

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

**FY 2020 – 2021 Projects for Assistance in Transition
from Homelessness**

Short Title: PATH

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. SM-20-F2

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.150

Key Dates:

Application Deadline	Applications are due by May 25, 2020.
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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting biennial applications for fiscal year (FY) 2020-2021 Projects for Assistance in Transition from Homelessness grants (Short Title: PATH). PATH was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (P.L. 101.645). PATH funds are limited to the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. The goal of PATH formula grants is to reduce or eliminate homelessness for individuals with serious mental illnesses (SMI), co-occurring substance use disorders (COD), and who are experiencing homelessness or at imminent risk of becoming homeless. PATH funds are used to provide a menu of allowable services, including outreach, case management, and services that are not supported by mainstream mental health programs.

Funding Opportunity Title:	Projects for Assistance in Transition from Homelessness (Short Title: PATH)
Funding Opportunity Number:	SM-20-F2
Due Date for Applications:	May 25, 2020
Anticipated Total Available Funding:	\$64,635,000
Cost Sharing/Match Required:	Yes Refer to Section III-2 for cost-sharing/match requirements.
Length of Project Period:	One (1) year (States submit a two-year application)
Eligible Applicants:	States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands Refer to Section III-1 for more information about eligibility.

I. PROGRAM DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting biennial applications for fiscal year (FY) 2020-2021 Projects for Assistance in Transition from Homelessness grants (Short Title: PATH). PATH was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (P.L. 101.645). PATH funds are limited to the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. The goal of PATH formula grants is to reduce or eliminate homelessness for individuals with serious mental illnesses (SMI), co-occurring substance use disorders (COD), and who are experiencing homelessness or at imminent risk of becoming homeless. PATH funds are used to provide a menu of allowable services, including outreach, case management, and services that are not supported by mainstream mental health programs.

PATH grants are authorized under Section 521 of the Public Health Service (PHS) Act, (42 U.S.C. § 290cc-21) as amended.

This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

EXPECTATIONS

PATH funds are distributed to each state, the District of Columbia, Puerto Rico, and four U.S. Territories (the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands) so that they may make grants to public and local non-profit organizations to provide a variety of legislatively authorized services. Recipients must include in their application a plan to reach the areas in the state in which the greatest number of individuals who are experiencing homelessness with a need for mental health, substance use disorder, and housing services are located.

Grant Funds

Recipients must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Recipients are expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Recipients should also consider other systems from which a potential

service recipient may be eligible for services (e.g., the Veterans Health Administration, senior services), if appropriate for and desired by that individual to meet his/her needs. In addition, recipients are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

SAMHSA encourages all recipients to address the behavioral health needs of active duty military service members, returning veterans, and military families in designing and developing their programs and to consider prioritizing this population for services, where appropriate.

SAMHSA encourages all recipients to address the behavioral health and housing needs of those living with serious mental illness and who are incarcerated in designing and developing their programs and to consider prioritizing this population for services upon release from jail or prison, where appropriate.

SAMHSA strongly encourages all recipients to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Emergency Planning

When disaster strikes, over-extended systems must work to meet the needs of the impacted population, including individuals experiencing homelessness. Prior planning and a coordinated response which reaches across agencies and systems can advance recovery from disasters. PATH recipients are encouraged to design, review, update, and test their emergency response plans in consideration of continuity of care needs for people experiencing homelessness and who have a serious mental illness and/or co-occurring disorder. PATH recipients are also encouraged to review current emergency services plans in collaboration with key stakeholders across shelter providers, housing agencies, mental health, substance use, and emergency management services - and where not present, propose for inclusion specific provisions that would address and/or ensure continuity of services during and immediately following a disaster for people experiencing homelessness. Ultimately, the goal is to advance homeless and emergency services coordination and community resiliency following disasters (see [Appendix J](#)).

1.2 Required Activity and PATH Eligible Services

Required activity: Departments within states or territories receiving PATH funds must implement a collaborative relationship with the department/office within the state/territory government which is responsible for providing housing to qualifying residents. Grantees must describe this relationship in their application and must describe how PATH funds supporting care and treatment of the homeless or marginally housed seriously mentally ill population will be served such that there is coordination of service provision to address needs impacted by serious mental illness and provision of

permanent housing for those being served by these grant funds is prioritized and assured.

PATH funds must be used to provide the following services:

- Outreach services including prioritization of those with serious mental illness who are veterans and experiencing homelessness or in danger of becoming homeless;
- Screening and diagnostic treatment services;
- Habilitation and rehabilitation services;
- Community mental health services, including recovery support services (e.g., peer specialist/recovery coaches);
- Alcohol or drug treatment services;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance use programs, and other sites where individuals who experience homelessness require services;
- Case management services, including:
 - Preparing a plan for the provision of community mental health services to eligible homeless individuals, and reviewing such plan not less than once every 3 months;
 - Providing assistance in obtaining and coordinating social and maintenance services for eligible individuals who experience homelessness, including services related to daily living activities, peer support, personal financial planning, transportation, habilitation and rehabilitation, prevocational and vocational training, and housing;
 - Providing assistance to eligible individuals who experience homelessness in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring eligible individuals who experience homelessness for such other services as may be appropriate; and

Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act if the eligible individuals who experience homelessness are receiving aid under title XVI of such act

and if the applicant is designated by the Secretary to provide such services.

- Supportive and supervisory services in residential settings including shelters, group homes, supported apartments and other residential settings specifically serving those living with serious mental illness or co-occurring disorders;
- Referrals for primary health services, job training, educational services, and relevant housing services including use of peer providers to help to assure that these services are successfully accessed by homeless individuals with serious mental illness(es) and co-occurring disorders; and,
- Housing services, as specified in Section 522(b)(10) of the PHS Act, as amended (U.S.C. § 290cc-22(b), including:
 - Minor renovation, expansion, and repair of housing;
 - Planning of housing;
 - Technical assistance in applying for housing assistance;
 - Improving the coordination of housing services;
 - Security deposits;
 - Costs associated with matching eligible individuals who are experiencing homelessness with appropriate housing situations; and
 - One-time rental payments to prevent eviction.

1.3 Data Collection and Submission

All PATH recipients must submit required annual PATH data through the PATH Data Exchange (PDX). PATH provider data reports must be reviewed and approved by the State PATH Contact (SPC) prior to submission. SAMHSA will announce the due date for annual report submission in the fall of 2020.

All PATH providers should be collecting PATH client data through the Homeless Management Information System (HMIS) or other system approved by SAMHSA that supports interoperability with the local HMIS.

All PATH providers must report Government Performance and Reporting Accountability data into HMIS annually. Refer to [Section VI.3.2](#) of this FOA for additional information.

Participation in HMIS provides a platform for coordinating care and improving client access to mainstream programs and housing resources. This practice is effective in reducing duplicative intakes by numerous agencies within the Continuum of Care (CoC), thus increasing productivity and reducing service costs. It also helps enhance service providers' understanding of clients' needs. Use of HMIS for PATH enables SAMHSA to report reliable and consistent data on the performance of the PATH program. SAMHSA will continue to partner with the U.S. Department of Housing and Urban Development (HUD) to support states and providers in collecting data through HMIS.

Technical Assistance

SAMHSA will provide technical assistance to states, jointly through the learning community structure, and individually as needed, to support achievement of PATH goals and compliance with federal requirements. States and providers should work with local HMIS administrators to assure that all PATH providers are trained in the use of HMIS.

