

WEST VIRGINIA
Department of



Bureau for Behavioral Health and Health Facilities

Announcement of Funding Availability

Prevention works! Treatment is effective! And Recovery happens!



Proposal Guidance and Instructions

**AFA Title: PROJECTS FOR ASSISTANCE
IN TRANSITION FROM HOMELESSNESS (PATH)
Targeting Regions 2 and 4
AFA Number: AFA 07B-2014 AMH REPOST**

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
350 Capital Street, Room 350
Charleston, WV 25301-3702

*For Technical Assistance please include the AFA # in the
subject line and forward all inquiries in writing to:*

DHHRBHHFAnnouncement@wv.gov

Key Dates:	
Date of Release:	October 21, 2013
TECHNICAL ASSISTANCE MEETING:	November 1, 2013
Letter of Intent Deadline:	November 8, 2013 Close of Business – 5:00PM
Application Deadline:	November 22, 2013 Close of Business–5:00PM
Funding Announcement(s) To Be Made:	December 15, 2013
Funding Amount Available:	Not to exceed: \$96,548

The following is a guide and instructions for submitting a proposal to the Bureau for Behavioral Health and Health Facilities (BBHFF). The document includes general contact information, program information, administrative, and fiscal requirements. Responses must be submitted using the required AFA Application Template available at DHHR.WV.GOV/BHFF/AFA. Responses must be submitted electronically via email to DHHRBHHFAnnouncement@wv.gov with the AFA Title and Number in the subject line. All submissions must be received no later than 5:00 PM on the application deadline date. Notification that the proposal was received will follow. Paper copies of proposals will not be accepted. It is the sole responsibility of applicants to insure that all documents are received by deadline dates. Incomplete proposals or proposals submitted after the application deadline will not be reviewed.

LETTER OF INTENT

All organizations planning to submit an application for an Announcement of Funding Availability (AFA) are asked to submit a Letter of Intent (LOI) by **November 8, 2013** **Close of Business – 5:00PM** to the email address: DHHRBHFAnnouncement@wv.gov prior to submission of the AFA.

Please list the AFA Title and Number found on Page 1 of this document in the email subject line.

These letters of intent shall serve to document the applicant's interest in providing each type of service (AFA) and will not be considered binding until documented receipt of the application.

RENEWAL OF AWARD

The BBHFF may renew or continue funding beyond the initial fiscal year award for a period not to exceed one additional fiscal year period beyond the stated AFA period (June 1, 2013 through June 30, 2014). As such, at the discretion of the BBHFF funding may be renewed for a period no later than July 30, 2016. Future funding will be contingent on availability of funds and successful implementation of goals and documented outcomes.

LEGAL REQUIREMENTS

All applicants must be able to provide proof of 501(c) 3 status and a valid West Virginia business license. If the applicant is not already registered as a vendor in the State of West Virginia, this must either be completed by the award notification date or the vendor must demonstrate proof of such application. It is also required that the applicants have a System for Award Management (SAM) registration and have a Dun & Bradstreet or DUNS number. For more information visit: <https://www.sam.gov>

The Grantee is solely responsible for all work performed under the agreement and shall assume all responsibility for services offered and products to be delivered under the terms of the award. The State shall consider the designated Grantee applicant to be the sole point of contact with regard to all contractual matters. The Grantee may, with the prior written consent of the State, enter into written sub agreements for performance of work; however, the grantee shall be responsible for payment of all sub awards.

FUNDING AVAILABILITY

Funding for **PATH** will be awarded based on accepted proposals that meet all of the required criteria contained within this document. Funding availability for this AFA is as follows:

REGION(s)	REGIONAL FUNDING AVAILABILITY Not to exceed:
2 and 4	\$96,548

The total amount of funding available for both regions is \$96,548

MATCH

Grantees must contribute a direct match of non-federal contributions that is not less than \$1 of each \$3 of Federal PATH funds. Non-Federal contributions may be cash or in kind, fairly evaluated, including plant, equipment, or services.

The amount requiring match for each grantee will be determined by funding awarded based on accepted proposals.

Please note that PATH grant funds may not be expended:

- To support *operation of* emergency shelters or construction of housing facilities ;
- For inpatient psychiatric treatment costs or inpatient substance abuse treatment costs;
- To make cash payments to intended recipients of mental health or substance abuse services

Start Up Costs

Applicants who wish to request reasonable startup funds for their programs must submit a separate "Startup" target funded budget and budget narrative along with their proposals.

For the purposes of this funding startup costs are defined as non-recurring costs associated with the setting up and opening of a program, such as fees, registrations, training, equipment purchases, renovations and/or capital expenditures.

For the purposes of proposal review, all startup costs requests submitted by the applicant will be considered to be necessary for the development of the service and/or program outlined in the applicant proposal. As such, where/if capital/start-up costs exceed funding availability BBHMF staff will contact the applicant agency and arrange a time to meet and discuss.

BACKGROUND INFORMATION

The West Virginia Bureau for Behavioral Health and Health Facilities (BHFF) is requesting proposals to provide services for persons who are experiencing homelessness and have serious mental illnesses and co-occurring substance use disorders, with a particular emphasis on persons most in need of services and on services which are not supported by existing mental health programs.

The target population to be served is West Virginia adults and families that meet the State's definition of homelessness (which is based on the 2013 PATH Request For Application) and reflects the Center for Mental Health Services (CMHS) definition of homelessness which includes, but is not limited to the following:

Definitions

A. Individual Experiencing Homelessness:

An individual who lacks housing (without regard to whether the individual is a member of the family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.

