



Recipient Information

1. Recipient Name
 ARIZONA HEALTH CARE COST
 CONTAINMENT SYSTEM
 801 E JEFFERSON ST
 PHOENIX, AZ 85034

2. Congressional District of Recipient
 03

3. Payment System Identifier (ID)
 1866004791X7

4. Employer Identification Number (EIN)
 866004791

5. Data Universal Numbering System (DUNS)
 805346798

6. Recipient's Unique Entity Identifier
 LJGVPF5ULHJ3

7. Project Director or Principal Investigator
 CASSANDRA LIM

 cassandra.lim@azahcccs.gov
 602-417-4750

8. Authorized Official
 Mrs. Karen Maclean
 KAREN.MACLEAN@AZAHCCCS.GOV
 602-417-4293

Federal Agency Information

9. Awarding Agency Contact Information
 Stephanie Pozuelos
 Grants Specialist
 Stephanie.Pozuelos@samhsa.hhs.gov
 240-276-2558

10. Program Official Contact Information
 Amy Smith
 Program Official
 Amy.Smith@samhsa.hhs.gov
 (240) 276-2890

Federal Award Information

11. Award Number
 1H79TI087171-01

12. Unique Federal Award Identification Number (FAIN)
 H79TI087171

13. Statutory Authority
 Section 508(r) of the PHS Act 42 U.S.C.290bb-1(r), amended

14. Federal Award Project Title
 State Pilot Program for Treatment for Pregnant and Postpartum Women (PPW-PLT)

15. Assistance Listing Number
 93.243

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

17. Award Action Type
 New Competing

18. Is the Award R&D?
 No

Summary Federal Award Financial Information	
19. Budget Period Start Date 09/30/2024 – End Date 09/29/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$900,000
20a. Direct Cost Amount	\$900,000
20b. Indirect Cost Amount	\$0
21. Authorized Carryover	
22. Offset	
23. Total Amount of Federal Funds Obligated this budget period	\$900,000
24. Total Approved Cost Sharing or Matching, where applicable	\$0
25. Total Federal and Non-Federal Approved this Budget Period	\$900,000
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26. Project Period Start Date 09/30/2024 – End Date 09/29/2027	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$900,000

28. Authorized Treatment of Program Income
 Additional Costs

29. Grants Management Officer - Signature
 LeSchell D Browne

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.



FY24 State Pilot Program for PPW
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Notice of Award

Issue Date: 07/17/2024

Center for Substance Abuse Treatment

Award Number: 1H79TI087171-01
FAIN: H79TI087171
Program Director: CASSANDRA LIM

Project Title: State Pilot Program for Treatment for Pregnant and Postpartum Women (PPW-PLT)

Organization Name: ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Authorized Official: Mrs. Karen Maclean

Authorized Official e-mail address: KAREN.MACLEAN@AZAHCCCS.GOV

Budget Period: 09/30/2024 – 09/29/2025
Project Period: 09/30/2024 – 09/29/2027

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$900,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM in support of the above referenced project. This award is pursuant to the authority of Section 508(r) of the PHS Act 42 U.S.C.290bb-1(r), amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
LeSchell D Browne
Grants Management Officer
Division of Grants Management
LeSchell.Browne@samhsa.hhs.gov
See additional information below

SECTION I – AWARD DATA – 1H79TI087171-01

Award Calculation (U.S. Dollars)

Personnel(non-research)	\$43,450
Fringe Benefits	\$17,380
Travel	\$1,345
Contractual	\$837,825
Direct Cost	\$900,000
Approved Budget	\$900,000
Federal Share	\$900,000
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$900,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$900,000
2	\$900,000
3	\$900,000

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

Fiscal Information:

CFDA Number:	93.243
EIN:	1866004791X7
Document Number:	24TI87171A
Fiscal Year:	2024

IC	CAN	Amount
TI	C96N113	\$900,000

IC	CAN	2024	2025	2026
TI	C96N113	\$900,000	\$900,000	\$900,000

TI Administrative Data:

PCC: PPWPLT24 / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI087171-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1H79TI087171-01

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.

- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

SECTION IV – TI SPECIAL TERMS AND CONDITIONS – 1H79TI087171-01

REMARKS

New Award

This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity *TI-24-002, FY 2024 State Pilot Program for Treatment for Pregnant and Postpartum Women*, has been selected for funding.

The purpose of this program is to enhance flexibility in the use of funds designed to: (1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, emphasizing the treatment of OUD; (2) help state substance use agencies address the continuum of care, including recovery support and other services provided to pregnant and postpartum women in community based settings; and (3) promote a coordinated state system of care for pregnant and postpartum women with SUD. Recipients will be expected to provide an integrated system of care for pregnant and postpartum women with SUD, as well as related support services for the women's family.

PPW-PLT awards are authorized under Section 508(r) of the Public Health Service Act 42 U.S.C.290bb-1(r), as amended.

Policies and Regulations Accepting a grant award or cooperative agreement requires the recipient organization to comply with the terms and conditions of the NoA, as well as all applicable Federal Policies and Regulations. This award is governed by the Uniform Guidance [2 Code of Federal Regulations \(CFR\) 200](#) as codified by HHS at [45 CFR 75](#); Department of Health and Human Services (HHS) [Grants Policy Statement](#); SAMHSA [Additional Directives](#); and the [Standard Terms and Conditions](#) for the fiscal year in which the grant was awarded.

Key Personnel Key personnel are organization staff members or consultants/subrecipients who must be part of the project regardless of whether

they receive a salary or compensation from the project. These individuals must make a substantial contribution to the execution of the project.

The key staff for this program will be the is the Project Director with a minimum 0.50 full-time equivalent (FTE) level of effort (LOE). The Project Director is responsible for oversight of the entire project.

Cassandra Lim, Project Director @ 50% level of effort

The Key Personnel identified in your application have not been approved by SAMHSA. Your assigned GPO will confirm approval via eRA Correspondence within 60 days of receipt of this NoA. If SAMHSA's review of the Key Personnel results in the proposed individual not being approved or deemed not qualified for the position, the organization will be required to submit a qualified candidate for the Key Personnel position. SAMHSA will not be liable for any related costs incurred on this grant award.

The identified PD for this program is listed in item #7 Project Director or Principal Investigator on the cover page of the NoA. If the individual identified on the NoA is incorrect, you must notify your assigned Government Project Officer (GPO) and Grants Management Specialist (GMS) via email immediately and plan to submit a post award amendment for a change in key personnel via eRA Commons.

Key personnel or other grant-supported staff may not exceed 100% level of effort across all federal and non-federal funding sources.

Any changes to key staff, including level of effort involving separation from the project for more than three months or a 25 percent reduction in time dedicated to the project, requires prior approval, and must be submitted as a post-award amendment in eRA Commons. Refer to SAMHSA's website for more information on submitting a [key personnel change](#). See [SAMHSA PD Account Creation Instructions](#) for a quick step-by-step guide and [SAMHSA Grantee PD Account Creation Slides](#) for additional information on the eRA Commons registration process for the PD.

Funding Limitations SAMHSA reserves the right to disallow costs under this grant award at any time during the award project period. Award recipients are responsible for ensuring that costs allocated to the grant award are reasonable and allowable in accordance with the [Notice of Funding Opportunity](#) and all applicable Policies & Regulations.

The Cost Principles that delineate the allowable and unallowable expenditures for HHS recipients are described in the [Code of Federal Regulations](#).

Funding Limitations and Restrictions are listed in the [Notice of Funding Opportunity](#)

Unallowable Costs Recipients must exercise proper stewardship over Federal funds and ensure that costs charged to awards are allowable, allocable, reasonable, necessary, and consistently applied regardless of the source of funds according to the Factors affecting allowability of costs per [2 CFR 200.403](#) and the Reasonable costs considerations per [2 CFR 200.404](#). A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the

cost.

Supplanting Supplement Not Supplant grant funds may be used to supplement existing activities. Grant funds may not be used to supplant current funding of existing activities. Supplant is defined as replacing funding of a recipient's existing program with funds from a federal grant.