Confidentiality of Alcohol and Drug Abuse Patient Records

States are reminded that compliance with applicable federal and state health information confidentiality regulations, including the regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, is required when submitting information to HMIS or other electronic health record system. 42 CFR Part 2 contains certain requirements for the disclosure of information by substance use disorder treatment programs; most notably, client consent is required for disclosures, with some limited exceptions.

42 CFR Part 2 applies to all federally funded individuals or entities that "hold themselves out as providing, and provide, alcohol or drug abuse diagnosis, treatment or treatment referral." A program is federally funded if it:

- Is authorized, licensed, certified, or registered by the federal government, AND
- Receives federal funds in any form, even if the funds do not directly pay for the alcohol or drug use services; OR
- Is assisted by the Internal Revenue Service through a grant of tax-exempt status or allowance of tax deductions for contributions; OR is authorized to conduct business by the federal government; OR is conducted directly by the federal government.

II. AWARD INFORMATION

The PATH Program will distribute \$64,635,000 to states and territories. The awards will range from \$50,000 to \$8.8 million total (direct and indirect), depending upon a legislatively determined formula. [Appendix A](#) lists the funds allocated for each state and territory.

Funding amounts reflect the final FY 2020 appropriation.

Note: PATH recipients are required to submit biennial applications (i.e., submit a comprehensive application every two years - which comprises activities and plans for two years). In FY 2021, recipients will submit an abbreviated application.

The abbreviated FY 2021 application should include:

- A summary of state PATH activities from FY 2020;
- A signed certification from the Governor or his/her designee;
- Signed assurances;
- Budget information for each local provider funded under PATH; and
- Other documentation as required by SAMHSA's Division of Grants Management.

Information about the abbreviated application will be provided prior to the submission of the FY 2021 application.

In addition to PATH statutes and regulations, additional grants administration requirements are set forth in 45 CFR Part 75 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Sections 521 and 534 of the PHS Act, limits eligibility to states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

Section 522 of the PHS Act, as amended, requires that states and territories must expend their payments under the Act only for making grants to political subdivisions of the state (or territories), and to nonprofit private entities (including community-based veterans' organizations and other community organizations) for providing services specified in the Act. See [Section 1.2](#) for PATH eligible services.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing is required as specified in 42 U.S.C Section 523(a) of the PHS Act, as amended. The state must match directly or through donations from public or private entities, non-federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of federal PATH funds. Non-federal contributions required in subsection (a) may be in cash or in-kind, fairly evaluated, including plant, equipment, or services. Funding, or services assisted or subsidized to any significant extent by the federal government, shall not be included when determining the amount of nonfederal contributions.

IV. APPLICATION AND SUBMISSION INFORMATION

1. WebBGAS

Applications must be submitted electronically through WebBGAS. WebBGAS is a web-enabled grant management system that allows for the creation, submission, review, and archive of your PATH application. WebBGAS benefits both states and the federal government by significantly reducing the paperwork burden required for creation, submission, revision, and approval of documents. PATH providers can directly enter their Intended Use Plans (IUPs) and budget information into WebBGAS and states can manage the IUP user accounts. The electronic system facilitates the preparation of required documents in the following ways:

- Eliminates redundant data entry by automatically pre-populating information that was previously entered.
- Allows multiple state and provider staff to work on different sections of the application at the same time.
- Integrates documents originally written in Microsoft Word, Microsoft Excel, or PDF when files are uploaded through WebBGAS.
- Enables uploading Intended Use Plans (IUPs) to WebBGAS in Microsoft Word, Microsoft Excel, or PDF OR may enter data directly into the online PATH forms provided in WebBGAS.
- Reduces the overall burden associated with submitting the application.

The application may be viewed by other state users, state citizens, and federal staff. IUP users may only view their own entries. In addition, once the application document has been generated, it may be viewed, searched, or printed with Adobe Acrobat. Archived applications and documents will be available in WebBGAS for future reference.

WebBGAS can be accessed at: <https://bgas.samhsa.gov>

2. CONTENT AND GRANT APPLICATION SUBMISSION

A complete list of documents can be accessed on the [WebBGAS](https://bgas.samhsa.gov) website at <https://bgas.samhsa.gov>. This includes:

- The State Information Page, budget forms, assurances, and certifications.
- This FOA provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. The FOA will be available on the [WebBGAS](https://bgas.samhsa.gov) website at <https://bgas.samhsa.gov>.

2.2 Required Application Components

Recipients must complete the WebBGAS sections that include the following required application components:

State Information

State Information Page – Refer to [Appendix B](#) for Supplementary Instructions.

- **Assurances – Non-Construction Programs.** You must read the list of assurances provided on WebBGAS, print, sign, and upload into the *Attachment* Section of WebBGAS.
- **Certifications** – You must read the list of certifications provided on the WebBGAS site and print, sign, and upload into the Attachment Section of WebBGAS.
- **Funding Agreement** – [Appendix D](#) contains a set of agreements to be signed by the Governor or an individual designated to sign on behalf of the Governor assuring compliance with specific requirements of the PATH legislation. A copy of this agreement is available in WebBGAS. The letter should be addressed to SAMHSA's Division of Grants Management and you must upload a copy of the signed letter into the Attachment Section of WebBGAS. If a designee signs the agreement, a letter from the Governor authorizing the individual to sign on his/her behalf must be included with the application. A letter from a prior year may be uploaded into WebBGAS as long as the letter includes language indicating that the designation is valid for more than one year, e.g., "As long as I am Governor ...".
- **Disclosure of Lobbying Activities (SF LLL)** – Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation,

distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grassroots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation, or to urge those representatives to vote in a particular way. If there are any lobbying activities, you must print, sign, and upload into the Attachments tab on WebBGAS.

- State PATH Regions – Describe each State PATH Region by listing name and location of each region. The State PATH Region Information was automatically transferred by the WebBGAS system from the prior year application. Please review and edit the information, if the State PATH Region differs this year.

Executive Summary

Project Narrative – This narrative describes the state’s project. Refer to [Section V: Application Review Information](#) for guidance on completing each section of the Project Narrative.

State Budget –Prior year budget amounts will automatically be imported. IUP users will manually enter/update the budget in the WebBGAS section. WebBGAS will automatically roll up this information to the state level budget forms under the contractual and/or housing column(s) in the WebBGAS. ([Refer to Appendix C](#))

Local Area Provider Intended Use Plans (IUPs) must be uploaded into WebBGAS)

NOTE: Individual budgets for local provider agencies are to be submitted with the Local Provider IUPs.

See [Section V: Application Review Information](#) for guidance on completing each section of the Project Narrative.

Charitable Choice – –Charitable Choice provisions under [Sections 581- 584 and Section 1955 of the Public Health Services Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for individuals who receive their services, and apply to religious organizations and to state and local governments that provide substance abuse prevention and treatment services under SAMHSA grants. The Charitable Choice assurance is included in [Appendix D- Agreement](#) and is a downloadable document in WebBGAS.

2.3 Application Formatting Requirements

Please refer to [Appendix E, Checklist for Formatting Requirements for SAMHSA Grant Applications](#), for basic application formatting requirements. States/territories should enter their application components follow the pre-set format in WebBGAS.

Provider IUPs must also adhere to the SAMHSA formatting requirements as stated in [Appendix E](#). IUPs that do not comply with these requirements will be returned for resubmission.

