



Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Notice of Award
FAIN# H79TI087234
Federal Award Date
08/28/2024

Recipient Information		Federal Award Information	
1. Recipient Name COUNTY OF WEBB 1110 WASHINGTON ST STE 101 LAREDO, TX 78040		11. Award Number 1H79TI087234-01	
2. Congressional District of Recipient 28		12. Unique Federal Award Identification Number (FAIN) H79TI087234	
3. Payment System Identifier (ID) 1746001587A5		13. Statutory Authority	
4. Employer Identification Number (EIN) 746001587		14. Federal Award Project Title Webb County Veterans Treatment Program	
5. Data Universal Numbering System (DUNS) 052767030		15. Assistance Listing Number 93.243	
6. Recipient's Unique Entity Identifier KJ57ZV6UCFB4		16. Assistance Listing Program Title Substance Abuse and Mental Health Services_Projects of Regional and National Significance	
7. Project Director or Principal Investigator Margarita Herrera-Garza mhgarza@webbcountytx.gov 9565234654		17. Award Action Type New Competing	
8. Authorized Official Tano Tijerina cvaldez@webbcountytx.gov 9565234600		18. Is the Award R&D? No	
Federal Agency Information		Summary Federal Award Financial Information	
9. Awarding Agency Contact Information Courtney Dodson Grants Specialist COURTNEY.DODSON@SAMHSA.HHS.GOV (240) 276-1849		19. Budget Period Start Date 09/30/2024 – End Date 09/29/2025	
10. Program Official Contact Information Daniel Maas Program Official Daniel.Maas@samhsa.hhs.gov		20. Total Amount of Federal Funds Obligated by this Action 20a. Direct Cost Amount \$400,000 20b. Indirect Cost Amount \$0	
		21. Authorized Carryover	
		22. Offset	
		23. Total Amount of Federal Funds Obligated this budget period \$400,000	
		24. Total Approved Cost Sharing or Matching, where applicable \$0	
		25. Total Federal and Non-Federal Approved this Budget Period \$400,000	
		26. Project Period Start Date 09/30/2024 – End Date 09/29/2029	
		27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period \$400,000	
		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.			



Notice of Award

Issue Date: 08/28/2024

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

Center for Substance Abuse Treatment

Award Number: 1H79TI087234-01

FAIN: H79TI087234

Program Director: Margarita Herrera-Garza

Project Title: Webb County Veterans Treatment Program

Organization Name: COUNTY OF WEBB

Authorized Official: Tano Tijerina

Authorized Official e-mail address: cvaldez@webbcountytx.gov

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

Project Period: 09/30/2024 – 09/29/2029

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$400,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF WEBB in support of the above referenced project. This award is pursuant to the authority of 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 – 1H79TI087234-01**Award Calculation (U.S. Dollars)**

Personnel(non-research)	\$193,533
Fringe Benefits	\$85,805
Travel	\$9,465
Supplies	\$2,490
Contractual	\$103,332
Other	\$5,375
 Direct Cost	 \$400,000
Approved Budget	\$400,000
Federal Share	\$400,000
Cumulative Prior Awards for this Budget Period	\$0
 AMOUNT OF THIS ACTION (FEDERAL SHARE)	 \$400,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$400,000
2	\$400,000
3	\$400,000
4	\$400,000
5	\$400,000

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: 1746001587A5
Document Number: 24TI87234A
Fiscal Year: 2024

IC	CAN	Amount
TI	C96N363	\$400,000

IC	CAN	2024	2025	2026	2027	2028
TI	C96N363	\$400,000	\$400,000	\$400,000	\$400,000	\$400,000

TI Administrative Data:

PCC: DC-AD24 / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI087234-01

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 – 1H79TI087234-01

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 – 1H79TI087234-01

REMARKS

New Award

This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity (TI-24-004), Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts (SAMHSA Treatment Drug Courts Initial Announcement) has been selected for funding.

The purpose of this program is to expand substance use disorder (SUD) treatment and recovery support services in existing drug courts. The program recognizes the need for treatment instead of incarceration for individuals with SUDs. Recipients are expected to provide prevention, harm reduction, treatment, and recovery services for individuals with SUD involved with the courts. With this program, SAMHSA aims to improve abstinence from substance use, housing stability, employment status, social connectedness, health/behavioral/social consequences, and reduce criminal justice involvement.

SAMHSA Treatment Drug Courts awards are authorized under Section 509 (42 U.S.C 290bb-2) of Public Health Service Act, 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/sub recipients 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 will be the Project Director, with a minimum level of effort of 0.20 FTE.

The Project Director is responsible for oversight of the project and must have direct experience working with an Adult Tribal Healing to Wellness Court, FTDC, or ATDC, with an in-depth understanding of its operations and of Adult or Family Drug Court Best Practice Standards or Tribal Court Model Key Components. They must also be able to demonstrate an understanding of evidence-based SUD treatment, the role and scope of long-term recovery supports, and the long-term nature of SUDs.

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 fy-2024-samhsa-treatment-drug-courts-ti-24-004.pdf](#) 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](#) [fy-2024-samhsa-treatment-drug-courts-ti-24-004.pdf](#)

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

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.**

Delivery of Services

SAMHSA Treatment Drug Courts grant recipients are required to begin delivery of services no later than four months post award, i.e **01/28/2025**

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.

Funding Limitations/Restriction Reminder

As specified in the Notice of Funding Opportunity (NOFO), SAMHSA recipients must comply with SAMHSA's standard funding restrictions, see Appendix I Standard Funding Restrictions on page 67-68 of NOFO.

