

# BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

CAward Contract Grant

Requested Board Meeting Date: January 8, 2019

\* = Mandatory, information must be provided

or Procurement Director Award

#### \*Contractor/Vendor Name/Grantor (DBA):

Arizona Board of Regents - University of Arizona

#### \*Project Title/Description:

Bridges to Wellness (B-Well). The original grant award is attached here for reference.

#### \*Purpose:

The purpose of the project, Bridges to Wellness (B-Well), is to develop a solid foundation, infrastructure, and capacity to deliver and sustain quality, accessible, evidence-based Substance Abuse (SA), HIV, and Viral Hepatitis (VH) prevention services to reduce the onset of SA, HIV and VH infection among system-involved minority youth ages 13-17 in Pima County. The Pima County Health Department (PCHD) is responsible for only the HIV prevention services.

Amendment #2 removes unspent funding for year 2 (\$995.98), adds funding for Year 3 (\$18,751.00), and updates some of the contact information.

#### \*Procurement Method:

Not applicable - grant award

#### \*Program Goals/Predicted Outcomes:

Goal 1: Conduct a needs assessment relevant to substance abuse, HIV/AIDS, and VH in Pima County and develop a corresponding comprehensive strategic plan;

Goal 2: Mobilize and build capacity to address SA, HIV and VH prevention needs among racial/ethnic minority, system-involved youth ages 13-17 years in Pima County;

Goal 3: Implement evidence-based SA/HIV/VH prevention intervention strategies with racial/ethnic minority, system-involved youth ages 13-17 years in Pima County; and

Goal 4: Assess performance of B-Well through process, implementation, and outcome evaluations and utilize findings for ongoing continuous quality improvement and to assess impact of the project on behavioral health disparities.

#### \*Public Benefit:

Reduction of substance abuse, HIV and viral hepatitis incidence in Pima County minority youth ages 13-17.

#### \*Metrics Available to Measure Performance:

- 1) Provide HIV testing to 560 youth
- 2) Provide training on HIV testing and counseling to identified medical providers
- 3) Collect and submit data

#### \*Retroactive:

Yes. The grant funding for the 3rd Year of the contract began September 30, 2018. However, the amendment was not received until December 13, 2018. If not approved, Pima County will not be able to continue this program in collaboration with the U of A.

Contract / Award Informati		
		Contract Number (i.e.,15-123):
Effective Date:	Termination Date:	Prior Contract Number (Synergen/CMS):
☐ Expense Amount: \$* _		Revenue Amount: \$
*Funding Source(s) require	ed:	
Funding from General Fund	? CYes CNo If Yes \$	%
Contract is fully or partially for	unded with Federal Funds?	☐ Yes ☐ No
If Yes, is the Contract to a	vendor or subrecipient?	
Were insurance or indemnity	y clauses modified?	Yes No
If Yes, attach Risk's appro	val.	
Vendor is using a Social Se	curity Number?	☐ Yes ☐ No
	form per Administrative Procedure	22-73.
Amendment / Revised Aw	ard Information	
		Contract Number (i.e.,15-123):
		AMS Version No.:
Elicotive Bate.		Prior Contract No. (Synergen/CMS):
○ Expense or ○ Revenue	CIncrease ○ Decrease	
Is there revenue included?		Yes\$
*Funding Source(s) requir		
Funding from General Fund	? CYes C No If	Yes\$ %
Grant/Amendment Inform	ation (for grants acceptance and	d awards)
Document Type: GTAM	Department Code: HD	
Effective Date:	Termination Date: 09/2	9/2019 Amendment Number: 02
☐ Match Amount: \$		Revenue Amount: \$ 17, 755.02
	quired: Arizona Board of Regents /	/ Substance Abuse and Mental Health Services Administration (SAMHSA)
*Match funding from Gen	eral Fund? CYes © No If	Yes \$ %
*Match funding from othe *Funding Source:		
	ived, is funding coming directl assed through other organizati	
Contact: Sharon Grant		
Department: Health		Telephone: 724-7842
Department Director Sign	ature/Date: Marcist	2 tangean 12142018 / 1215
Deputy County Administra	ator Signature/Date:	Jum 12/19/2018
County Administrator Signal (Required for Board Agenda/Adder		Ecleltein 12/19/18

# A THE UNIVERSITY OF ARIZONA®

#### MODIFICATION NO. 2

#### TO THE

#### COST REIMBURSABLE SUBCONTRACT

#### **BETWEEN**

#### ARIZONA BOARD OF REGENTS, UNIVERSITY OF ARIZONA

#### **AND**

# Pima County Government on behalf of the Pima County Health Department UNDER PURCHASE ORDER NO. 363753

This Modification provides the following change according to the mutual agreement of both parties to this Subaward.