3. APPLICATION SUBMISSION REQUIREMENTS

Applications must be received no later than Monday, May 25, 2020. You must select the “submit button” in the [WebBGAS](#) system (<https://bgas.samhsa.gov>) by 11:59 PM (Eastern Daylight Time). You must login to WebBGAS using the login credentials sent by email to your official email on file with SAMHSA from the WebBGAS helpdesk. States also manage the IUP user accounts in WebBGAS. If the PATH State Contact has not received the logon credentials or has a problem accessing WebBGAS, contact the WebBGAS help desk at BGASHelpdesk@SAMHSA.hhs.gov, enter a support ticket from the WebBGAS [Help Desk Page](#), or contact a support desk staff person at **1-888-301-BGAS (2427)**.

In order to submit the application, all items need to have a status of “complete” on the “Applications Forms Overview” screen in WebBGAS. As you complete each form you may set the status to “complete” by selecting the “complete” button under each screen. When all the items are marked as “complete” in the “Application Forms Overview” screen, a “State Supervisor Review” tab will appear on the left menu. Selecting the “State Supervisor Review” tab displays a confirmation window to confirm that the application is ready for review. Once you click the “State Supervisor Review” button within the “Application Ready for Review” window, the “Authorized Representative” will then receive a message indicating completion of the review.

When the Authorized Representative is ready to submit the application, select the “Submit to SAMHSA” tab within the “Application Submission” window, and then select the “Submit to SAMHSA” button. When the Authorized Representative selects “Submit to SAMHSA”, the State Dashboard shows the application as “Submitted”.

SAMHSA does not accept or give consideration to an application received in any other format, including those that are hand carried or sent by facsimile.

4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

This program is not subject to the intergovernmental review requirements of E.O. 12372, as implemented through DHHS regulations at 45 CFR Part 100. However,

individual states or an applicant's State Mental Health Agency may require, procedures similar but separate to those specified in E.O. 12372.

5. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for federal recipients, including SAMHSA recipients, are provided in 45 CFR Part 75 Subpart F, which are available at the [Electronic Code of Federal Regulations](http://www.ecfr.gov/cgi-bin/text-idx?SID=06a0b0411d1520fae5e2799030e64ebf&node=pt45.1.75&rgn=div5) webpage of the eCFR website: <http://www.ecfr.gov/cgi-bin/text-idx?SID=06a0b0411d1520fae5e2799030e64ebf&node=pt45.1.75&rgn=div5>

In addition, PATH recipients must comply with the following funding restrictions:

- Grant funds must only be used for purposes supported by the program.
- **No more than 4 percent** of the federal PATH funds received shall be used for administrative expenses, as specified in Section 522(f) of the PHS Act, as amended (42 U.S.C. § 290cc-22(f)).
- **No more than 20 percent** of the federal PATH funds allocated to the state may be expended for eligible housing services, as specified in Section 522(h)(1) of the Public Health Services Act, as amended (42 U.S.C. § 290cc22(h)).

Grant funds may not be used for the following:

- Supporting emergency shelters or construction of housing facilities;
- Providing Inpatient psychiatric treatment;
- Providing Inpatient substance use treatment;
- Making cash payments to intended recipients of mental health or substance use services; or
- Lease arrangements in association with the proposed PATH project beyond the project period nor for any leased portion of space not supported by the project.

V. APPLICATION REVIEW INFORMATION

PROJECT NARRATIVE

The Project Narrative describes the intent of project and includes your responses to the criteria in the Executive Summary, State-Level Information, and Local Area Provider-Intended Use Plans.

- In developing the Project Narrative section of your application, use the instructions which have been tailored to this program.
- Your response should be as brief as possible but must convey the requested information. Some information may be presented in table format.
- WebBGAS has pre-populated sections for the Executive Summary and State-Level Information questions and the IUP budget templates from last year. You may enter the text directly into the boxes or upload as a document.
- Local Area Provider IUPs must be uploaded as a .pdf OR Microsoft Word document OR entered directly into the online PATH form provided in WebBGAS.
- When uploading the document into WebBGAS, include a footer on each page that identifies the title of the sub-section, page number, and other relevant information. This will assist in locating specific material.
- When uploading the document into WebBGAS, use the header of each sub-section for identifying your response. Incomplete applications, or those that are virtual re-submissions of applications from previous years, will be returned to the state for revision and re-submission, which may delay the grant award. Please contact your Government Project Officer (GPO) if you have any questions pertaining to this section. Refer to [Appendix G](#) for a listing of GPOs for each state and territory.
- You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the activities. Other support is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means.

1. Executive Summary

Provide a brief overview of the activities the state proposes to support through the PATH Formula Grant Program. The executive summary should provide an overview of the State PATH program, providing key points that will be expanded upon in the State-Level Information section in WebBGAS. The following items must be addressed:

- The organization(s) to receive funds – list name and type of organization (e.g., community mental health center, county or local government entity, health care provider, private non-profit organization).
- Amount of PATH funds received by each provider.

- Service area(s) – indicate the geographic area(s) to be served.
- Amount and source of matching funds to be provided.
- Number of individuals contacted – Estimate the total number of clients who will be contacted by each provider using PATH funds in FY 2020 and how many will be adults and literally homeless.
- Number of individuals served (enrolled) – Estimate the total number of clients who will be enrolled in services by each provider using PATH funds.
- Services to be provided using PATH funds.

2. State-Level Information

Provide the state’s operational definition for the terms below:

- **Individual experiencing homelessness** – The state PATH-related operational definition for an individual experiencing homelessness must be as least restrictive as defined by the PHS Act Section 330(h)(5)(A): “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and an individual who is a resident in transitional housing.”
- **Imminent Risk of Becoming Homeless** – The definition of imminent risk of homelessness commonly includes one or more of the following criteria: doubled-up living arrangements where the individual’s name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, and/or being discharged from a health care or criminal justice institution without a place to live.
- **Serious Mental Illness** – Refers to adults, 18 years of age or older, with a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.
- **Co-occurring Disorders** – Refers to individuals who have at least one serious mental illness and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.

Collaboration – Describe how the state will implement a collaborative relationship with the department/office responsible for providing housing to qualifying residents.

Describe how PATH funds supporting care and treatment of the homeless or marginally housed seriously mentally ill population will be served such that there is coordination of service provision to address needs impacted by serious mental illness and provision of permanent housing for those being served with grant funds is prioritized and assured.

Veterans – Describe how the state gives consideration in awarding PATH funds to entities with demonstrated effectiveness in serving veterans experiencing homelessness.

Alignment with PATH goals – Describe how the services to be provided using PATH funds will target outreach and case management as priority services, and maximize serving the most vulnerable adults who are literally and chronically homeless.

Alignment with State Comprehensive Mental Health Services Plan – Describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plans.

Process for Providing Public Notice – Describe the process for providing public notice to allow interested parties (e.g., family members; individuals who are PATH-eligible; mental health, substance use disorder, and housing agencies; the general public) to review the proposed use of PATH funds including any subsequent revisions to the application. Describe opportunities for these parties to present comments and recommendations prior to submission of the state PATH application to SAMHSA.

Programmatic and Financial Oversight – Describe how the state will provide necessary programmatic and financial oversight of PATH-supported providers, such as site visits, evaluation of performance goals, audits, etc. In cases where the state provides funds through intermediary organizations (i.e., county agencies, regional behavioral health authorities), describe how these organizations will monitor the use of PATH funds.

Selection of PATH Local-Area Providers – Describe the method(s) used to allocate PATH funds to areas and providers with the greatest number of individuals who experience homelessness with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula, data driven, or other means).

Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness – Indicate the number of individuals with serious mental illnesses experiencing homelessness by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.