Award Payments Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). First time PMS users must obtain access to view available funds, request funds, or submit reports. Users will need to request permission and be approved by PSC. Inquiries regarding payments should be directed to PMS by emailing the helpdesk at PMSSupport@psc.hhs.gov or call 1-877-614-553. You should also visit the [Payment Management System \(PSC\)](#) website for more information about their services.

Special Terms & Conditions of Award There may be special terms and conditions associated with your grant award. Recipients must address all special terms and conditions by the reflected due date. See the Special Terms of Award and Special Conditions of Award sections below for the specific terms and conditions associated with your grant award. A recipient's failure to comply with the terms and conditions of award, may cause SAMHSA to take one or more actions, depending on the severity and duration of the non-compliance. SAMHSA will undertake any such action in accordance with applicable statutes, regulations, and policies.

Responding to Award Terms & Conditions All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions or how to submit a post award amendment request please refer to the SAMHSA [Training Materials](#) page on our website.

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

All prior approval actions must be submitted as post award amendment requests in eRA Commons.

Post Award Amendments If information on the NoA needs to be changed, it will require approval from the federal agency before the grant recipient can implement the modification. Please refer to the SAMHSA [Post Award Amendments](#) page for specific guidance on submitting a post-award amendment request in eRA Commons.

Primary Contacts

- o For technical support, contact [eRA Service Desk](#) at 866-504-9552.
- o For budget and grants management related questions, contact your assigned

GMS.

- o For programmatic questions, contact your assigned GPO.

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

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

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

SPECIAL TERMS

Delivery of Services

Grantees are expected to begin the delivery of services by the fourth month of the award.

Risk Assessment

The Office of Financial Advisory Services (OFAS), SAMHSA may perform an administrative review of your organization's financial management systems, policies, procedures and records. If the review discloses material weaknesses or other financial management concerns, grant funding may be restricted in accordance with [45 CFR 75/2 CFR 200](#), as applicable. The restriction will affect your organization's ability to withdraw funds from the Payment Management System account, until the concerns are addressed.

Disparity Impact Statement (DIS)

By **11/29/2024**, submit via eRA Commons a completed **Disparity Impact Statement**.

SAMHSA's Behavioral Health Disparity Impact Statement (DIS) is a data-driven, quality improvement approach to advance behavioral health equity for all. The DIS is a grant requirement that helps grantees identify racial, ethnic, sexual, and gender minority groups at the highest risk of experiencing behavioral health disparities within their grant projects and implement a disparity reduction action plan with a quality improvement process to address and close the identified gap(s). The DIS should be consistent with the Population of Focus and Statement of Need identified in the grant application and include the components as described below. Please refer to the DIS worksheet, examples, and other resources on the SAMHSA website at: <https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>

The main components of the DIS are:

- o Identify and describe the behavioral health disparity within the population of focus of the grant project that experience disparate access, use, and outcomes.
- o Provide a demographic table of the proposed number of individuals to be served, reached, or trained in the grant project that covers the entire grant

period. Identify the data sources used to support the rationale for how the determination of the disparity was made.

- o Identify the social determinants of health (SDOH) domains and the Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) Standards that the grantee organization will work to address and improve for the identified population(s) of focus.
- o Develop a disparity reduction quality improvement action plan to address behavioral health disparities based on the available data on access, use, and outcomes.

In accordance with the reporting requirements outlined in the Notice of Funding Opportunity (NOFO), the grantee is required to provide an update on the project's progress towards addressing quality care of underserved populations related to the Disparity Impact Statement (DIS), barriers encountered, including challenges serving populations of focus, efforts to overcome these barriers; evaluation activities for tracking DIS efforts; and a revised quality improvement plan if the DIS does not meet the quality of care requirements as stated in the DIS.

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

STANDARD TERMS AND CONDITIONS

Data Collection and Performance Measurement

You must collect and report data for SAMHSA to meet its obligations under the Government Performance and Results (GPR) Modernization Act of 2010. You must document your plan for data collection and reporting in Section E Narrative.

