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Drug-Free Communities

Local Problems Require Local Solutions

Responding to the Funding Opportunity Announcement: Application and Budget Requirements



Law Enforcement



Civic/
Volunteer
Organizations



Religious/
Fraternal
Organizations



Healthcare
Professionals



State/
Local/Tribal
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Substance
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Division of Grants Management

- The **Division of Grants Management (DGM)** conducts an administrative review of the application
- DGM **conducts a cost analysis** of the applicant's budget, negotiating with applicant to make changes if necessary
- DGM issues the official Notice of Award to the recipient organization once funded



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Links to Application Announcements

- FY 2017 DFC Funding Opportunity Announcement (FOA)

No. SP-17-001 – FOA for New Applicants

<https://www.samhsa.gov/grants/grant-announcements/sp-17-001>

No. SP-17-002 – FOA for Competing Continuations

<https://www.samhsa.gov/grants/grant-announcements/sp-17-002>



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Application Submission Requirements

- Appendix B of the Funding Opportunity Announcement outlines the requirements for application submission
- A detailed webinar, Slides, and FAQs on the changes to the application submission process can be found on SAMHSA's Grant Announcements Webpage
 - <https://www.samhsa.gov/grants/grant-announcements-2017>
- Due to the new registration and application requirements, it is strongly recommended that applicants **start the registration process six (6) weeks in advance of the application due date.**



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GET REGISTERED

Applicants are required to complete **four (4) registration processes**:

1. Dun & Bradstreet Data Universal Numbering System (to obtain a DUNS number);
2. System for Award Management (SAM);
3. Grants.gov; and
4. eRA Commons.

If this is your first time submitting an application, you must complete all four registration processes. If you have already completed registrations for DUNS, SAM, and Grants.gov, you need to ensure that your accounts are still active, and then register for **eRA Commons**. You must register in eRA Commons and receive a Commons ID in order to have access to electronic submission, receive notifications on the status of your application, and retrieve grant information.



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eRA Commons

- Registering in eRA Commons will generate an ID that provides access to the electronic submissions system and allows applicants to retrieve grant information and receive notifications about their application status.
- After you complete and comply with all registration and application requirements, you must submit your application through **1) Grants.gov**. Successfully submitted applications through Grants.gov will then proceed to the **2) NIH eRA Commons system and validations**. Once the application is successfully validated by the NIH eRA Commons system, it will be forwarded to **3) SAMHSA** as the receiving institution for further review.



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Submitting the Application

- Electronic Submission (Grants.gov, eRA Commons)
- On-time submission requires that electronic applications be error-free and made available to SAMHSA for processing from the NIH eRA system on or before the application due date and time. Applications must be submitted to and validated successfully by Grants.gov and eRA Commons no later than **11:59 PM** Eastern Time on **March 15, 2017**.
- It is strongly recommended that coalitions submit applications 1-2 weeks early to avoid any last minute technical issues



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Submitting the Application

Applicants who encounter problems when submitting their applications in Grants.gov must attempt to resolve them by contacting the Grants.gov Help Desk at:

By e-mail: support@grants.gov

By phone: (toll-free) 1-800-518-4726 (1-800-518-GRANTS).

Additional support is also available from the NIH eRA Service desk at:

By e-mail: <http://grants.nih.gov/support/index.html>

By phone: 301-402-7469 or (toll-free) 1-866-504-9552. The NIH eRA Service desk is available Monday – Friday, 7 a.m. to 8 p.m. Eastern Time, excluding federal holidays.



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Drug-Free Communities

Local Problems Require Local Solutions

Responding to the Funding Opportunity Announcement: Completing the Application Forms



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Face Page – SF-424

- Found in Grant Application Package
- Includes all information related to the applicant organization



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SF-424

- **Item 2:** Check the appropriate box to determine the type of application
 - If applying for Year 6, with **NO BREAK** in funding, check “Competing Continuation”
 - All other applicants, check “New”
- **Item 5b:** If a current (Yr. 5 competing for Yr. 6 – No break in funding) or former (Break in funding) recipient of a DFC grant, enter the previously assigned grant number (i.e., SP012345)



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Drug-Free Communities

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

<p>*1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>*2. Type of Application:</p> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>*If Revision, select appropriate letter(s):</p> <input type="text"/> <p>*Other (Specify)</p> <input type="text"/>
---	---	---

