



Grant Number: 1H79SM061694-01 REVISED
FAIN: SM061694

Program Director:
 Jana Rickerson

Project Title: Mentoring and Peer Support (MAPS) Project

Grantee Address	Business Address
SAN FRANCISCO DEPT OF PUBLIC HEALTH Jana Rickerson 1380 Howard Street 4th Floor San Francisco, CA 941032651	Barbara Garcia Director of Health San Francisco Department of Public Health 101 Grove Street 3rd Floor San Francisco, CA 94102

Budget Period: 09/30/2014 – 09/29/2015
Project Period: 09/30/2014 – 09/29/2018

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby revises this award (see “Award Calculation” in Section I and “Terms and Conditions” in Section III) to SAN FRANCISCO DEPT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of Section 509 and 520A of the PHS Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at 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,

Darrell Russ
 Grants Management Officer
 Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H79SM061694-01 REVISED

Award Calculation (U.S. Dollars)

Salaries and Wages	\$35,386
Fringe Benefits	\$16,631
Personnel Costs (Subtotal)	\$52,017
Supplies	\$1,800
Consortium/Contractual Cost	\$289,649
Travel Costs	\$4,676

Direct Cost	\$348,142
Approved Budget	\$348,142
Federal Share	\$348,142
Cumulative Prior Awards for this Budget Period	\$348,142

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$0

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$348,142
2	\$348,142
3	\$348,142
4	\$348,142

*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: 1946000417A8
Document Number: 14SM61694A
Fiscal Year: 2014

IC	CAN	Amount
SM	C96C524	\$174,071
TI	C96T512	\$174,071

IC	CAN	2014	2015	2016	2017
SM	C96C524	\$174,071	\$348,142	\$348,142	\$348,142
TI	C96T512	\$174,071			

SM Administrative Data:

PCC: BHTCC / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SM061694-01 REVISED

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 – 1H79SM061694-01 REVISED

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 74 or 45 CFR Part 92 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

SECTION IV – SM Special Terms and Conditions – 1H79SM061694-01 REVISED

Remarks:

This award is revised to correct the budget totals for the revised budget dated January 12, 2015. This is to correct and administrative error.

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

CONTACTS:

Roxanne Castaneda, Program Official

Phone: (240) 276-1917 **Email:** Roxanne.Castaneda@samhsa.hhs.gov

Darrell Russ, Grants Specialist

Phone: (240) 276-1517 **Email:** darrell.russ@samhsa.hhs.gov



Grant Number: 1H79SM061694-01
FAIN: SM061694

Program Director:
Jana Rickerson

Project Title: Mentoring and Peer Support (MAPS) Project

Grantee Address	Business Address
SAN FRANCISCO DEPT OF PUBLIC HEALTH Jana Rickerson 1380 Howard Street 4th Floor San Francisco, CA 941032651	Barbara Garcia Director of Health San Francisco Department of Public Health 101 Grove Street 3rd Floor San Francisco, CA 94102

Budget Period: 09/30/2014 – 09/29/2015

Project Period: 09/30/2014 – 09/29/2018

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$348,142 (see “Award Calculation” in Section I and “Terms and Conditions” in Section III) to SAN FRANCISCO DEPT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of Section 509 and 520A of the PHS Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at 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,

Gwendolyn Simpson
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H79SM061694-01

Award Calculation (U.S. Dollars)

Salaries and Wages	\$165,667
Fringe Benefits	\$48,043
Personnel Costs (Subtotal)	\$213,710
Supplies	\$3,600
Consortium/Contractual Cost	\$82,500
Travel Costs	\$8,617
Other	\$19,835
Direct Cost	\$328,262
Indirect Cost	\$19,880
Approved Budget	\$348,142
Federal Share	\$348,142
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$348,142

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$348,142
2	\$348,142
3	\$348,142
4	\$348,142

*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: 1946000417A8
Document Number: 14SM61694A
Fiscal Year: 2014

IC	CAN	Amount
SM	C96C524	\$174,071
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IC	CAN	2014	2015	2016	2017
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TI	C96T512	\$174,071			

SM Administrative Data:

PCC: BHTCC / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SM061694-01

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SECTION III – TERMS AND CONDITIONS – 1H79SM061694-01

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- 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 74 or 45 CFR Part 92 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

SECTION IV – SM Special Terms and Conditions – 1H79SM061694-01

REMARKS:

This award reflects approval of the budget submitted on April 18, 2014 as part of the application.

SPECIAL TERM(S) OF AWARD:

NONE

SPECIAL CONDITION(S) OF AWARD:

1. Disparities Impact Statement (DIS)

By November 30, 2014, you must:

Submit an electronic copy of a disparity impact statement to the Government Project Officer (GPO) and Grants Management Specialist (GMS) as identified under Contacts on this notice of award. The disparity impact statement should be consistent with information in your application regarding access, *service use and outcomes for the program and include three components as described below. Questions about the disparity impact statement should be directed to your GPO. Examples of disparity impact statements can be found on the SAMHSA website at <http://beta.samhsa.gov/grants/grants-management/disparity-impact-statement>.

*Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training and/or technical assistance activities.

The disparity impact statement, in response to the Special Condition of Award, consists of three components:

1. Proposed number of individuals to be served by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.
2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.
3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:
 - a. Diverse cultural health beliefs and practices;
 - b. Preferred languages; and
 - c. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

Failure to comply with the above stated Special Conditions by the identified submission date may result in your grant being placed on high risk, suspension and/or termination or denial of funding in the future.

STANDARD TERMS OF AWARD:

Refer to the following SAMHSA website for Standard Terms of Award:

<http://beta.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions> **(NEW)**

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

Project Director, Janna Rickerson @ 5% (in-kind)

REPORTING REQUIREMENTS:

Submission of a Programmatic Annual Report is due no later than 90 days after the end of each budget year.

Failure to comply with the above stated terms and conditions may result in suspension, classification as High Risk status, termination of this award or denial of funding in the future.

All responses to special terms and conditions of award and post award requests may be electronically mailed to the Grants Management Specialist and to the Government Program Official as identified on your Notice of Award.

It is essential that the Grant Number be included in the SUBJECT line of the email.

CONTACTS:

Roxanne Castaneda, Program Official

Phone: (240) 276-1917 **Email:** Roxanne.Castaneda@samhsa.hhs.gov

Darrell Russ, Grants Specialist

Phone: (240) 276-1517 **Email:** darrell.russ@samhsa.hhs.gov