Recipients must report performance on the following measures:

1. Number of individuals served
2. Diagnoses
3. Substance use
4. Living condition
5. Employment/education
6. Social connectedness
7. Mental and physical health problems
8. Access to treatment
9. Treatment(s) provided
10. Recovery support services provided
11. Retention in treatment
12. Criminal justice involvement

You must collect and report in SAMHSA's Performance Accountability and Reporting System (SPARS) data using a uniform data collection tool to be provided by SAMHSA. An example of a tool is the GPR Client Outcome Measures for Discretionary Programs. This tool collects data on program participants and the services provided during the program. Data will be collected via an interview using this tool at three data collection points: baseline (i.e., the client's entry into the project), discharge, and 6 months post baseline. Recipients must complete a performance interview on all clients for their specified unduplicated target number

and are also expected to achieve a 6month follow-up rate of 80 percent. Training and technical assistance on SPARS data collection and reporting will be provided after award.

The data you submit allows SAMHSA to report on key outcome measures such as abstinence, employment, education, and stability in housing. Performance measures are also used to show how programs are reducing disparities in behavioral health access, increasing client retention, expanding service use, and improving outcomes. Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

Project Performance Assessment

Recipients must periodically review their performance data to assess their progress and use this information to improve the management of the project. The project performance assessment allows recipients to determine whether their goals, objectives, and outcomes are being achieved and if changes need to be made to the project. This information is included in your Programmatic Progress Report (See Section VI.3 description of reporting requirements.) for a In addition, one key part of the performance assessment is determining if your project has or will have the intended impact on behavioral health disparities. You will be expected to collect data to evaluate whether the disparities you identified in your Disparity Impact Statement (DIS) are being effectively addressed.

Semi - Annual Programmatic Progress Report

Recipients are required to submit semi-annual Programmatic Progress Reports (at 6 months and 12 months). The 6-month report is due no later than 30 days after the end of the second quarter (**March 31, 2025**) and an annual report is due within 90 days of the end of the budget period (**September 29, 2025**).

For this budget period Programmatic Progress Reports are due as follows:

Six Month Report - Due April 30, 2025

Annual Report - Due December 28, 2025

The report must discuss:

- Updates on key personnel, budget, or project changes (as applicable).
 - Progress achieving goals and objectives and implementing evaluation activities.
 - Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges.
 - Problems encountered serving the populations of focus and efforts to overcome them.
 - Progress and efforts made to achieve the goal(s) of the DIS, including qualitative and quantitative data and any updates, changes, or adjustments as part of a quality improvement plan.

You must submit a final performance report within 120 days after the end of the project period. This report must be cumulative and include all activities during the entire project period.

Please contact your Government Program Official (GPO) for program specific submission information. Note: Recipients must also comply with standard award management reporting requirements, unless otherwise noted in the NOFO or NoA or by the Grant Program Official (GPO). This information is needed in order to

comply with PL 102-62, which requires SAMHSA to report evaluation data to ensure the effectiveness and efficiency of its programs.

The response to this term must be submitted as PDF documents in eRA Commons under the *View Terms Tracking Details* page. For more information on how to respond to tracked terms and conditions, refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading *How to Respond to Terms and Conditions*.

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

Annual Federal Financial Report (FFR or SF-425)

All financial reporting for recipients of Health and Human Services (HHS) grants and cooperative agreements has been consolidated through a single point of entry, which has been identified as the Payment Management System (PMS). The Federal Financial Report (FFR or SF-425) initiative ensures all financial data is reported consistently through one source; shares reconciled financial data to the HHS grants management systems; assists with the timely financial monitoring and grant closeout; and reduces expired award payments.

The FFR is required on an annual basis and must be submitted **no later than 90 days after the end of each incremental period/budget period**. The FFR should reflect cumulative amounts. Additional guidance to complete the FFR can be found at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>.

SAMHSA reserves the right to request more frequent submissions of FFRs. If so, the additional submission dates will be shown below.