<p>*3. Date Received:</p> <input type="text"/>	<p>4. Applicant Identifier:</p> <input type="text"/>
---	---

<p>5a. Federal Entity Identifier</p> <input type="text"/>	<p>*5b. Federal Award Identifier:</p> <input type="text"/>
--	---

State Use Only:

<p>6. Date Received by State:</p> <input type="text"/>	<p>7. State Application Identifier:</p> <input type="text"/>
---	---

8. APPLICANT INFORMATION

<p>*a. Legal Name:</p> <input type="text"/>	
<p>*b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text"/>	<p>*c. Organization DUNS:</p> <input type="text"/>

d. Address

<p>*Street1:</p>	<input type="text"/>
<p>Street2:</p>	<input type="text"/>
<p>*City:</p>	<input type="text"/>



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SF-424

- **Item 8** is the applying organization's name
 - Coalition that is a 501(c)3 applying on its own **or**
 - Outside partnering agency applying on behalf of the coalition
- EIN and DUNS numbers must be that of the organization in **Item 8**
- To obtain a DUNS number, call 1-866-705-5711 or go to www.dnb.com/us



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Drug-Free Communities

8. APPLICANT INFORMATION

*a. Legal Name:

*b. Employer/Taxpayer Identification Number (EIN/TIN): *c. Organization DUNS:

d. Address

*Street1:

Street2:

*City:

County:

*State:

Province:

*Country:

*Zip/Postal Code:



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- **Item 8f** should be the person to be contacted about the grant application
 - Choose the person who will be able to answer questions about the application should the Government need to contact you during the grant process



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e. Organizational Unit	
Department Name: <input type="text"/>	Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application: 	
Prefix: <input type="text"/>	*First Name: <input type="text"/>
Middle Name: <input type="text"/>	
*Last Name: <input type="text"/>	
Suffix: <input type="text"/>	
Title: <input type="text"/>	
Organizational Affiliation: 	<input type="text"/>
*Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>
*Email: <input type="text"/>	

Previous Editions Not Usable
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Standard Form 424 (Rev. 10-2005)
 Prescribed by OMB Circular A-102



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Drug-Free Communities

SF-424

- **Item 10** - Name of Federal Agency: **SAMHSA**
- **Item 11** - Catalogue of Federal Domestic Assistance Number: **93.276**
- **CFDA Title: Drug-Free Communities Support Program**
- **Item 12** - Funding Opportunity Number:
 - **SP-17-001 – New Applicants**
 - **SP-17-002 – Competing Continuations**



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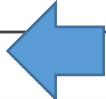
9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify)

10. Name of Federal Agency:



11. Catalog of Federal Domestic Assistance Number



CFDA Title:

*12. Funding Opportunity Number:



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SF-424

Item 17 - Proposed Project: Should reflect the amount of time necessary to complete the proposed project

Example:

- Start Date: 9/30/2017
- End Date: 9/29/2022 (5 years)

Item 18 - Estimated Funding: Include the federal and non-federal resources that will be contributed during the budget period (i.e. 9/30/2017- 9/29/2018) in sections a-d.



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Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

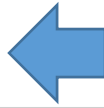
*a. Applicant

b. Program/Project

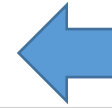
Attach an additional list of Program/Project Congressional Districts if needed:

17. Proposed Project:

*a. Start Date:



b. End Date:



18. Estimated Funding(\$):



*a. Federal

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL



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SF-424

- **Item 19: Subject to Executive Order 12372**
 - Intergovernmental Review of Federal Programs
 - Go to http://www.whitehouse.gov/omb/grants_spoc to reference list of states affected by E.O. 12372
- **Item 21: Signature of the Authorized Representative:** By signing this application and checking the “I agree” box, the Authorized Representative certifies the statements contained in the certifications and required assurances. (No need to submit the Certifications and Assurances- Retain with your files)
- **Item 21.a: Authorized signature:** Person legally responsible for application and grant funds



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*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

***20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation.)**

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)**

**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

a. Authorized Representative

Prefix:

*First Name:

Middle Name:

Last Name:

Suffix:

*Title:

*Telephone Number:

Fax Number:

*Email:

*Signature of Authorized Representative:

Date Signed:



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Budget Information Non-Construction Programs (SF-424A)

- **Section A:** Leave blank
- **Section B:** Budget categories same as budget summary
 - Column 1: Federal funds request
 - Column 2: Non-Federal matching
 - Column 5: Federal and Non-Federal (total)
- **Program Income:** income generated from grant-funded activities



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SF-424A

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$ 0
2.						0.00
3.						0.00
4.						0.00
5. TOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1)	(2)	(3)	(4)		
a. Personnel	\$			\$	\$ 0.00	
b. Fringe Benefits					0.00	
c. Travel					0.00	
d. Equipment					0.00	
e. Supplies					0.00	
f. Contractual					0.00	
g. Construction					0.00	
h. Other					0.00	
i. Total Direct Charges (sum of 6a - 6h)	0.00	0.00	0.00	0.00	0.00	
j. Indirect Charges					0.00	
k. TOTALS (sum of 6i and 6j)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
7. Program Income					0.00	

Standard Form 424A (7-97)
Prescribed by OMB Circular A-102





Budget Information Non-Construction Programs (SF-424A)

- **Section C:** Complete
 - Also enter into “Estimated Funding” on SF-424 Face Page, Items 18 b-f
- **Section D:** Leave blank



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Budget Information Non-Construction Programs (SF-424A)

- **Section E:** Budget Estimates of Federal Funds Needed for Balance of the Project
 - 16(a) Grant Program = DFCSP
 - 16(b-e) additional years (taken from Calculation of Future Budget Periods) – First is year 2 or 7, etc.
- **Section F:** Complete
 - If indirect costs are requested and a negotiated rate is established, an indirect cost rate agreement must be submitted



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SF 424A

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
10. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
11. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
12. TOTALS (sum of lines 8 and 11)	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	<input type="text" value="0.00"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
14. Non-Federal	<input type="text" value="0.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
17. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
20. TOTALS (sum of lines 16 - 19)	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: <input type="text"/>	22. Indirect Charges: <input type="text"/>
23. Remarks <input type="text"/>	

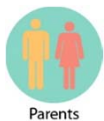


Checklist

Part A

- HHS Form 690 – Assurance of Compliance
 - Located at <http://samhsa.gov/Grants/Applying/forms-resources>
 - Sign and mail to HHS Office of Civil Rights

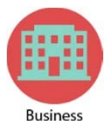
HHS-5161-1 (8/07)		Page 21	
CHECKLIST			
<p>Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for</p>		<p>reducing this burden to HHS Reports Clearance Officer, 200 Independence Ave., SW, Humphrey Bldg., Room 531H, Washington, DC, 20201, ATTN: PRA (0990-0317). Do not send the completed form to this address.</p> <p>NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.</p>	
<p>Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Noncompeting Continuation <input type="checkbox"/> Competing Continuation <input type="checkbox"/> Supplemental</p>		<p>OMB Approval No. 0990-0317 Expiration Date: 08/31/2010</p>	
<p>PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.</p>			
<p>1. Proper Signature and Date on the SF 424 (FACE PAGE)</p>		Included	NOT Applicable
<p>2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)</p>		<input type="checkbox"/>	
<input type="checkbox"/>	Civil Rights Assurance (45 CFR 80)	_____	_____
<input type="checkbox"/>	Assurance Concerning the Handicapped (45 CFR 84)	_____	_____
<input type="checkbox"/>	Assurance Concerning Sex Discrimination (45 CFR 86)	_____	_____
<input type="checkbox"/>	Assurance Concerning Age Discrimination (45 CFR 90 and 45 CFR 91)	_____	_____
<p>3. Human Subjects Certification, when applicable (45 CFR 46)</p>		<input type="checkbox"/>	<input type="checkbox"/>



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Checklist

Part B

- Public Health Systems Impact Statement
- Intergovernmental Review- Executive Order (E.O.) 12372
 - Go to http://whitehouse.gov/omb/grants_spoc to reference list of States affected by E.O. 12372

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	<input type="checkbox"/>	
3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?	<input type="checkbox"/>	
4. Have biographical sketch(es) with job description(s) been provided, when required?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	<input type="checkbox"/>	
6. Has the 12 month narrative budget justification been provided?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the budget for the entire proposed project period with sufficient detail been provided?	<input type="checkbox"/>	<input type="checkbox"/>
8. For a Supplemental application, does the narrative budget justification address only the additional funds requested?	<input type="checkbox"/>	<input type="checkbox"/>
9. For Competing Continuation and Supplemental applications, has a progress report been included?	<input type="checkbox"/>	<input type="checkbox"/>



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Checklist

Part C

– Name of Business Official

- Authorizing Official
- Include full address

– Name of Program Director

- Item 8f of SF-424
- Include full address

– Address

- Must be physical location, no P.O. Box

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made.

