



DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION
OFFICE OF PROGRAM SERVICES
DIVISION OF GRANTS MANAGEMENT

PRE AWARD APPLICATION PROCESS:

- Request for Application (RFA)
- PHS-5161-1 (Application for Federal Assistance)
- Detailed Budget/Narrative Justification
- On line submission of Application
 - Grants.gov

Website for additional information
or to get started:

<http://www.samhsa.gov>

Click on:

- “Grants” (Button at top)
- “Applying for a new SAMHSA Grant”

Grants.gov.

- On-line submission - www.grants.gov
- DUNS number required -
 - DUNS (Dun and Bradstreet) –
www.dunandbradstreet.com or call 1-866-705-5711
- At least two weeks prior to submitting the application the applicant must register at www.grants.gov
- On-line tutorial is provided for submitting applications on grants.gov

Financial Capability Review(FCR)

Why FCRs are important:

- Pre-award - Financial Advisory Services Officer (FASO) perform a FCR of new and prospective grantees
- Post award – FASO provides financial advisory services to Grants Management Specialists on grantee fiscal matters and Federal cost principles
- Resolve findings in OMB Circular A-133 Audits and follow up with grantees or non receipt at the Federal Audit Clearinghouse

How FCRs Are Performed:

- FCR helps grantees succeed with financial management systems
 - Helps protect Federal dollars against fraud, waste and abuse
 - Helps applicants be equipped with adequate financial management systems
 - Requests applicant's recent financial statements or audit together with accounting and personnel policies & procedures (P&P)
 - Provides guidance to applicant prior to funding to assure good stewardship of federal funds.

Division of Grants Management (DGM)

- DGM conducts a cost analysis of applicant's budgets, negotiations with applicants to make necessary changes or revisions and collaborates with the Government Project Officer
- DGM conducts an administrative review of the application.
- Grants Management Officer, SAMHSA approves Notice of Grant Award
- Closeout after Project Period ends.


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

GRANT APPLICATION

For use by:

- State and Local Government Applicants
- Nongovernmental Applicants for Health Services Projects



FORM PHS-5161-1
(Revised 7/00)

Version 02

Application for Federal Assistance SF-424

9. Type of Applicant 1- Select Applicant Type: _____
 Type of Applicant 2- Select Applicant Type: _____
 Type of Applicant 3- Select Applicant Type: _____
 - Other (specify): _____

10. Name of Federal Agency: _____

11. Catalog of Federal Domestic Assistance Number: _____
 CFDA Title: _____

12. Funding Opportunity Number: _____
 Title: _____

13. Competition Identification Number: _____
 Title: _____

14. Areas Affected by Project (Cities, Counties, States, etc.): _____

15. Descriptive Title of Applicant's Project: _____

Attach supporting documents as specified in agency instructions.

Version 02

Application for Federal Assistance SF-424

16. Congressional Districts Of: _____
 a. Applicant _____ b. Program/Project _____

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

17. Proposed Project: _____
 a. Start Date: _____ b. End Date: _____

18. Estimated Funding(\$):

a. Federal	_____
b. Applicant	_____
c. State	_____
d. Local	_____
e. Other	_____
f. Program Income	_____
g. TOTAL	_____

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available to the State under the Executive Order 12372 Process for review on _____
 b. Program is subject to E.O. 12372 but has not been reported by the State for review
 c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation.)
 Yes No

21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 28, Section 1001)

** I AGREE

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

22. Authorized Representative

Prefix: _____ *First Name: _____
 Middle Name: _____
 Last Name: _____
 Suffix: _____
 Title: _____
 Telephone Number: _____ Fax Number: _____
 Email: _____
 Signature of Authorized Representative: _____ Date Signed: _____

PHS 51-61-1

- SF 424 (version 2)– Application for Federal Assistance - complete all
- SF 424A – Budget Information Non-construction – complete Sections B, C,E, and F
- SF 424B - Assurance Non-Construction Programs – for reference
- SF 424C – Budget Information Construction Programs – Do not complete

PHS 5161-1 (cont)

- SF 424D – Assurances – Construction Programs – Do not complete
- Certifications – For reference
- Program Narrative – Complete using RFA
- Budget Narrative – Complete using RFA “Sample Budget” as guide
- Checklist - Complete

Cover Page SF 424 (cont.)

- Subject to Executive Order 12372
 - Intergovernmental Review of Federal Programs
 - go to www.whitehouse.gov/omb/grants/spoc.html to reference list of states affected by EO 12372
- Authorized signature = Individual legally responsible for application and grant funds

SF 424A

BUDGET INFORMATION - Non-Construction Programs

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

Standard Form 424A (7-87)
Prescribed by OMB Circular A-102

Budget Categories

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

Budget Categories (cont.)