Matching Funds – Describe the sources of the required PATH match contributions and provide assurances that these contributions will be available at the beginning of the grant period.

Other Designated Funding – Indicate whether the mental health block grant, substance abuse block grant, or general revenue funds are designated specifically for serving people who experience homelessness and have serious mental illnesses.

Data – Describe the state’s and providers’ participation in HMIS and describe plans for continued training and how the state will support new local-area providers. For any providers not fully participating in HMIS, please include a transition plan with an accompanying timeline for collecting all PATH data in HMIS.

Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, Recovery (SOAR) – Describe how the state encourages provider staff to be trained in SOAR. Indicate the number of PATH providers who have at least one trained SOAR staff. If the state does not use SOAR, describe state efforts to ensure client applications for mainstream benefits are completed, reviewed, and a determination made in a timely manner.

PATH Eligibility and Enrollment – Describe how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented.

3. Local Area Provider-Intended Use Plans

NOTE: The state must submit an Intended Use Plan (IUP) for each PATH-funded organization. The state may submit for a provider, or providers can directly enter their IUP into WebBGAS. If the state has not selected the organizations to receive PATH funding before the PATH application is due for submission to SAMHSA’s Center for Mental Health Services, provide as much information as possible about the intended use of PATH funds. For example, if the same organizations funded in the prior year will be funded in the current year, but the FOA process has not been completed, you may submit information about the organizations from the prior year. Once the selection process has been completed, you are required to submit a revised Intended Use Plan through WebBGAS to SAMHSA. Once you notify the GPO of a new or revised IUP after the application is submitted, the GPO will send a revision request through WebBGAS where you may upload this information. Indicate any changes in providers compared to FY 2018 and include a justification for the change(s).

The state must include the following information for each organization that provides services with PATH funds in the IUP:

- **Local Area Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization’s participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider’s participation in HMIS and describe plans for continued training and how providers will support new staff. For any

providers not fully participating in HMIS, please describe plans to complete HMIS implementation.

- **Housing:** Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information:** Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information:** Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement:** Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards. See [Appendix I – Guidelines for Consumer and Family Participation](#).
- **Budget Narrative:** Provide a budget narrative that includes the local-area provider’s use of PATH funds. See [Appendix C](#) for more details.

2. REVIEW AND SELECTION PROCESS

Decisions to award state allotments will be based on SAMHSA review and a determination that all of the documents and attachments described under “Required Application Components” have been included and meet program requirements.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

After your application has been reviewed, your Government Project Officer (GPO) and/or your Grants Management Specialist (GMS) will contact you to discuss the results of the review and, as needed, obtain any additional information.

After all outstanding issues/concerns have been sufficiently addressed, a Notice of Award (NoA), signed by SAMHSA’s Grants Management Officer, will be sent by email to the authorized representative listed in the application.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

Standard Administrative and National Policy Requirements can be found in [Appendix L](#). Additional requirements for PATH recipients are the following:

Special Rule Regarding Substance Use: Grants will not be made to the state unless the state agrees that sub-awards will not be made to any organization that: (1) has a policy of excluding individuals from mental health services due to the existence or suspicion of substance use; or (2) has a policy of excluding individuals from substance use services due to the existence or suspicion of a mental illness.

Supplant: Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from another federal grant.

Coordination: As specified in Section 522(c) of the PHS Act, as amended, the state must agree to make grants only to entities that have the capacity to provide, directly or through arrangements, the PATH-eligible services, including coordinating the provision of services in order to meet the needs of eligible individuals who are experiencing homelessness and who have serious mental illness or serious mental illness and substance use disorders.

Special Consideration Regarding Veterans: As specified in Section 522(d) of the PHS Act, as amended, in making grants using PATH appropriations, the state must give special consideration in the awarding of PATH funds to entities with a demonstrated effectiveness in serving veterans who experience homelessness.

3. REPORTING REQUIREMENTS

3.1 Post Award Requirements

- **Annual Data Reports** - Annual data reports for activities funded with PATH funds are required on or before January 31 of each year following the grant award. Reporting guidelines will be distributed to State PATH Contacts approximately two months prior to the due date of the report.
- **Federal Financial Report (FFR)** - States must submit an annual Federal Financial Report (FFR) SF-425 no later than 90 days after the end of each 12 month project period. The annual FFR SF-425 should be submitted to the Grants Management Resource Mailbox at: grant.closeout@samhsa.hhs.gov. The required non-federal contributions must be shown in the Recipient’s Share of Net Outlays section of the FFR. The FFR must show at least the minimum required match for the budget period – no less than \$1 in state funds for every \$3 in federal funds awarded. For questions about the Federal Financial Report, contact Yan Rong at (240) 276-2259 or yan.rong@samhsa.hhs.gov.

- **Audits of Non-Federal Entities**

45 CFR Part 75 Subpart F provides audit requirements for non-federal entities. This program follows OMB Compliance Supplement 93 150 – Project for Assistance in Transition from Homelessness (PATH). An audit is required for non-federal entities that expend \$750,000 or more of federal funds in each fiscal year. Audit reports **MUST** be submitted to the Federal Audit Clearinghouse’s [Internet Data Entry System](https://harvester.census.gov/facides/Account/Login.aspx) electronically via <https://harvester.census.gov/facides/Account/Login.aspx>.

- PATH states and providers are expected to collect PATH data through HMIS. PATH states and providers are expected to develop actions to facilitate flexible use of PATH administrative funds to support HMIS activities. SAMHSA expects that all PATH states and providers are collecting PATH data through HMIS and upload these data to PDX by the due date that SAMHSA establishes for the preceding fiscal year.

3.2 Government Performance and Results Act (GPRA)

SAMHSA has initiated several activities to increase consistent and reliable outcome reporting data for GPRA. Performance data will be reported to the public as part of SAMHSA’s Congressional Justification. The following GPRA measures are reported annually in HMIS:

- Number of homeless persons contacted;
- Number of PATH providers trained on SOAR to ensure eligible homeless clients are receiving benefits;
- Percentage of enrolled homeless persons in the PATH program who receive community mental health services;
- Percentage of contacted homeless persons with serious mental illness who become enrolled in services; and

SAMHSA also requires states to report data for the following three outcome measures:

- Number of persons referred to and attaining housing;
- Number of persons referred to and attaining mental health services; and
- Number of persons referred to and attaining substance use disorder services.

VII. AGENCY CONTACTS

For questions about program issues contact:

Dorrine Gross

Public Health Advisor
Division of State and Community Systems Development
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
(240) 276-1898
Dorrine.gross@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Yan Rong
Grants Management Specialist
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
(240) 276-2259
Yan.Rong@SAMHSA.hhs.gov