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Title:
 Organization:
 Street1:
 Street2:
 City:
 State: ZIP/Postal Code: ZIP/Postal Code4:
 Email Address:
 Telephone Number: Fax Number:

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Title:
 Organization:
 Street1:
 Street2:
 City:
 State: ZIP/Postal Code: ZIP/Postal Code4:
 Email Address:
 Telephone Number: Fax Number:

HHS Checklist (08/2007)



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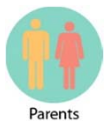


Checklist

Part D

- **Private Non-profit Organization**
 - Evidence of non-profit status must be provided in application
 - Check appropriate boxes & submit documentation with application, including EIN verification from IRS

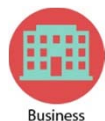
HHS-5161-1 (8/07)	Page 22
<p>PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.</p> <p><input type="checkbox"/> (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.</p> <p><input type="checkbox"/> (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.</p> <p><input type="checkbox"/> (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.</p> <p><input type="checkbox"/> (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.</p> <p><input type="checkbox"/> (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.</p> <p>If an applicant has evidence of current nonprofit status on file with an agency of HHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.</p> <p>Previously Filed with: (Agency) _____ on (Date) _____</p>	



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Disclosure of Lobbying Activities

- If applicable, the **SF-LLL** must be signed and submitted with the application

– It is applicable if there are lobbying activities to report

DISCLOSURE OF LOBBYING ACTIVITIES Approved by OMB
0348-0048

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

<p>1. Type of Federal Action:</p> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<p>2. Status of Federal Action</p> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<p>3. Report Type:</p> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <p>For Material Change Only: Year _____ Quarter _____ date of last report _____</p>
<p>4. Name and Address of Reporting Entity:</p> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: _____ _____ Congressional District, if known: _____	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> _____ _____ Congressional District, if known: _____	
<p>6. Federal Department/Agency:</p> _____	<p>7. Federal Program Name/Description:</p> _____ _____ CFDA Number, if applicable: _____	
<p>8. Federal Action Number, if known: _____</p>	<p>9. Award Amount, if known: \$ _____</p>	
<p>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):</p> _____ _____	<p>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</p> _____ _____	
<p>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>		
<p>Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____</p>		
<p>Federal Use Only: _____</p>		

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Project Performance Site Location(s) Form

- Indicate the primary site where the work will be performed. The primary project/performance site location is a required section.
- If a portion of the project will be performed at any other site(s), identify the site location(s) in the additional block(s) provided.

OMB Number: 4040-0010
Expiration Date: 08/31/2011

Project/Performance Site Location(s)

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Project/Performance Site Primary Location

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/Performance Site Congressional District:

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Project/Performance Site Location 1

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/Performance Site Congressional District:

See next page for instructions.



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Drug-Free Communities

Local Problems Require Local Solutions

Responding to the Funding Opportunity Announcement: Budget Information



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Budget

- See FOA **Appendix A**: Sample Budget for 1st year of a 5-year grant cycle
- Components
 - Budget Definitions
 - Sample Budget and Narrative Justification
 - Budget Summary
 - Calculation of Future Budget Periods
- **No more than \$125,000/year**



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Budget Terminology

- **Authorized Representative:** Individual in applicant organization with fiduciary/fiscal authority. The authorized official must be an employee of the applicant organization.
- **Program Director (PD):** Individual in applicant organization providing daily oversight of the grant. The PD must be an employee of the applicant organization.
- **Project Coordinator:** Individual who coordinates coalition services and DFC project activities
- **Business Official:** Individual in applicant organization who oversees the business aspects of the grant. The BO must be an employee of the applicant organization.



