



Notice of Award
Opioid STR
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Issue Date: 09/27/2018

Center for Substance Abuse Treatment

Grant Number: 6H79TI080222-02M001

FAIN: H79TI080222

Program Director: Marlies Perez

Project Title: Medication Assisted Treatment Expansion Project

| Grantee Address | Business Address |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| CALIFORNIA STATE DEPT/HEALTH CARE SVCS Marlies Perez California Department of Health Care Services 1501 Capitol Avenue, MS 0000 P.O. Box 997413 SACRAMENTO, CA 958997413 | Ms. Jennifer Kent California Department of Health Care Services 1501 Capitol Avenue, MS 0000 P.O. Box 997413 Sacramento, CA 958997413 |

Budget Period: 05/01/2018 – 04/30/2019

Project Period: 05/01/2017 – 04/30/2019

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$0 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to CALIFORNIA STATE DEPT/HEALTH CARE SVCS in support of the above referenced project. This award is pursuant to the authority of Section 1003 of the 21st Century Cures Act and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

This award addresses the following Amendment requests:

- ☐ Carryover Request (6H79TI080222-02L001)

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,
Ann Piesen
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 6H79TI080222-02M001**Award Calculation (U.S. Dollars)**

| | |
|-------------|--------------|
| Contractual | \$52,636,213 |
| Other | \$60 |

| | |
|-------------------------------------------------------|--------------|
| Direct Cost | \$52,636,273 |
| Approved Budget | \$52,636,273 |
| Federal Share | \$52,636,273 |
| Less Unobligated Balance | \$7,886,502 |
| Cumulative Prior Awards for this Budget Period | \$44,749,771 |

| | |
|----------------------------------------------|-----|
| AMOUNT OF THIS ACTION (FEDERAL SHARE) | \$0 |
|----------------------------------------------|-----|

| SUMMARY TOTALS FOR ALL YEARS | |
|------------------------------|--------------|
| YR | AMOUNT |
| 2 | \$44,749,771 |

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

Fiscal Information:

| | |
|------------------|--------------|
| CFDA Number: | 93.788 |
| EIN: | 1680317191A1 |
| Document Number: | 17TI080222A |
| Fiscal Year: | 2018 |

| | | |
|----|---------|--------|
| IC | CAN | Amount |
| TI | C96M001 | \$0 |

| | | |
|----|---------|------|
| IC | CAN | 2018 |
| TI | C96M001 | \$0 |

TI Administrative Data:

PCC: O-STR / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 6H79TI080222-02M001

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

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

SECTION III – TERMS AND CONDITIONS – 6H79TI080222-02M001

This award is based on the application submitted to, and as approved by, SAMHSA on the

above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

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

Treatment of Program Income:

Additional Costs

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

SECTION IV – TI Special Terms and Conditions – 6H79TI080222-02M001

Remarks: This award authorizes a carryover of \$7,886,502.00 in unexpended funds from the -01 year to be used in the -02 year as requested. The carryover is subject to the availability of funds.

If the final resolution of the audit covering the above stated budget period(s) determines that the unobligated balance of funds is incorrect, SAMHSA will not make additional funds available to cover any shortfall.

Remarks: The information in this NoA only applies to the “Carryover and Revised Budget”. The Summary Totals for Future Years, reflected on page 2 of the previous NoA dated 04/18/2018.

Remarks: This revised award removes the restrictive term on the award issued on 04/18/2018.

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

Staff Contacts:

Donna Hillman, Program Official

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LeSchell D Browne, Grants Specialist

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