Appendix A – Estimated FY 2020 PATH Allocations and Minimum Match Requirement

State or Territory	FY2020 Allotment	Minimum Match
Alabama	\$613,087	\$204,362
Alaska	\$300,000	\$100,000
Arizona	\$1,349,348	\$449,783
Arkansas	\$303,956	\$101,319
California	\$8,813,505	\$2,937,835
Colorado	\$1,019,165	\$339,722
Connecticut	\$799,408	\$266,469
Delaware	\$300,000	\$100,000
District of Columbia	\$300,000	\$100,000
Florida	\$4,334,533	\$1,444,844
Georgia	\$1,670,086	\$556,695
Hawaii	\$300,000	\$100,000
Idaho	\$300,000	\$100,000
Illinois	\$2,705,316	\$901,772
Indiana	\$1,011,549	\$337,183
Iowa	\$334,573	\$111,524
Kansas	\$377,407	\$125,802
Kentucky	\$468,924	\$156,308
Louisiana	\$733,078	\$244,359
Maine	\$300,000	\$100,000
Maryland	\$1,271,592	\$423,864
Massachusetts	\$1,558,935	\$519,645
Michigan	\$1,729,644	\$576,548
Minnesota	\$811,023	\$270,341
Mississippi	\$300,000	\$100,000
Missouri	\$893,819	\$297,940
Montana	\$300,000	\$100,000
Nebraska	\$300,000	\$100,000
Nevada	\$615,965	\$205,322
New Hampshire	\$300,000	\$100,000
New Jersey	\$2,138,248	\$712,749
New Mexico	\$300,000	\$100,000
New York	\$4,223,324	\$1,407,775
North Carolina	\$1,379,673	\$459,891

North Dakota	\$300,000	\$100,000
Ohio	\$1,986,586	\$662,195
Oklahoma	\$452,853	\$150,951
Oregon	\$631,039	\$210,346
Pennsylvania	\$2,367,006	\$789,002
Rhode Island	\$300,000	\$100,000
South Carolina	\$680,251	\$226,750
South Dakota	\$300,000	\$100,000
Tennessee	\$909,811	\$303,270
Texas	\$4,995,795	\$1,665,265
Utah	\$591,503	\$197,168
Vermont	\$300,000	\$100,000
Virginia	\$1,472,281	\$490,760
Washington	\$1,329,229	\$443,076
West Virginia	\$300,000	\$100,000
Wisconsin	\$836,690	\$278,897
Wyoming	\$300,000	\$100,000
Puerto Rico	\$891,161	\$297,054
Guam	\$50,000	-
Virgin Islands	\$50,000	-
American Samoa	\$50,000	-
Northern Mariana Islands	\$50,000	-

Appendix B – State Information & Profile Page

NOTE: Some information has been pre-populated within WebBGAS. Please review all information in WebBGAS and make any necessary changes to reflect your current information under the section titled “State Information and State Profile”.

- **Plan Year**
 - Federal Fiscal Year (2020)

- **State Identification Numbers**
 - DUNS Number
 - EIN/TIN

- **I. State Agency to be the Grantee for the PATH Grant**
 - Agency Name
 - Organizational Unit
 - Mailing Address
 - City
 - Zip Code

- **II. Authorized Representative for the PATH Grant**
 - First Name
 - Last Name
 - Agency Name
 - Mailing Address
 - City
 - Zip Code
 - Telephone
 - Fax
 - Email Address

- **III. Expenditure Period**
 - From
 - To

- **IV. Contact Person Responsible for Application Submission**
 - First Name
 - Last Name
 - Telephone
 - Fax
 - Email Address

You may also add any footnotes in the section provided. This may include clarifying such things as “the Authorized Representative” and the Person Responsible for

Application Submission” for the grant is the same or any further clarification regarding the information identified above.

Appendix C – Supplementary Instruction for Updating Budget Information in WebBGAS – Non-Construction Programs (For Local-Area Provider Intended Use Plans)

NOTE: Providers must submit their budgets using WebBGAS.

BUDGET CATEGORIES

List PATH Federal funds in column 1 and non-federal (i.e., state and local) funds in column 2. In column 1, provide budget detail by object class category (i.e., personnel, fringe, travel, equipment, supplies, contractual, etc.) for PATH Federal funds only.

Prepare a separate budget narrative that provides further detail regarding PATH Federal and match (i.e., state and local) funds requested for each object class category. Submit budgets for the local provider agency within WebBGAS at: II. Executive Summary, 3. Intended Use Plans in WebBGAS.

Grant funds may only be used for expenses necessary to carry out PATH eligible services listed in [Section I.1.2](#) of this FOA, including both direct and indirect costs.

All applications must have a detailed budget justification and narrative that explains the federal and the non-federal expenditures broken out by categories listed on WebBGAS.

- The budget narrative must match the costs identified.
- The budget narrative and justification must be consistent with and support the program narrative.
- The budget narrative and justification must be concrete and specific. It must provide a justification on the basis of each proposed cost in the budget and how that cost was calculated. The same level of detail must be provided for matching funds. The basis of your estimates can be ongoing activities, market rates, quotations received from vendors, historical records, etc. but the proposed costs must be reasonable, allowable, allocable, and necessary to the supported activity.

Provide the following information for the budget narrative and justification in webBGAS:

A. Staffing

1. Position – Provide the title of the position and an explanation of the roles and responsibilities of the position as it relates to the objectives of the award supported

project under the comment section. The position must be relevant and allowable under the project.

2. Salary/Rate – The estimated annual salary.

- a. Salaries should be comparable to those within your organization.
- b. If the position is not being charged to the Federal award, but the individual is working on the project identify the salary/rate as an “in-kind” cost.

3. Percent of Time – The percentage of time that the position contributes to the project. Personnel cannot exceed 100% of their time on all active projects (including other Federal awards).

B. Fringe Benefits

Fringe benefits are allowances and services provided to employees as compensation in addition to regular salaries and wages.

C. Travel

Funds requested in the travel category should be only for project staff. Travel for consultants and contractors should be shown in the “Contract” cost category along with consultant/contractor fees. Because these costs are associated with contract-related work, they must be billed under the “Contract” cost category.

D. Supplies

Supplies are items costing less than \$5,000 per unit (federal definition), often having one-time use.

Provide the following information for the narrative and justification:

- **Items** – list supplies by type, e.g., office supplies, postage, laptop computers. The justification must include an explanation of the type of supplies to be purchased and how it relates back to meeting the project objectives.
- **Calculation** – describe the basis for the cost, specifically the unit cost of each item, number needed, and total amount.
- **Supply Cost Charged to the Award** – provide the total cost of the supply items to be charged to the award during the budget period.

Sample Justification for Supplies

1. Office supplies, copies and postage are needed for general operation of the project.

2. The laptop computer and printer are needed for both project work and presentations for Project Director.
3. The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

E. Contractual (state)

List the budgets for each sub-award, contract, consultant, or consortium agreement. Please note the differences between sub-awards, contracts, consultants, and consortium agreements:

- **Sub-recipient** means a non-Federal entity that receives a sub-award from a pass-through entity to carry out part of a Federal award, including a portion of the scope of work or objectives. Grant recipients are responsible for ensuring that all sub-recipients comply with the terms and conditions of the award, per 45 CFR §75.101.
- **Contracts** are a legal instrument by which the grant recipient purchases good and services needed to carry out the project or program under a Federal award. Contracts include vendors (dealer, distributor or other sellers) that provide, for example, supplies, expendable materials, or data processing services in support of the project activities. The grant recipient must have established written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition. Per 45 CFR §75.2, when the substance of a contract meets the definition of sub-award, it must be treated as a sub-award.
- **Consortium Agreements** are between entities (which may or may not include the grant recipient) working collaboratively on an award supported project. They address the roles, responsibilities, implementation, and rights and responsibilities between entities collaborating on an award.
- **Consultants** are individuals retained to provide professional advice or services for a fee. Travel for consultants and contractors should be shown in this category along with consultant/contractor fees.

Appendix D – Agreements

FISCAL YEAR 2020

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

AGREEMENT

I hereby certify that the State/Territory of _____ agrees to the following:

Section 522(a). Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities (including community-based veterans organizations and other community organizations) for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness; or
- Are suffering from serious mental illness and from a substance use disorder; and
- Are homeless or at imminent risk of becoming homeless.