The Obligated Period of Performance is extended with a new termination date of September 29, 2019.

The Amount of Funding (not to exceed) for Project Year 2 is reduced by \$995.98; from \$18,338 to \$17,342.02. The Scope of Work during this period shall remain unchanged.

The Amount of Funding (not to exceed) for Project Year 3 is \$18,751 (see Attachment No. 1). The Scope of Work during this period shall remain unchanged.

The Total Amount of Funding (not to exceed) is increased by \$17,755.02; from \$32,042.24 to \$49,797.26.

Attachment 3; ARIZONA Contacts shall be revised as follows:

ARIZONA Principal Investigator
Josephine D Korchmaros
SW Institute for Research on Women (SIROW)
PO Box 210438
Tucson, AZ 85721
jkorch@email.arizona.edu

Attachment 3; SUBCONTRACTOR Authorized Official Donald Gates
3950 S. Country Club Rd., Suite 100
Tucson, AZ 85714-2226
Donald.Gates@pima.gov

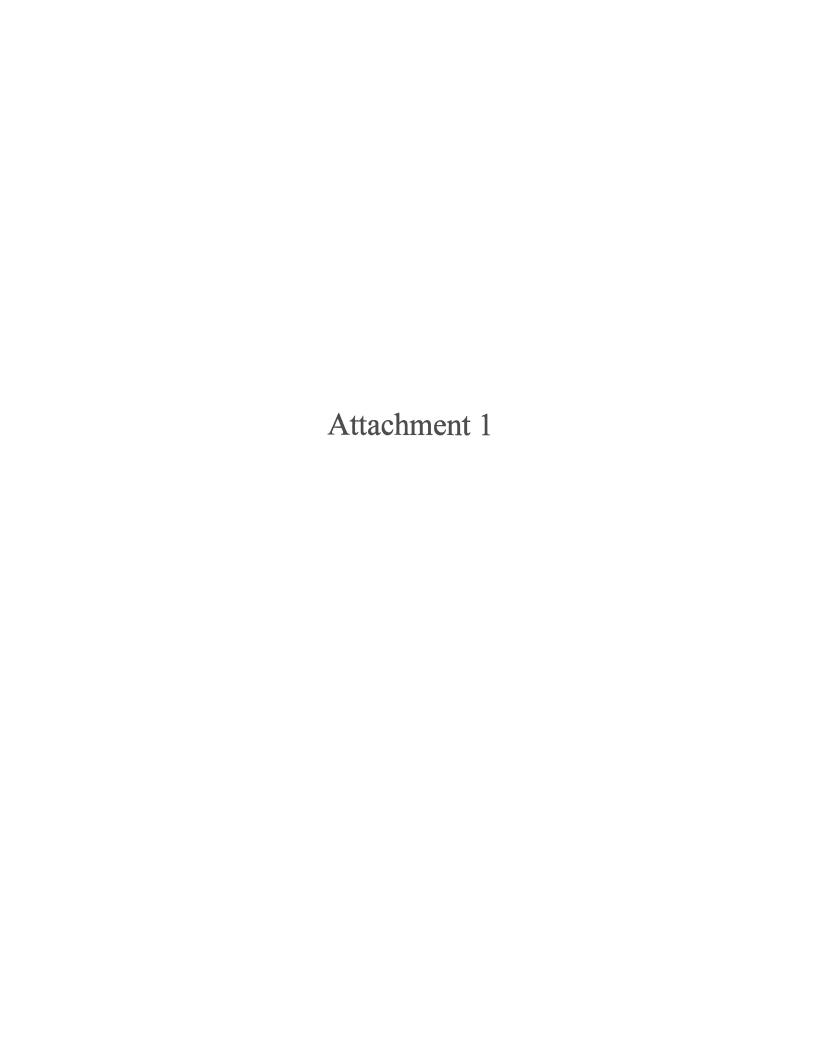
Also attached to this Modification are Prime Award Modification Nos. 03, 02M001, 03M001, and 03S1, which is/are incorporated by reference (see Attachment No. 2).

