July 1, 2023 – September 30, 2023.
- Upload the approved October 31, 2023 SPARS report into eRA Commons system by December 31, 2023.

Programmatic Progress Reports

You will be required to submit a progress report on project performance at the midpoint of Year 1 and annually within 90 days of the end of each budget period. Two reports will be required in Year 1 and one report will be required at the completion of each year thereafter.

Mid-year Report due by April 30, 2023

End of Year Report due by December 28, 2023

The report must discuss:

- o Progress achieved in the project, which should include qualitative and quantitative data (GPRA) to demonstrate programmatic progress in addressing quality care of under-resourced populations related to the Disparity Impact Statement (DIS);
- o Barriers encountered, including barriers to serving under-resourced populations;
- o Efforts to overcome these barriers; o Evaluation activities for tracking DIS efforts; and o A revised quality improvement plan, if the plan outlined in the DIS is not achieving expected improvements in access, service use, and outcomes for the under-resourced population(s) identified in the DIS.

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:

- **By December 28, 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.

Staff Contacts:

Devin Sweat, Program Official

Phone: 303-551-1018 **Email:** devin.sweat@samhsa.hhs.gov

Linda Kim, Grants Specialist

Phone: 240-276-1865 **Email:** linda.kim@samhsa.hhs.gov