Section 522(b). Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including:
 - Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
 - Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and

- habilitation and rehabilitation services, prevocational and vocational services, and housing;
 - Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring the eligible homeless individual for such other services as may be appropriate; and
 - Providing representative payee services in accordance with Section 1631(a) (2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- Supportive and supervisory services in residential settings;
- Referrals for primary health services, job training, education services and relevant housing services;
- Housing services [subject to Section 522(h)(1)] including
 - Minor renovation, expansion, and repair of housing;
 - Planning of housing;
 - Technical assistance in applying for housing assistance;
 - Improving the coordination of housing services;
 - Security deposits;
 - The costs associated with matching eligible homeless individuals with appropriate housing situations;
 - One-time rental payments to prevent eviction; and
- Other appropriate services, as determined by the Secretary.

Section 522(c). The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522(d). In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e). The state agrees that grants pursuant to Section 522(a) will not be made to any entity that

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance use disorder; or
- Has a policy of excluding individuals from substance use services due to the existence or suspicion of mental illness.

Section 522(f). Not more than four (4) percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

Section 522(h). The State agrees that not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and the payments will not be expended for the following:

- To support emergency shelters or construction of housing facilities;
- For inpatient psychiatric treatment costs or inpatient substance use treatment costs; or
- To make cash payments to intended recipients of mental health or substance use services.

Section 523(a). The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

Section 523(c). The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

Section 526. The State has attached hereto a Statement that does the following:

- Identifies existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Includes a plan for providing services and housing to eligible homeless individuals, which:
 - Describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
 - Includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- Describes the source of the non-Federal contributions described in Section 523;

- Contains assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describes any voucher system that may be used to carry out this part; and
- Contains such other information or assurances as the Secretary may reasonably require.

Section 527(a) (1), (2), and (3). The State has attached hereto a description of the intended use of PATH Formula grant amounts for which the State is applying. This description shall:

- Identify the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance use, and housing services are located; and
- Provide information relating to the program and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

Section 527(a) (4). The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b). In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance use, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c) (1) (2). The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a). The State will, by January 31, 2021, prepare and submit a report providing such information as is necessary for the following:

- To secure a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2018 and of the recipients of such amounts; and
- To determine whether such amounts were expended in accordance with the provisions of Part C – PATH.

Section 528(b). The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

Section 529. Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

Governor

Date

Appendix E – Checklist for Formatting Requirements for SAMHSA Grant Applications

Grantee (State and territories) must submit the application through the WebBGAS system. For providers that are submitting IUP's, they must comply with the following basic application requirements. IUP's that do not comply with these requirements will be returned for resubmission.

- Information provided must be sufficient for review.
- Text must be legible.
- Type size in the Project Narrative cannot exceed an average of 12 characters per inch, as measured on the physical page (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.).
- Text in the Project Narrative cannot exceed six lines per vertical inch.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.
- Use black ink and number pages consecutively from beginning to end so that information can be located easily during review of the application. Appendices should be labeled and separated from the Project Narrative and Budget sections, and all pages should be numbered sequentially.
- Pages should be typed single-spaced with one column per page.
- Pages should not have printing on both sides.
- **It is strongly recommended that the providers prepare their Intended Use Plans and other attached documents using Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.).** If you do not have access to Microsoft Office 2007 products, you may submit PDF files.
- **Grantees must upload the IUP's and name the uploaded form with the provider agency name, and a subsequent word which indicates the content** (for example: ABC agency program narrative, ABC agency budget detail or ABC agency budget form). The document the providers upload must be a .pdf or Microsoft Word document into the provider section of the WebBGAS.
- **Text legibility:** Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, and bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.

Appendix F – Guidance for Electronic Submission of Applications

Applications must be submitted electronically through WebBGAS. WebBGAS is a web-enabled grant management system that allows for the creation, submission, review, and archive of your PATH application. WebBGAS benefits both states and the federal government by significantly reducing the paperwork burden required for creation, submission, revision, and approval. The electronic system facilitates the preparation of required documents in the following ways:

- Eliminates redundant data entry by automatically pre-populating information that was previously entered.
- Allows multiple state staff to work on different sections of the application at the same time.
- Integrates documents originally written in Microsoft Word, Microsoft Excel, or PDF when files are uploaded through WebBGAS.
- Enables uploading Intended Use Plans (IUPs) to WebBGAS in Microsoft Word, Microsoft Excel or PDF.
- Reduces the overall burden associated with submitting the application.

The application may be viewed by other state users, state citizens, and federal staff. In addition, once the application document has been generated, it may be viewed, searched, or printed with Adobe Acrobat. The historical applications and the documents will be available in WebBGAS for reference.

The Web site link to access WebBGAS is <https://bgas.samhsa.gov>

You must follow the instructions in the User Guide available at <https://bgas.samhsa.gov>.

Please refer to [Appendix E](#), Checklist for Formatting Requirements for SAMHSA Grant Applications, for SAMHSA's basic application formatting requirements. As states are entering the information into the WebBGAS system, there is a set format. Providers submitting IUPs must adhere to the SAMHSA formatting requirements as stated in [Appendix E](#). IUPs that do not comply with these requirements will be returned for resubmission.

Applications are requested as soon as possible but must be received by May 25, 2020. You must select the "submit button" in the WebBGAS system (<https://bgas.samhsa.gov>) by 11:59 PM (Eastern Time). **You may sign-in using the logon credentials emailed to your official email on SAMHSA file from the WebBGAS helpdesk.** If the PATH State Contact has not received the logon credentials, or has a problem accessing WebBGAS contact the WebBGAS help desk at

BGASHelpdesk@SAMHSA.hhs.gov or enter a support ticket from the WebBGAS [Help Desk Page](#) or contact a support desk staff person at **1-888-301-BGAS (2427)**.

In order to submit the application all items need to have a status of “complete” on the “Applications Forms Overview” screen within WebBGAS. As you complete each form you may set the status to “complete” by selecting the “complete” button under each screen. When all the items are marked as “complete” in the “Application Forms Overview” screen, a “Ready For Review” tab will appear on the left menu. Selecting the “Ready For Review” tab displays a confirmation window to confirm that the application is ready for review. Once you select “Ready For Review”, within the “Application Ready for Review” window, the “Authorized Representative” will then receive a message indicating completion of the review. A new tab “Submission” will appear on the left menu. Once the “Authorized Representative” is ready to submit the application, select the “Submission” tab within the “Application Submission” window, and then select the “submit” button. Once the “Authorized Representative” selects “submit”, the State Dashboard shows the application as “Submitted”.

SAMHSA will not accept or consider any applications that are received in another format or that are hand carried or sent by facsimile.

It is strongly recommended that the providers prepare their Intended Use Plans and other attached documents using Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). If you do not have access to Microsoft Office 2007 products, you may submit PDF files. **PowerPoint files are not acceptable.**

Applicants must upload the IUP and name the uploaded form with the provider agency name, and a subsequent word which indicates the content (for example: ABC agency program narrative, ABC agency budget detail or ABC agency budget form). The document the providers upload must be a .pdf or Microsoft word document into the provider section of the WebBGAS.

Scanned images must be scanned at 150-200 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in rejection of your application.

Formatting requirements for SAMHSA grant applications are described in [Appendix E](#) of this announcement. These requirements help ensure the accurate transmission and equitable treatment of applications.

Text legibility: Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, and bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.

Appendix G – PATH Government Project Officer for Each State and Territory

States may access their PATH Government Project Officer contact information through [WebBGAS](#).