All other provisions of this Subaward remain unchanged.

REVIEWED BY:

Appointing Authority or Designee Pima County Health Department

FOR Pima Count	y Government on beha	lf of the Pima County Health Department:
Date	Chairman, Board of	Supervisors
FOR THE ARIZO	ONA BOARD OF REGE	NTS, UNIVERSITY OF ARIZONA:
Date	Melissa Kramer, Co Sponsored Projects	ntract Officer & Contracting Services
Attachments (inco	rporated by reference):	<ol> <li>Budget and Justification</li> <li>Prime Award Modifications</li> </ol>
	ASTO FORM: 12/13/18	



### Pima County Health Department (PCHD)

Name	Service	Rate	Other	.Cost
Pima County Health Department (Miguel Soto)	Program Coordinator for HIV testing services and training for Project Staff	.15 FTE @ \$6,962 salary and \$2,904 ERE		\$9,866 Yrs 1-5
Pima County Health Department	HIV Rapid Test Kits  Year One (26 tests year 1 for B-Well participants and 15 tests for community youth done at targeted outreach events)	\$8.00 per test		Yr 1 \$328 Yr 2 \$672 Yr 3 \$960 Yr 4 \$960 Yr 5 \$960
Pima County Health Department (CDI/Outreach Staff)	Staff to conduct outreach, counseling, testing and other applicable HIV prevention activities (2 staff at 6.25% - 7.5%FTE)	12.5%-15% FTE  ERE calculated at 30%  See narrative for annual salary		Yr 1 \$5,787 Yrs 2-5 \$6,944

Name	Service	Rate	Other	Cost =
Pima County Health Department	Mileage to travel to and outreach events 2 event in year 1	30 miles(round trip) x 2 x.445/mile		Yr 1 \$26
	4 events/year in years 2-5	30 miles(round trip) x 4 x.445/mile		Yrs 2-5 \$52
į	Mileage to travel to and from Inter- mountain in Tucson 6 trips in year 1	20 miles round trip x 6 x.445/mile		Yr 1 \$53
	12 trips years 2-5	20 miles round trip 12 x.445/mile		Yrs 2-5 \$107
	Mileage to travel to and from Inter-mountain in Sells in years 3-5	120 miles (round trip) x 4 x.445/mile		Yrs 3-5 \$214
Pima County Health Department	Project and Medical Supplies  Needed to conduct testing (gauze, alcohol, band aids) and other project specific supplies.	Varies		Yr 1 \$0 Yr 2 \$697 Yr 3-5 \$608
			TOTAL	See Chart below

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total Contractual Cost
Contractual	\$16,060	\$18,338	\$18,751	\$18,751	\$18,751	\$90,651

#### JUSTIFICATION:

**Program Coordinator, Miguel Soto:** This position directs the overall operation of Pima County's component of the project; is responsible for coordinating staff; coordinating and developing partnerships with other agencies; participating in program planning; leading HIV Training to build capacity among youth professionals and preparation of program reports related

to Pima County's role in the project. The annual salary and ERE is \$65,775.00 and will be covered at .15% FTE during PYs 1 -5 of the contract, totaling \$9,866 per year.