Your organization is required to submit an FFR for this grant funding as follows:

- By **12/28/2025**, submit the Federal Financial Report (FFR)/(SF-425).
- The grant recipient staff member(s) responsible for FFR preparation, certification and submission of the FFR must either submit a request for New User Access or Update User Access to the FFR Module as applicable. Refer to the PMS User Access website <https://pms.psc.gov/grant-recipients/user-access.html> for information on how to submit a New User Access, Update User Access or Deactivate User Access. You can also view PMS Video on how to request new user access @ <https://youtu.be/kdoqaXfiuI0> and PDF resource with instructions on Requesting Access @ https://pms.psc.gov/forms/New-User-Request_Grantee.pdf
- Instructions on **how to submit a FFR via PMS** are available at <https://pmsapp.psc.gov/pms/app/help/ffr/ffr-grantee-instructions.html> (The user must be logged in to PMS to access the link). Updates to the FFR instructions effective 4/1/2022 are also available @ <https://pms.psc.gov/grant-recipients/ffr-updates.html>
- While recipients must submit the FFR in PMS, the FFR can also be accessed by connecting seamlessly from the eRA Commons to PMS by clicking the Manage FFR link on the Search for Federal Financial Report (FFR) page in eRA Commons, which will redirect to PMS. SAMHSA will not accept FFRs submitted by email or uploaded as an attachment into eRA. To access the Manage FFR

link in eRA Commons, the individual must be registered in eRA Commons and assigned the Financial Status Reporter (FSR) role for their organization. The individual assigned the FSR role is responsible for reporting the statement of grant expenditures for their organization. Refer to the page [Managing eRA User Accounts](#) on SAMHSA's website for instructions on how to assign a the FSR role.

If you have questions about how to set up a PMS account for your organization, please contact the PMS Help Desk at PMSSupport@psc.hhs.gov or 1-877-614-5533. Note: While recipients will use PMS to report all financial expenditures as well as to drawdown funds, recipients will continue to use eRA Commons for all other grant-related matters, including submitting progress reports, requesting post award amendments, and accessing grant documents such as the Notice of Award.

Standard Terms for Awards

Your organization must comply with the Standard Terms and Conditions for the Fiscal Year in which your grant was awarded. The Fiscal Year for your award is identified on your Notice of Award. SAMHSA's Terms and Conditions webpage is located at: <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

Standards for Financial Management

Recipients and subrecipients 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 and subrecipient 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 and subrecipient to compare actual expenditures or outlays with the approved budget for the award. SAMHSA funds must retain their specific identity – they may not be commingled with non-federal 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 with related expenditures.

Reasonable Costs for consideration

Recipients must exercise proper stewardship over Federal funds and ensure that costs charged to awards are allowable, allocable, reasonable, necessary, and consistently applied regardless of the source of funds according to “Reasonable Costs” consideration per 2 CFR § 200.404 and the “Factors affecting allowability of costs” per 2 CFR § 200.403. A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

Consistent Treatment of Costs

Recipients must treat costs consistently across all federal and non-federal grants, projects and cost centers. Recipients may not direct-charge federal grants for costs typically considered indirect in nature, unless done consistently. If part of the indirect cost rate, then it may not also be charged as a direct cost. Examples of indirect costs include (administrative salaries, rent, accounting fees, utilities, office supplies, etc.). If typical indirect cost categories are included in the budget as direct costs, it is SAMHSA’s understanding that your organization has developed a cost accounting system adequate to justify the direct charges and to avoid an unfair

allocation of these costs to the federal government. Also, note that all awards are subject to later review in accordance with the requirements of [45 CFR 75.364](#), [45 CFR 75.371](#), [45 CFR 75.386](#) and [45 CFR Part 75, Subpart E](#), Audit Requirements.

Compliance with Award Terms and Conditions

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH [45 CFR 75.371](#), REMEDIES FOR NON-COMPLIANCE AND [45 CFR 75.372](#) TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

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

Staff Contacts:

Amy Smith, Program Official

Phone: (240) 276-2890 **Email:** Amy.Smith@samhsa.hhs.gov

Stephanie Pozuelos, Grants Specialist

Phone: 240-276-2558 **Email:** Stephanie.Pozuelos@samhsa.hhs.gov