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Budget Terminology

- **Applicant Organization (Legal Applicant):**
Organization which agrees to serve as the legal applicant
 - Legally responsible for the programmatic and fiscal requirements of the grant
 - Has an active role in the administration of the grant (not pass through funds to another group)
 - The coalition must have reduction of substance abuse as its principal mission



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Non-Federal Matching

- Matching is **not required** on a category by category basis
- In-kind **donations may be** used as matching
- Federal funds or Federal funds **passed through a State or local government** may **not** be used as matching
- Applicants with representation that includes at least one **American Indian/Alaska Native member** may include Federal funds as match **ONLY** if the statutory language of a program specifically provides that Federal funds made available for such program can be applied to matching or cost sharing requirements of other Federal programs
- Matching **cannot be claimed** for costs that are **not allowable** using Federal funds



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Budget Categories & Summary

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



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Budget Categories & Summary

- **Direct Costs** - costs that can be identified specifically with a particular sponsored project
- **Indirect Costs** - costs incurred for common or joint objectives that cannot be identified specifically with a particular project or program.
 - These costs also are known as *“facilities and administrative costs”*



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Budget Categories & Summary

- Indirect Costs – If you:
 - Have a **negotiated rate agreement**, include the document in the application package
 - Any non-Federal entity that has never received a negotiated indirect cost rate, may elect to charge a minimum rate of 10% of Modified Total Direct Costs (MTDC) which may be used indefinitely.
 - Wish to obtain a rate, go to rates.psc.gov for assistance



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DFC Funding Restrictions

- Food is generally unallowable. Exceptions within the DFC Support Program may include food used as a small incentive (**not to exceed \$3.00 per person**) to encourage participation in a community-wide event. Food costs are not allowable for general coalition or subcommittee meetings. Food is not allowable for general coalition or subcommittee meetings
- **No more than 10 percent** of the total grant award may be used for data collection and evaluation purposes unless approved by a SAMHSA Government Project Officer and Grants Management Specialist.
- DFC grant funds **may not be passed through by contract or any other method** to another entity to conduct the programmatic work on the DFC program. The funded grant recipient and coalition are expected to perform the substantive role and manage the efforts carried out by this grant.



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DFC Funding Restrictions

- The Authorized Representative or Business Official charged with financial oversight responsibilities for the DFC grant award **must be an employee of the recipient organization and identified in the 'Personnel' budget category.**
- DFC grant funds **may not be used to provide funding to community organizations through mini-grants**, including one coalition funding another coalition.
- The Program Director **must** be an employee of the recipient organization, overseeing the day to day operations of the grant, and must be identified in the 'Personnel' budget category as either Federal or Non-Federal.
- DFC grant funds **may not be utilized for the following**: law enforcement equipment, drug search detection canines or related training, drug courts, lighting, community gardening efforts, or after school programs.
- DFC grant funds **may not be used for stipends**, as defined in the HHS Grants Policy Statement (GPS).



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Calculation of Future Budget Periods

- Budget increases and decreases **must** be explained and justified
- Applicants **must** show projected Federal request and non-Federal match



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Responding to the Funding Opportunity Announcement: Budget Narrative



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Budget Narrative

- Budget Narrative is **required**, but **not scored**
- Provide a **one-year budget narrative** that includes:
 - Budget details
 - Justifications
 - Description of matching resources
 - Additional support received by the coalition
- Provide a **budget projection** for each of the remaining grant years in the 5-year cycle
- Use the template provided in **Appendix A**



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Budget Narrative

- Budget Narrative is used to determine **reasonableness** and **allowability** of costs in a DFC Application
- Budget items (Federal request and non-Federal match) **must align with the activities outlined in the proposed Action Plan** and the DFC Program priorities



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Budget Narrative Tips

- The federal request **must** not exceed \$125,000.
- Include a budget narrative for the required **matching** funds as indicated in the FOA.
- **Avoid** any **conflicts of interest** within proposed contractual costs.
- Be **specific** and **detailed** in all **Narrative Justifications** within the Budget.



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For Additional FOA Support

FOA/Program Questions:

DFC FOA Hotline Team

240-276-1270

dfcnew@samhsa.hhs.gov

Grants Management/Finance/Budget Questions:

Odessa Crocker

Office of Financial Resources

Division of Grants Management

SAMHSA, Division of Grants Management

240-276-1400

DGM@samhsa.hhs.gov



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