#### **HIV Rapid Test Kits**

Year One (26 tests for B-Well participants and 15 tests for community youth done at targeted outreach events) \$8.00 per test x 41 tests - \$328.00

Year Two (54 tests for B-Well participants and 30 tests for community youth done at targeted outreach events) \$8.00 per test x 84 tests - \$672.00

Year Three (80 tests for B-Well participants and 40 tests for community youth done at targeted outreach events) \$8.00 per test x 120 tests - \$960.00

Year Four (80 tests for B-Well participants and 40 tests for community youth done at targeted outreach events) \$8.00 per test x 120 tests - \$960.00

Year Five (80 tests for B-Well participants and 40 tests for community youth done at targeted outreach events) \$8.00 per test x 120 tests - \$960.00

#### CDI/Outreach Staff

These staff will be responsible for conduction HIV testing, follow-up on reports of actual or suspected disease, locate affected persons and their contacts and provide partner services and linkage to care. These staff members will also counsel and educate the target population about disease prevention; confer with staff of medical facilities, visit physicians and laboratories; enter, track and prepare data for program reports. The annual salary and ERE is \$46,293 and each position (2) will be covered at 6.25% FTE during PY 1 totaling \$5,787 and 7.5% FTE during PY 2-5 of the contract, totaling \$6,944 per year.

#### Mileage

Mileage to travel to and from 2-4 outreach events per year.

Year 1 = 30 miles round trip at .445/mile two times per year one totals \$26.

Year 2-5 = 30 miles round trip at .445/mile four times per year totals \$52.

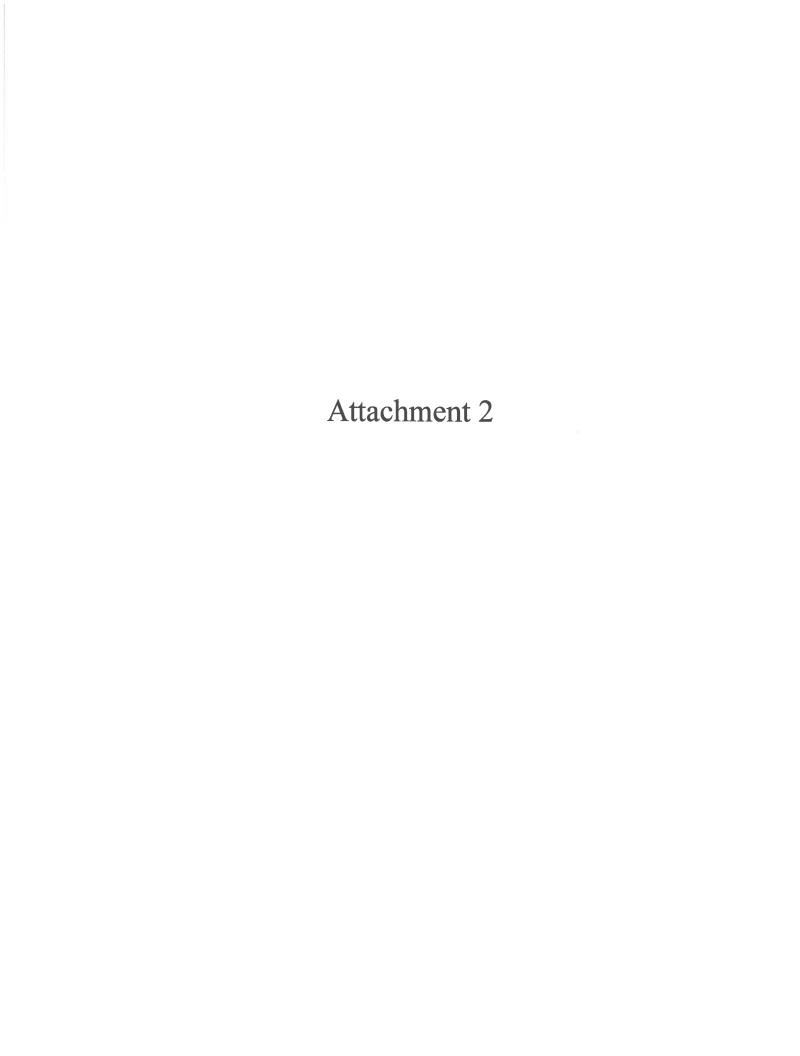
Mileage to travel to Intermountain Tucson, AZ testing site to conduct testing, education and follow up services

Year 1 = 20 miles round trip at .445/mile six times per year totals \$53.

Year 2-5 = 20 miles round trip at .445/mile twelve times per year totals \$107.