Appendix H – Standard Funding Restrictions

HHS codified the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, 45 CFR Part 75. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available at <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.

You may also reference the SAMHSA site for grantee guidelines on financial management requirements at <https://www.samhsa.gov/grants/grants-management/policies-regulations/financial-management-requirements>.

SAMHSA grant funds may not be used to:

- Directly or indirectly, purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.
- Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)

- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.

Note: A recipient or treatment or prevention provider may provide up to \$30 non-cash incentive to individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow-up interview.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed \$3.00 per person per day.
- Consolidated Appropriations Action, 2017 (Public Law 115-31) Division H, Section 520, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.

Appendix I – Guidelines for Consumer and Family Participation

Applicants should have experience or a track record of involving mental health consumers and their family members. The applicant organization should have a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below.

Program Mission – An organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.

Program Planning – Consumers and family members are involved in substantial numbers in the conceptualization of initiatives including identifying community needs, goals and objectives, and innovative approaches. This includes participation in grant application development including budget submissions. Approaches should also incorporate peer support methods.

Training and Staffing – The staff of the organization should have substantive training in and be familiar with consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.

Informed Consent – Recipients of project services should be fully informed about the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time.

Rights Protection – Consumers and family members must be fully informed of all of their rights including those designated by the President's Advisory Commission's Healthcare Consumer Bill of Rights and Responsibilities: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.

Program Administration, Governance, and Policy Determination – Consumers and family members should be hired in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Board of Directors, Steering Committees and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

Program Evaluation – Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. This includes determining research questions, designing instruments, conducting surveys and other research methods, and analyzing data and determining conclusion. Consumers and

family members should also be involved in all submission of journal articles. Evaluation and research should also include consumer satisfaction and dissatisfaction measures.

Appendix J – Addressing Disaster Preparedness and Emergency Planning

Integrating disaster preparedness and emergency planning while working with people experiencing homelessness can be quite challenging due to the transient nature of this population. These challenges are often exacerbated by mental health and substance abuse issues. Thus, it is vital that grantees have an explicit (written) disaster preparedness plan for individuals experiencing homelessness within your state. PATH grantees are encouraged to ensure the participation of people experiencing homelessness in the design, review, updating, testing and implementation of emergency plans that currently exist or will be developed as a result of the adoption of this program guidance. In forming disaster preparedness plans, PATH grantees should consider the challenges of reconnecting populations experiencing homelessness to essential services post disaster if services have been interrupted. Additionally, your disaster preparedness plan should consider from a behavioral health perspective, how a person experiencing homelessness (and any serious mental illness) may be prone to severe reactions (high risk), and perhaps are less resilient than survivors who are well connected in terms of social support systems. Furthermore, it is important to identify and contact your State Disaster Behavior Health Coordinator. If your state receives a presidential disaster declaration and requests Individual Assistance, this person will be integral in the coordination of disaster behavior health services and resources.

On a yearly basis, or as deemed consistent with existing emergency plan milestones for the State, PATH grantees, are encouraged to assess and adjust as appropriate, their emergency services plans to ensure it continues to meet the service needs of people experiencing homelessness. In addition, PATH grantees should create After Action Reports (AAR) for their documentation and review of best practices and challenges pertaining to disaster response. The AAR reports can be shared with other PATH grantees to increase capacity building for future disasters.

Definition of Disaster Behavioral Health

Disaster behavioral health is an integral part of the overall public health and medical preparedness, response, and recovery system. It includes the interconnected psychological, emotional, cognitive, developmental, and social influences on behavior, mental health, and substance use, and the effect of these influences on preparedness, response, and recovery from disasters or traumatic events. Behavioral factors directly and indirectly influence individual and community risks, health, resilience, and the success of emergency response and recovery strategies and public health measures.

Resources

Promising Practices in Disaster Behavioral Health Planning

The goal of the webcast Introduction to Promising Practices in Disaster Behavioral Health Planning is to define promising practices in DBH planning and share examples that have been implemented.

https://www.youtube.com/watch?v= tpsxPB0UoA&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6

Promising Practices in Disaster Behavioral Health Planning: Building Effective Partnerships

This webcast provides information and examples of how to build effective working relationships with federal, state, and local government, and non-government partners, in developing a comprehensive DBH plan.

https://www.youtube.com/watch?v=e95C4yMybP4&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6

Promising Practices in Disaster Behavioral Health Planning: Implementing Your Disaster Behavioral Health Plan

This webcast addresses the essential components and promising practices in implementing a DBH plan for a state, territory, or tribe. It focuses on identifying and defining the key mechanisms and processes that put a plan into action in response to an event.

https://www.youtube.com/watch?v=EgXnfGP3LGc&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6

Promising Practices in Disaster Behavioral Health Planning: Integrating Your Disaster Behavioral Health Plan

This webcast discusses how states, territories, and tribes can update and integrate their DBH plans with their overarching disaster response plans.

https://www.youtube.com/watch?v=lpg0_5IOgOg

SAMHSA Disaster Behavioral Health Information Series (DBHIS)

DBHIS is a collection of resources on numerous subjects, including Children and Youth, Deployed Military Personnel and Their Families, Languages other than English, Older Adults, Persons with Functional and Access Needs, Rural Populations, Tribal Organizations, and many more.

<http://www.samhsa.gov/dtac/dbhis-collections>

SAMHSA Disaster Response Template Toolkit

The Disaster Response Template Toolkit features public education materials that disaster behavioral health response programs can use to create resources for reaching people affected by a disaster. The Template Toolkit includes print, website, audio, video, and multimedia materials that disaster behavioral health response programs can use to provide outreach, psycho-education, and recovery news for disaster survivors. Many of the links contain sample materials and online tools that have been used in previous disaster situations across the country. The templates can also be adapted for future use as desired.

<https://www.samhsa.gov/dtac/dbhis-collections/disaster-response-template-toolkit>

SAMHSA Disaster App

Access critical, disaster-related resources right from your phone with the SAMHSA Disaster App.

<http://store.samhsa.gov/apps/disaster/>

Appendix K – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

It is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. **All applicants (including those who plan to obtain Institutional Review Board (IRB) approval) must address the seven elements below.**

In addition to addressing these elements, you will need to determine if the section below titled “Protection of Human Subjects Regulations” applies to your project. If so, you must submit the required documentation as described below. There are no page limits for this section.

1. Protect Clients and Staff from Potential Risks

- Identify and describe the foreseeable physical, medical, psychological, social and legal risks or potential adverse effects **participants** may be exposed to as a result of the project.
- Identify and describe the foreseeable physical, medical, psychological, social and legal risks or potential adverse effects **staff** may be exposed to as a result, of the project.
- Describe the procedures you will follow to minimize or protect participants and staff against potential risks, including risks to confidentiality.
- Identify your plan to provide guidance and assistance in the event there are adverse effects to participants and staff.

2. Fair Selection of Participants

- Explain how you will recruit and select participants.
- Identify any individuals in the geographic catchment area where services will be delivered who will be excluded from participating in the project and explain the reasons for this exclusion.

3. Absence of Coercion

- If you plan to compensate participants, state how participants will be awarded incentives (e.g., gift cards, bus passes, gifts, etc.) If you have included funding for incentives in your budget, you **must** address this item. (A recipient or

treatment or prevention provider may provide up to \$30 non-cash incentive to individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow up interview.)

