



Notice of Award

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

Issue Date: 09/30/2014

Grant Number: 1H79TI024987-01
FAIN: TI024987

Program Director:
Melissa Rueschhoff

Project Title: Pima County Drug Court Treatment Project

Grantee Address	Business Address
COUNTY OF PIMA 130 West Congress, 10th Floor Tucson, AZ 857011317	Pima County Attorney's Office Legal Administrator 32 North Stone Suite 1400 Tucson, AZ 85701

Budget Period: 09/30/2014 – 09/29/2015

Project Period: 09/30/2014 – 09/29/2017

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$325,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF PIMA in support of the above referenced project. This award is pursuant to the authority of Section 509 of the PHS Act, 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.

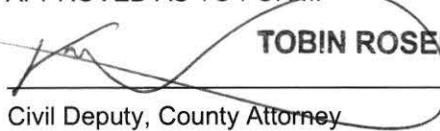
Sincerely yours,

Date: _____
Chair, Board of Supervisors

ATTEST:

Date: _____
Clerk of the Board of Supervisors

APPROVED AS TO FORM:


TOBIN ROSEN

Date: 9/30/14
Civil Deputy, County Attorney

SECTION I – AWARD DATA – 1H79TI024987-01**Award Calculation (U.S. Dollars)**

Salaries and Wages	\$43,825
Fringe Benefits	\$11,005
Personnel Costs (Subtotal)	\$54,830
Consortium/Contractual Cost	\$250,850
Travel Costs	\$5,200
Other	\$14,120
Direct Cost	\$325,000
Approved Budget	\$325,000
Federal Share	\$325,000
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$325,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$325,000
2	\$324,673
3	\$323,410

*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: 1866000543B5
Document Number: 13TI24987A
Fiscal Year: 2014

IC	CAN	Amount
TI	C96T511	\$325,000

IC	CAN	2014	2015	2016
TI	C96T511	\$325,000	\$324,673	\$323,410

TI Administrative Data:

PCC: DCT-AD / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI024987-01

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 – 1H79TI024987-01

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 74 or 45 CFR Part 92 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Additional Costs

SECTION IV – TI Special Terms and Conditions – 1H79TI024987-01

REMARKS:

This award reflects approval of the budget submitted on April 16, 2013 as part of the application.

SPECIAL TERMS OF AWARD:

FCR - The Office of Financial Advisory Services (OFAS), SAMHSA is currently conducting a 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 74.14 or 45 CFR 92.12, as applicable. The restriction will affect the draw-down of funds from your organization's Payment Management Services account; subject to the review of (OFAS) and the approval of the applicable Grants Management Specialist and Government Project Officer.

SPECIAL CONDITIONS OF AWARD:

MARGINAL OR INADEQUATE

By October 30, 2014 you must submit to your assigned Grants Management Specialist and Government Project Officer, information to respond to the Initial Review Group (IRG) concerns.

The application submitted received a marginal rating for Section A: Population of Focus and Statement of Need. Reviewers noted that the application does not include an adequate identification of sub-population disparities relating to access, use, and outcomes of grantees provided services, citing relevant data. Also, the application does not include documentation regarding the extent of the need (i.e. current prevalence rates or incidence data) for the population(s) of focus based on data. In addition, the application does not include the source of the data.

To ensure the grantee meets acceptable standards for this section, you must submit the following information:

- Describe sub-population disparities relating to access, use, and outcomes related to grantees provision of services, citing relevant data.
- Describe the extent of the need (i.e. current prevalence rates or incidence data) for the population(s) of focus based on data and identify the source of the data provided.

DISPARITY IMPACT STATEMENT (DIS):

By November 30, 2014, you must:

Submit an electronic copy of a disparity impact statement to the Government Project Officer (GPO) and Grants Management Specialist (GMS) as identified under Contacts on this notice of award. The disparity impact statement 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 disparity impact statement should be directed to your GPO. Examples of disparity impact statements can be found on the SAMHSA website at <http://beta.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, in response to the Special Condition of Award, consists of three components:

1. Proposed number of individuals to be served 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.

REVISED BUDGET:

By October 31, 2014, in order to determine whether costs are allowable, allocable and reasonable, please explain how funds in the amount of \$10,000 budgeted for DTAP Cost Benefit Study rate was determined/calculated.

OTHER:

By October 31, 2014, you must submit a revised Checklist that responds to Part B - Public Health System Impact Statement (PHSIS).

STANDARD TERM OF AWARD:

Refer to the following SAMHSA website for Standard Terms of Award:

[http://beta.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions \(NEW\)](http://beta.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions-(NEW))

Key staff (or key staff positions, if staff has not been selected) are listed below:

Melissa Rueschhoff, Project Director @ 25% level of effort

REPORTING REQUIREMENTS:

Submission of a Programmatic Semi-Annual Report is due no later than the dates as follows:

1st Report - April 30, 2015

2nd Report - October 31, 2015

Failure to comply with the above stated terms and conditions may result in suspension, classification as High Risk status, termination of this award or denial of funding in the future.

All responses to special terms and conditions of award and post award requests may be electronically mailed to the Grants Management Specialist and to the Government Program Official as identified on your Notice of Award.

It is essential that the Grant Number be included in the SUBJECT line of the email.

CONTACTS:

Jon Berg, Program Official

Phone: (240) 276-1609 **Email:** Jon.Berg@samhsa.hhs.gov

Helen Zhou, Grants Specialist

Phone: (240) 276-2482 **Email:** helen.zhou@samhsa.hhs.gov **Fax:** (240) 276-2410