Mileage to travel to site to Intermountain Sells, AZ testing to conduct testing, education and follow up services

**Year 3-5** = 120 miles round trip at .445/mile four times per year totals \$214.



Notice of Award



HIV CBI
Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Prevention

**Grant Number:** 5H79SP021778-03 **FAIN:** H79SP021778 **Program Director:** Alison Greene

Project Title: Bridges to Wellness (B-Well)

**Grantee Address** 

UNIVERSITY OF ARIZONA UNIVERSITY OF ARIZONA Research Social Scientist PO BOX 210158, Room 510 TUCSON, AZ 857210158 **Business Address** 

Kimberly Andrews Espy Arizona Board of Regents, University of Arizona Senior Vice President for Research P.O. Box 210158 Rm 510 Tucson, AZ 857210158

Issue Date: 07/03/2018

**Budget Period**: 09/30/2018 – 09/29/2019 **Project Period**: 09/30/2016 – 09/29/2021

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$234,598 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to UNIVERSITY OF ARIZONA in support of the above referenced project. This award is pursuant to the authority of Section 516 of the Public Health Service 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 <a href="www.samhsa.gov">www.samhsa.gov</a> (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,
Eileen Bermudez
Grants Management Officer
Division of Grants Management

See additional information below

#### **SECTION I – AWARD DATA – 5H79SP021778-03**

Award Calculation (U.S. Dollars) Salaries and Wages Fringe Benefits Personnel Costs (Subtotal) Materials & Supplies Contractual Travel Other	\$88,303 \$30,818 \$119,121 \$2,403 \$67,043 \$1,405 \$11,037
Direct Cost Indirect Cost Approved Budget Federal Share Cumulative Prior Awards for this Budget Period	\$201,009 \$33,589 \$234,598 \$234,598 \$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$234,598

SUMMARY TOTALS FOR ALL YEARS				
YR	AMOUNT			
3	\$234,598			
4	\$234,598			
5	\$234,598			

<sup>\*</sup>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:
 1742652689C5

 Document Number:
 16SP21778A

 Fiscal Year:
 2018

 IC
 CAN
 Amount

 SP
 C96V040
 \$234,598

<u>IC</u>	CAN	<u>2018</u>	2019	2020
<u>SP</u>	C96V040	<b>\$234,598</b>	<u>\$234,598</u>	<u>\$234,598</u>

# SP Administrative Data: PCC: HIV-CBI / OC: 4145

#### SECTION II - PAYMENT/HOTLINE INFORMATION - 5H79SP021778-03

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 - 5H79SP021778-03

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:**

**Additional Costs** 

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 - SP Special Terms and Conditions - 5H79SP021778-03

#### **REMARKS**

#### **FY 2018 Continuation Award**

1. This Notice of Award (NoA) is issued to inform your organization that the Capacity Building Initiative for Substance Abuse (SA) and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth AND Young Adults program is being continued. This award reflects acceptance of the attestation letter signed and dated January 29, 2018 by the Authorized Representative of the Organization, that there are no budget changes above 25% of the total previous budget period in response to the continuation application request.

#### 2. Key Staff

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

Alison Greene **Program Director** @ 30% level of effort Monca Davis **Program Cooridinator** @ 45% level of effort Josephine Korchmaros **Evaluator** @ 10% level of effort

Any changes in 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. Reference the Prior Approval Standard Term for additional information and instructions.

- 3. All responses to award terms and conditions and prior approval requests must be submitted through the eRA Commons system.
- **4.** Recipients are expected to plan their work and ensure that funds are expended within the 12-month budget period reflected on this Notice of Award. If activities proposed in the approved budget cannot be completed within the current budget period, SAMSHA cannot guarantee the approval of any request for carryover of remaining unobligated funding.

#### **SPECIAL CONDITIONS**

#### Other

By October 31, 2018, submit to the Program Official and Grants Management Specialist a revised SF424 with the current year approved Federal Funding.

#### STANDARD TERMS AND CONDITIONS

#### Standard Terms for Awards FY 2018

Your organization must comply with the Standard Terms and Conditions for grants awarded in Fiscal Year 2018 and the following award terms applicable to your award type as identified below:

- Continuation
- Cooperative Agreement Standard Terms

SAMHSA's Terms and Conditions Webpage is located at: https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions.