SPECIAL CONDITIONS

Funding Limitations/Restrictions

By **11/29/2024**, submit via eRA Commons **Completed Funding Limitations/Restrictions Table(s)** per the SAMHSA Budget Template, available at <https://www.samhsa.gov/grants/how-to-apply/forms-and-resources>.

As specified in the Notice of Funding Opportunity (NOFO), your budget must reflect the following funding limitations/restrictions:

- o No more than 15 percent of the total award for the budget period may be used for developing the infrastructure necessary for expansion of services.

o No more than 20 percent of the total award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

o Funds may be used for HIV rapid testing.

o Funds (when no other funds are available) may be used for viral hepatitis (B and C) testing, including purchasing test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.) and training for staff related to viral hepatitis (B and C) testing, for applicants electing to develop and implement plans for viral hepatitis testing and services.

Be sure to identify these expenses in your proposed budget.

Specifically identify the budget items associated with these costs and provide a summary budget table to demonstrate the budget is in compliance. A separate table should be completed for each funding limitation listed above. For further guidance, refer to SAMHSA's [sample budget PDF](#) for an example of a completed Funding Limitations/Restrictions table (p 12-13).

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*.

Submit Disclosure of Lobbying Activities / SF-LLL Form

By **11/29/2024**, submit via eRA Terms Tracker **Disclosure of Lobbying Activities (SF-LLL)**.

The SF-LLL form was not included with the application package. For SAMHSA to determine whether your organization participates in lobbying activities, please provide a signed version of the SF-LLL for record purposes. If your organization does not participate in lobbying activities, indicate Not Applicable at the top of the form, complete Sections 1-4, 6, 7, and 11, and submit.

A blank SF-LLL is available at <https://www.grants.gov/web/grants/forms/sf-424-family.html>.

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**.

STANDARD TERMS AND CONDITIONS

Data Collection and Performance Measurement

Data Collection/Performance Measurement All SAMHSA recipients are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your plan for data collection and reporting in your Project Narrative in response to Section E: Data Collection and Performance Measurement in Section V of this NOFO.

Recipients are required to report performance on measures such as the following:

- number of individuals served
- diagnoses
- abstinence from substance use
- housing stability
- employment/education status
- social connectedness
- health/behavioral/social consequences
- access to treatment
- treatment(s) provided
- retention in treatment
- criminal justice involvement

The contractor for the SPARS system will provide technical assistance and training to SAMHSA recipients.

This information will be gathered using a uniform data collection tool provided by SAMHSA. Recipients are required to submit data via SAMHSA's Performance Accountability and Reporting System (SPARS); and access will be provided upon award. An example of the required data collection tool (i.e., National Outcome Measures (NOMs) or NOMS client level services tool) can be found [here](#). This information will be gathered using SAMHSA's Performance Accountability and Reporting System (SPARS); access will be provided upon award.

In addition to these measures, recipients will be expected to collect and report data on the frequency and type of substance use 90 days prior to incarceration. Recipients will be required to collect data via a face-to-face interview using this tool at three data collection points: intake to services, six months post intake, and at discharge. Recipients will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. Data are to be submitted through the specific online data collection tool within seven days of data collection or as specified after award. GPRA training and technical assistance will be offered to recipients.

Performance data will be reported to the public as part of SAMHSA's Congressional Justification.

The collection of these data enables SAMHSA to report on key outcome measures relating to the program. In addition to these outcomes, performance measures collected by recipients will be used to demonstrate how SAMHSA's programs are reducing disparities in behavioral health access, retention, service use, and outcomes nationwide.

Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

Project Performance Assessment

In addition, recipients are required to report on their progress addressing the goals and objectives identified in your Project Narrative. Recipients must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve the management of their project. The project 13 performance assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you

intend to achieve and whether adjustments need to be made to your project.

Performance assessments should be used to determine whether your project is having/will have the intended impact on behavioral health disparities. Recipients should also review the behavioral health Disparities Impact Statement (DIS) submitted within the first two months of the award. See Section VI.3 for information on required progress reports.

Annual Programmatic Progress Report

SAMHSA Treatment Drug Courts grants recipients are required to submit a **Semi-Annual Programmatic Progress Reports** (at 6 months and 12 months). The six-month report is due no later than 30 days after the end of the second quarter. **The Annual progress report** is due within 90 days of the end of each budget period.

By 04/28/2025, submit via eRA Commons: **The six-month Programmatic Progress Report**.

By 12/28/2025 submit via eRA Commons the **Annual Programmatic Progress Report**.

The report must discuss:

- Updates on key personnel, budget, or project changes (as applicable);
- Progress achieving goals and objectives and implementing evaluation activities;
- Progress achieved in the project which should include qualitative and quantitative data (GPRA) to demonstrate programmatic progress to include updates on required activities, successes, challenges, and changes or adjustments that have been made to the project;
- Barriers encountered, including challenges serving populations of focus efforts to overcome these barriers;
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges;
- 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;
- Progress addressing quality care of underserved populations related to the Disparity Impact Statement (DIS);
- Evaluation activities for tracking DIS efforts; and
- A revised quality improvement plan if the DIS does not meet quality of care requirements as stated in the DIS.

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 the GPRA requirements that include the collection and periodic reporting of performance data as specified in the FOA 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_Granttee.pdf
- Instructions on **how to submit an 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 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 F](#), 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.

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