- Provide justification that the use of incentives is appropriate, judicious and conservative and that incentives do not provide an “undue inducement” that removes the voluntary nature of participation.
- Describe how you will inform participants that they may receive services even if they chose to not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others).
- Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation or other sources). Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the specimens will be used for purposes other than evaluation.
- Provide copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Describe:
 - Where data will be stored.
 - Who will have access to the data collected.
 - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: Recipients must maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for

participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be submitted with your application. If needed, give English translations.

- Explain how you will obtain consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

7. Risk/Benefit Discussion

- Discuss why the risks you have identified in Element 1. (**Protect Clients and Staff from Potential Risks**) are reasonable compared to the anticipated benefits to participants involved in the project.

Protection of Human Subjects Regulations

SAMHSA expects that most recipients funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed project may meet the regulation's criteria for research involving human subjects. Although IRB approval is not required at the time of award, you are required to provide the documentation below prior to enrolling participants into your project.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must:

- Describe the process for obtaining IRB approval for your project.
- Provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP).
- Provide documentation that IRB approval has been obtained for your project prior to enrolling participants.

General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp> or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.

Appendix L – Administrative and National Policy Requirements

If your application is funded, you must comply with all terms and conditions of the NoA. SAMHSA's standard terms and conditions are available on the SAMHSA website.

HHS Grants Policy Statement (GPS)

If your application is funded, you are subject to the requirements of the HHS Grants Policy Statement (GPS) that are applicable based on recipient type and purpose of award. This includes any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.samhsa.gov/grants/grants-management/policies-regulations/hhs-grants-policy-statement>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA).

HHS Grant Regulations

If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 75. For more information see the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>.

Additional Terms and Conditions

Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:

- Actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
- Requirements relating to additional data collection and reporting;
- Requirements relating to participation in a cross-site evaluation;
- Requirements to address problems identified in review of the application; or revised budget and narrative justification.

Performance Goals and Objectives

If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies

for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.

Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. Please see <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html>.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <https://www.thinkculturalhealth.hhs.gov/>
- Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment. Please see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>; <https://www2.ed.gov/about/offices/list/ocr/docs/shguide.html>; and <https://www.eeoc.gov/eeoc/publications/upload/fs-sex.pdf>.
- Recipients of FFA must also administer their programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws. Collectively, these laws prohibit exclusion, adverse treatment, coercion, or other discrimination against persons or entities on the basis of their consciences, religious beliefs, or moral convictions. Please see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at <https://www.hhs.gov/ocr/about-us/contact-us/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697.

Cultural and Linguistic Competence

Recipients of federal financial assistance (FFA) from HHS serve culturally and linguistically diverse communities that are not just defined by race or ethnicity, but also socio-economic status, sexual orientation, gender identity, physical and mental ability, age, and other factors. Organizational behaviors, practices, attitudes, and policies across all SAMHSA-supported entities respect and respond to the cultural diversity of communities, clients and students served.

If your application is funded, you must ensure access to quality health care for all. Quality care means access to services, information, and materials delivered by trained providers in a manner that factor in the language needs, health literacy, culture, and diversity of the populations served. Quality also means that data collection instruments used should adhere to culturally and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) published by the U.S. Department of Health and Human Services at <https://www.thinkculturalhealth.hhs.gov/>. Additional cultural/linguistic competency and health literacy tools, and resources are available online at <https://www.samhsa.gov/sites/default/files/samhsa-strategic-prevention-framework-guide-08292019.pdf>

Acknowledgement of Federal Funding

As required by HHS appropriations acts, all HHS recipients must acknowledge Federal funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with federal funds. Recipients are required to state (1) the percentage and dollar amounts of the total program or project costs financed with federal funds and (2) the percentage and dollar amount of the total costs financed by nongovernmental sources

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.

Mandatory Disclosures

A term may be added to the NoA which states: Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all

information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub-recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

SAMHSA
Attention: Office of Financial Advisory Services
5600 Fishers Lane
Rockville, MD 20857

AND

U.S. Department of Health and Human
Services Office of Inspector General
ATTN: Mandatory Grant Disclosures, Intake
Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201

Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or email:
MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance; including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321)."

System for Award Management (SAM) Reporting

A term may be added to the NoA that states: "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 also must 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."

Drug-Free Workplace

A term may be added to the NoA that states: “You as the recipient must comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of part 382, which adopts the Government-wide implementation (2 CFR part 182) of section 5152-5158 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701-707).”

Smoke-Free Workplace

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law (P.L.) 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Standards for Financial Management

Recipients are required to meet the standards and requirements for financial management systems set forth in 45 CFR part 75 Subpart D. The financial systems must enable the recipient to maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which the award was used, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income. The system must also enable the recipient to compare actual expenditures or outlays with the approved budget for the award.

SAMHSA funds must retain their award-specific identity – they may not be commingled with state funds or other federal funds. [“Commingling funds” typically means depositing or recording funds in a general account without the ability to identify each specific source of funds for any expenditure.]. Common mistakes related to commingling are outlined below:

- *Commingling of Cost Centers.* Every business activity constitutes a cost center. Examples of cost centers include: a federal grant, a state grant, a private grant, matching costs for a specific grant, a self-funded project, fundraising activities, membership activities, lines of business, unallowable costs, indirect costs, etc. Recipients must establish a unique account(s) in the accounting system to capture and accumulate expenditures of each cost center, apart from other cost centers.
- *Commingling of Cost Categories.* Recipients must avoid budget fluctuations that violate programmatic restrictions. They must also avoid applying indirect cost rates to prohibited cost categories, such as equipment, participant support costs and sub-contracts/sub-awards in excess of \$25,000. As a result, recipients must establish unique object codes in the accounting system to capture and

accumulate costs by budget category (i.e., salaries, fringe benefits, consultants, travel, participant support costs, subcontracts, etc.).

- *Commingling of Time Worked and Not Worked.* Recipients may not directly charge a grant for employees' time not spent working on the grant. Therefore, *Paid Time Off (PTO)*, such as vacation, holiday, sick and other paid leave, is not recoverable directly from grants, but rather must be allocated to all grants, projects and cost centers over an entire cost accounting period through either an indirect cost or fringe benefit rate.
- *Unsupported Labor Costs.* To support charges for direct and indirect salaries and wages, recipients maintaining hourly timesheets must ensure that timesheets encompass all hours worked and not worked on a daily basis. The timesheet should identify the: (a) grant, project or cost center being worked on; (b) number of hours worked on each; (c) description of work performed; and (d) Paid Time Off (PTO) hours. The total hours recorded each day should coincide with an individual's employment status in accordance with established policy (i.e., full-time employees work 8 hours each day, etc.).
- *Inconsistent Treatment of Costs.* Recipients must treat costs consistently across all federal and non-federal grants, projects and cost centers. For example, recipients may not direct-charge federal grants for costs typically considered indirect in nature, unless done consistently. Examples of indirect costs include: administrative salaries, rent, accounting fees, utilities, etc. Additionally, in most cases, the cost to develop an accounting system adequate to justify direct-charging of the aforementioned items outweighs the benefits. As a result, use of an indirect cost rate is the most effective mechanism to recover these costs and not violate federal financial requirements of consistency, allocability and allowability.

Trafficking in Persons

Awards issued by SAMHSA are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

NOTE: The signature of the Authorized Representative (AOR) on the application serves as the required certification of compliance for your organization regarding the administrative and national policy requirements.

Publications

Recipients are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-

funded grant project that are accepted for publication. In addition, SAMHSA requests that recipients:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/ substance abuse prevention/mental health services community.