#### **Programmatic Performance Progress Reports**

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

1st Report – January 31, 2019 2nd Report - April 30, 2019 3rd Report - July 31, 2019 4th Report - October 31, 2019

Note: Recipients must also comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the FOA or by the Grant Program Official (GPO). This information is needed in order to comply with PL 102-62, which requires that Substance Abuse and Mental Health Services Administration (SAMHSA) report evaluation data to ensure the effectiveness and efficiency of its programs.

The response to this reporting term must be uploaded as a .pdf into the Terms Tracker in the eRA Commons Systems.

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

#### Annual Federal Financial Report (SF-425)

The Federal Financial Report (FFR) (SF-425) is required on an annual basis and must be submitted no later than 90 days after the end of the budget period. The annual FFR should reflect only cumulative actual Federal funds authorized and disbursed, any non-Federal matching funds (if identified in the Funding Opportunity Announcement (FOA)), unliquidated obligations incurred, the unobligated balance of the Federal funds for the award, as well as program income generated during the timeframe covered by the report. Additional guidance to complete the FFR can be found at <a href="http://www.samhsa.gov/grants/grants-management/reporting-requirements">http://www.samhsa.gov/grants/grants-management/reporting-requirements</a>.

FFR reporting must be entered directly into the eRA Commons system. Instructions on how to submit a Federal Financial Report (FFR) via the eRA Commons is available at <a href="https://www.samhsa.gov/sites/default/files/samhsa-grantee-submit-ffr-10-22-17.pptx">https://www.samhsa.gov/sites/default/files/samhsa-grantee-submit-ffr-10-22-17.pptx</a>.

#### **Compliance with Terms and Conditions**

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH 45 CFR 75.3 71, 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:**

Judith Ellis, Program Official

Phone: (240) 276-2567 Email: judith.ellis@samhsa.hhs.gov

Heather Cooper, Grants Specialist

Phone: 240-276-1612 Email: Heather.Cooper@samhsa.hhs.gov

Notice of Award



HIV CBI **Issue Date:** 09/20/2018

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Prevention

Grant Number: 6H79SP021778-02M001

FAIN: H79SP021778 Program Director: Alison Greene

Project Title: Bridges to Wellness (B-Well)

**Grantee Address** 

UNIVERSITY OF ARIZONA
Arizona Board of Regents, University of Arizona

Senior Vice President for Research

P.O. Box 210158, Rm. 510 Tucson, AZ 857210158 **Business Address** 

University of Arizona

Director

P.O. Box 210158, Rm 510 Tucson, AZ 857210158

**Budget Period**: 09/30/2017 – 09/29/2018 **Project Period**: 09/30/2016 – 09/29/2021

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$0 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to UNIVERSITY OF ARIZONA in support of the above referenced project. This award is pursuant to the authority of Section 516 of the Public Health Service Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

This award addresses the following Amendment action: Carryover Request

Award recipients may access the SAMHSA website at <a href="www.samhsa.gov">www.samhsa.gov</a> (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,
Eileen Bermudez
Grants Management Officer
Division of Grants Management

See additional information below

#### SECTION I - AWARD DATA - 6H79SP021778-02M001

Award Calculation (U.S. Dollars) Salaries and Wages Fringe Benefits Personnel Costs (Subtotal) Supplies Consortium/Contractual Cost Travel Costs Other	\$88,303 \$42,398 \$130,701 \$4,890 \$63,680 \$101 \$15,629
Direct Cost Indirect Cost Approved Budget Federal Share Less Unobligated Balance Cumulative Prior Awards for this Budget Period	\$215,001 \$40,425 \$255,426 \$255,426 \$20,828 \$234,598
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$0

	SUMMARY TOTALS FOR ALL YEARS
YR	AMOUNT
2	\$234 598

<sup>\*</sup>Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

**CFDA Number:** 

93.243

FIN-

1742652689C5

**Document Number:** 

16SP21778A

Fiscal Year:

2017

IC SP **CAN** C96V040

**Amount** 

\$0

IC	CAN	2017
<u>SP</u>	C96V040	\$0

# SP Administrative Data: PCC: HIV-CBI / OC: 4145

#### SECTION II - PAYMENT/HOTLINE INFORMATION - 6H79SP021778-02M001

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,

#### SECTION III - TERMS AND CONDITIONS - 6H79SP021778-02M001

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:**

**Additional Costs** 

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 - SP Special Terms and Conditions - 6H79SP021778-02M001