- Total Direct Costs -
- Indirect Costs
 - If you have a negotiated rate agreement (include documents in the application package)
 - If you don't have a rate agreement and wish to obtain one go to <http://rates.psc.gov>

Budget Information Sheet Standard Form(SF) 424A

Section A = leave blank

Section B = follow categories from budget summary

- Section B Column 1 = Federal funds request
- Section B Column 2 = Non-Federal cost sharing/match
- Program Income = Income generated from grant-funded activities

SF 424A

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$	\$	\$	\$ 0.00
9.				0.00
10.				0.00
11.				0.00
12. TOTALS (sum of lines 8 and 11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	0.00	\$	\$	\$	\$
14. Non-Federal	0.00				
15. TOTAL (sum of lines 13 and 14)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

Budget Information Sheet Standard Form(SF) 424A

- Section C = complete – use to complete Budget section on 424 Item 18 b through f
- Section D = leave blank
- Section E = Estimates of Funds Needed to Balance the Project
 - (a) Grant Program =
 - (b through e) additional years (taken from Budget Section) –First is year 2, etc.
- Section F = Complete – if indirect costs are requested submit indirect cost rate agreement

Checklist

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CHECKLIST

OMB Approval No. 0920-0428
Expiration Date: April 30, 2000

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: NEW Noncompeting Continuation Competing Continuation Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- | | Included | NOT
Applicable |
|--|-------------------------------------|--------------------------|
| 1. Proper Signature and Date for Item 18 on SF 424 (FACE PAGE) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Proper Signature and Date on PHS-5161-1 "Certifications" page | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690) | | |
| <input checked="" type="checkbox"/> Civil Rights Assurance (45 CFR 80) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Human Subjects Certification, when applicable (45 CFR 46) | <input type="checkbox"/> | <input type="checkbox"/> |

Application Checklist for PHS-5161-1

- Type of Application =
 - “New”
 - Part A – HHS Form 690 – ‘Assurance of Compliance’
 - located at www.samhsa.gov
 - Click on “grants”
 - Click on “Applying New SAMHSA Grants”

Application Checklist for PHS-5161-1 (cont.)

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

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the appropriate box been checked for item # 16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the entire proposed project period been identified in item # 13 of the FACE PAGE?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have biographical sketch(es) with job description(s) been attached, when required?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the 12 month detailed budget been provided?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the budget for the entire proposed project period with sufficient detail been provided?	<input type="checkbox"/>	<input type="checkbox"/>
8. For a Supplemental application, does the detailed budget address only the additional funds requested?	<input type="checkbox"/>	<input type="checkbox"/>
9. For Competing Continuation and Supplemental applications, has a progress report been included?	<input type="checkbox"/>	<input type="checkbox"/>

Application Checklist for PHS-5161-1 (cont.)

- Part B – Public Health Systems Impact Statement (RFA– Application and Submission Requirements);
 - Intergovernmental review - Executive Order 12372
 - go to www.whitehouse.gov/omb/grants/spoc.html to reference list of states affected by EO 12372

Application Checklist for PHS-5161-1 (cont.)

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

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

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

Name		Name	
Title		Title	
Organization		Organization	
Address		Address	
E-mail Address		E-mail Address	
Telephone Number		Telephone Number	
Fax Number		Fax Number	
APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (if already assigned)		SOCIAL SECURITY NUMBER	HIGHEST DEGREE EARNED

(OVER)

Application Checklist for PHS-5161-1 (cont)

Part C -

- Name of Business Official – person with signatory authority
- Name of Project Director – should be same person as Section 8 f of SF 424 - Social Security No. is not required
- Address:
 - Addresses must be physical location not P.O. Box numbers
- EIN:
 - Use 9 digit EIN or 12 digit Payment Management federal account number

Application Checklist for PHS-5161-1 (cont.)

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PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

(a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.

(b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.

(c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.

(d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.

(e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: (Agency) on (Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant, or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Intra-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the *Federal Register* on June 24, 1983, along with a notice identifying the Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOC-) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

Application Checklist for PHS-5161-1 (cont.)

Part D

- Non-profit Status: Submit required documentation with this application – include EIN verification State or IRS letter

Disclosure of Lobbying Activities

DISCLOSURE OF LOBBYING ACTIVITIES		
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)		Approved by OMB 0348-0046
1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year: _____ Quarter: _____ date of last report: _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier: _____, if known: _____ Congressional District, if known: _____	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____	
6. Federal Department/Agency: _____	7. Federal Program Name/Description: _____ CFDA Number, if applicable: _____	
8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Entity <i>(If individual, last name, first name, MI)</i> _____	b. Individuals Performing Services <i>(Including address if different from No. 10a.)</i> <i>(last name, first name, MI)</i> _____	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

Required Application Components

Face Page – SF 424 (version 2)

Abstract

Table of Contents

Budget Form – SF 424A

Project Narrative and Supporting
Documents

Appendices

Preparing to Apply- Required Application Components

- Disclosure of Lobbying Activities – SF LLL
- Checklist – PHS 5161-1
- Assurance of Compliance with SAMHSA Charitable Choice Statues and Regulations – SMA 170 (found at SAMHSA website)

POST AWARD REQUIREMENTS:

- Standard Terms and Conditions of Notice of Grant Award on SAMHSA website
- Reporting Requirements
 - Annual Financial Status Report – SF-269
 - Quarterly or Semi-Annual Programmatic Report
- Prior Approval
 - HHS Policy Statement Requirements on SAMHSA website.
 - Closeout – DGM's responsibility

Grant Requirements- Reports

- Program Progress Reports
 - Quarterly) or Semi-Annul determined by the Program and GPRA data
- SF-269 -Financial Status Report
 - Annual/within 90 days from the end of Budget Period
- PMS 272-Financial Disbursement Report
 - Quarterly

Questions after workshop:

For questions on grants management issues, contact:

Kimberly Pendleton

Office of Program Services, Division of Grants
Management

Substance Abuse and Mental Health Services
Administration

1 Choke Cherry Road

Room 7-1091

Rockville, Maryland 20857

(240) 276-1421

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