#### **REMARKS:**

SAMHSA has retroactively approved your request for carryover in the amount of \$20,828 into your current budget period. This action does not approve any budget revisions that may be associated with the carryover request. Recipients must comply with award and grants management requirements for reasonable, allowable, allocable and cost effective budgets. "If the final resolution of the audit covering the above stated budget period(s) determines that the unobligated balance of funds is incorrect, SAMHSA will not make additional funds available to cover any shortfall

Note: This is a Post Award Amendment, therefore only the current budget year is reflected.

#### STANDARD TERMS OF AWARD:

ALL PREVIOUS TERMS AND CONDITIONS REMAIN IN EFFECT UNTIL SPECIFICALLY APPROVED AND REMOVED BY THE GRANTS MANAGEMENT OFFICER

#### **Staff Contacts:**

Judith Ellis, Program Official

Phone: (240) 276-2567 Email: judith.ellis@samhsa.hhs.gov

Heather Cooper, Grants Specialist

Phone: 240-276-1612 Email: Heather.Cooper@samhsa.hhs.gov

Notice of Award



HIV CBI **Issue Date:** 09/20/2018

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Prevention

Grant Number: 6H79SP021778-03M001

FAIN: H79SP021778 Program Director: Alison Greene

Project Title: Bridges to Wellness (B-Well)

**Grantee Address** 

UNIVERSITY OF ARIZONA UNIVERSITY OF ARIZONA Research Social Scientist PO BOX 210158, Room 510 TUCSON, AZ 857210158 **Business Address** 

Kimberly Andrews Espy Arizona Board of Regents, University of Arizona Senior Vice President for Research

P.O. Box 210158 Rm 510 Tucson, AZ 857210158

**Budget Period:** 09/30/2018 – 09/29/2019 **Project Period:** 09/30/2016 – 09/29/2021

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$0 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to UNIVERSITY OF ARIZONA in support of the above referenced project. This award is pursuant to the authority of Section 516 of the Public Health Service Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

This award addresses the following Amendment requests:

☐ Budget Revision (6H79SP021778-03L001)

Award recipients may access the SAMHSA website at <a href="www.samhsa.gov">www.samhsa.gov</a> (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,
Eileen Bermudez
Grants Management Officer
Division of Grants Management

See additional information below

#### SECTION I - AWARD DATA - 6H79SP021778-03M001

Award Calculation (U.S. Dollars)	
Salaries and Wages	\$103,540
Fringe Benefits	\$38,839
Personnel Costs (Subtotal)	\$142,379
Materials & Supplies	\$3,592
Contractual	\$37,915
Travel	\$2,710
Other	\$11,235
Direct Cost	\$197,831
Indirect Cost	\$36,767
Approved Budget	\$234,598
Federal Share	\$234,598
Cumulative Prior Awards for this Budget Period	\$234,598
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$0

SUMMARY TOTALS FOR ALL YEARS		
YR	AMOUNT	
3	\$234 598	

Fiscal Information:

**CFDA Number:** 93.243 1742652689C5 **Document Number:** 16SP21778A

Fiscal Year: 2018

IC CAN **Amount** SP C96V040 \$0

IC	CAN	2018
SP	C96V040	\$0

#### **SP Administrative Data:** PCC: HIV-CBI / OC: 4145

#### SECTION II - PAYMENT/HOTLINE INFORMATION - 6H79SP021778-03M001

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.

<sup>\*</sup>Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

#### SECTION III - TERMS AND CONDITIONS - 6H79SP021778-03M001

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:

- 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:**

**Additional Costs** 

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 - SP Special Terms and Conditions - 6H79SP021778-03M001

REMOVAL OF SPECIAL CONDITIONS OF AWARD:

This award removes the Special Condition of Award due on October 31, 2018 and approves the revised budget submitted on August 30, 2018.

Note: This is a Post Award Amendment, therefore only the current budget year is reflected.

ALL PREVIOUS TERMS AND CONDITIONS REMAIN IN EFFECT UNTIL SPECIFICALLY APPROVED AND REMOVED BY THE GRANTS MANAGEMENT OFFICER

#### **Staff Contacts:**

Judith Ellis, Program Official

Phone: (240) 276-2567 Email: judith.ellis@samhsa.hhs.gov

Heather Cooper, Grants Specialist

Phone: 240-276-1612 Email: Heather.Cooper@samhsa.hhs.gov

Notice of Award



HIV CBI **Issue Date**: 09/27/2018

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Prevention

Grant Number: 3H79SP021778-03S1 FAIN: H79SP021778 Program Director: Alison Greene

Project Title: Bridges to Wellness (B-Well)

**Grantee Address** 

UNIVERSITY OF ARIZONA UNIVERSITY OF ARIZONA Research Social Scientist PO BOX 210158, Room 510 TUCSON, AZ 857210158 **Business Address** 

Kimberly Andrews Espy Arizona Board of Regents, University of Arizona Senior Vice President for Research P.O. Box 210158 Rm 510 Tucson, AZ 857210158

**Budget Period:** 09/30/2018 – 09/29/2019 **Project Period:** 09/30/2016 – 09/29/2021

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a supplement in the amount of \$25,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to UNIVERSITY OF ARIZONA in support of the above referenced project. This award is pursuant to the authority of Section 516 of the Public Health Service 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 <a href="www.samhsa.gov">www.samhsa.gov</a> (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,
Eileen Bermudez
Grants Management Officer
Division of Grants Management

See additional information below

#### SECTION I - AWARD DATA - 3H79SP021778-03S1

Award Calculation (U.S. Dollars) Salaries and Wages Fringe Benefits Personnel Costs (Subtotal) Materials & Supplies Contractual Travel Other	\$103,540 \$38,839 \$142,379 \$3,592 \$37,915 \$2,710 \$36,235
Direct Cost Indirect Cost Approved Budget Federal Share Cumulative Prior Awards for this Budget Period	\$222,831 \$36,767 \$259,598 \$259,598 \$234,598
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$25,000

SUMMARY TOTALS FOR ALL YEARS			
YR	AMOUNT		
3	\$259,598		
4	\$234,598		
5	\$234,598		

<sup>\*</sup>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:

1742652689C5

**Document Number:** 

16SP21778A

Fiscal Year:

2018

IC SP **CAN** C96V048 Amount

		А	MI	

\$25,000

<u>IC</u>	CAN	2018
SP	C96V048	\$25,000

# SP Administrative Data: PCC: HIV-CBI / OC: 4145

#### SECTION II - PAYMENT/HOTLINE INFORMATION - 3H79SP021778-03S1

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Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

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- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

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**Additional Costs** 

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#### SECTION IV - SP Special Terms and Conditions - 3H79SP021778-03S1

#### REMARKS

#### **Technical Assistance Supplement**

This notice of award provides supplemental funding in the amount of \$25,000 in the "Other" cost category of federal funding for the purchase of Technical Assistance (TA) or for other allowable activities as outlined in the FOA of your grant award.

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

#### SPECIAL CONDITIONS

#### **Revised Budget (\$25k Supplement)**

By **November 14, 2018**, you must submit a revised SF-424A - BUDGET INFORMATION — Non Construction Programs and budget narrative/justification clearly indicating how you will use the funding.

The \$25,000 supplemental funds should be clearly itemized in appropriate budget

categories of the SF-424A. The budget narrative/justification should state how the funding will be used. If any portion of the funding is used for the purchase of TA utilizing a contract, clearly articulate who the contract is with and the activities/services they will provide.

The SF-424A BUDGET INFORMATION - Non-Construction Programs can be found at: https://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf

A Sample Budget Narrative and Justification can be found in Appendix of the FOA for your grant award.

Upload the completed .pdf of the SF-424A and the budget narrative/justification to the "View Terms Tracking Details" page in eRA Commons.

#### **Staff Contacts:**

Judith Ellis, Program Official

Phone: (240) 276-2567 Email: judith.ellis@samhsa.hhs.gov

Heather Cooper, Grants Specialist

Phone: 240-276-1612 Email: Heather.Cooper@samhsa.hhs.gov