B. Imminent Risk of Becoming Homeless:

Imminent risk of homelessness includes the following criteria: doubled-up living arrangements where the individual's name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, and being discharged from a health care or criminal justice institution without a place to live.

C. Serious Mental Illness:

Persons ages 18 or over with a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.

D. Co-occurring Serious Mental Illness and Substance Use Disorders:

Individuals who have at least one serious mental disorder and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.

REGIONS IN WEST VIRGINIA

The BBHFF is currently utilizing the six region approach designated by the Governor's Advisory Council on Substance Abuse (GACSA).

Region 1: Hancock, Brooke, Ohio, Marshall, and Wetzel Counties

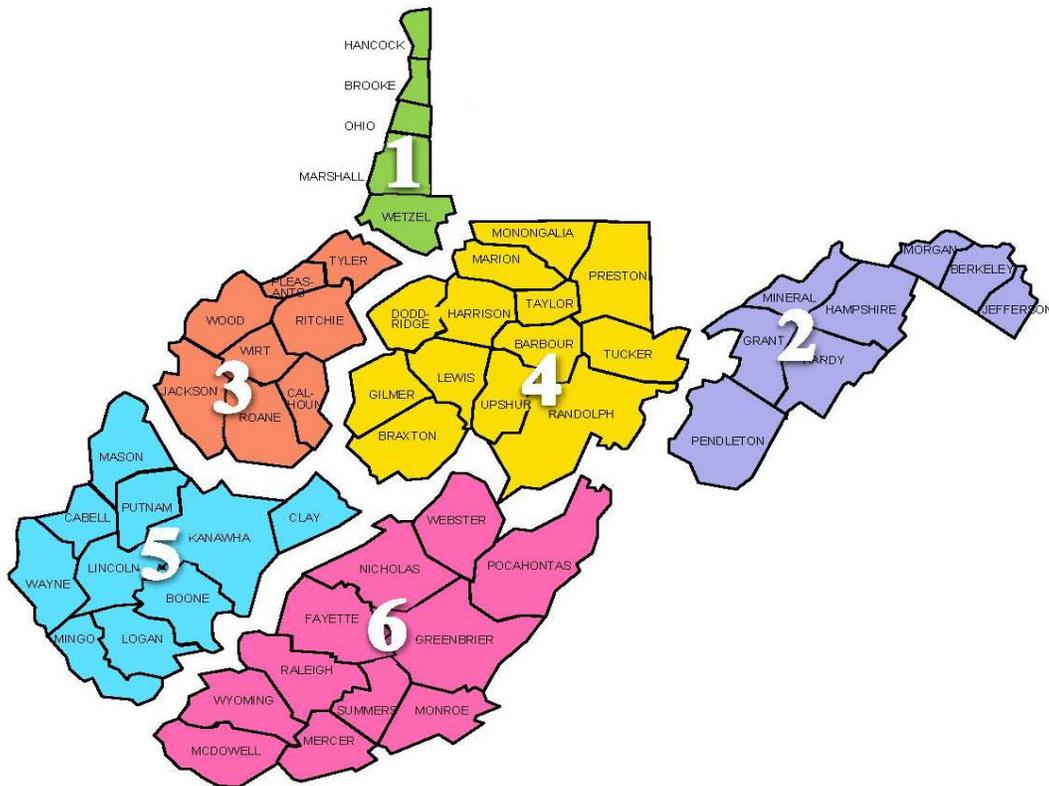
Region 2: Morgan, Berkeley, Jefferson, Mineral, Hampshire, Grant, Hardy, and Pendleton Counties

Region 3: Tyler, Pleasants, Wood, Ritchie, Wirt, Jackson, Roane, and Calhoun Counties

Region 4: Monongalia, Marion, Preston, Doddridge, Harrison, Taylor, Barbour, Tucker, Gilmer, Lewis, Upshur, Randolph, and Braxton Counties

Region 5: Mason, Cabell, Putnam, Kanawha, Clay, Wayne, Lincoln, Boone, Mingo, and Logan Counties

Region 6: Webster, Nicholas, Pocahontas, Fayette, Greenbrier, Raleigh, Summers, Monroe, Wyoming, McDowell, and Mercer Counties



Section One: **INTRODUCTION**

Individuals and families cannot be healthy without positive mental health and freedom from addictions and abuse of substances. Prevention, treatment, and recovery support services for behavioral health are important parts of health service systems and communitywide strategies that work to improve health status and lower costs for individuals, families, businesses, and governments.

Substance abuse, addictions, poor emotional health, and mental illnesses take a toll on individuals, families, and communities. They cost money, and they cost lives, in the same way that physical illnesses that are not prevented, are left untreated, or are poorly managed. Their presence exacerbates the cost of treating co-morbid physical diseases and results in some of the highest disability burdens in the world compared with other causes of disability. The impact on American's children, adults, and communities is enormous:

- *The annual total estimated societal cost of substance abuse in the United States exceeds \$600 billion annually and includes:*
 - *193 billion for illicit drugs¹*
 - *193 billion for tobacco²*
 - *235 billion for alcohol³*
- *Serious mental illnesses cost society \$193.2 billion in lost earnings per year.⁴*
- *By 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability worldwide.⁵ In 2009, there were an estimated 45.1 million adults aged 18 or older in the United States with any mental illness in the past year. This represents 19.9 percent of all adults in the U.S.⁶*
- *Two million (8.1%) youth aged 12 to 17 had a major depressive episode during the past year with only 34.7 percent of these adolescents suffering from major depressive episodes received treatment during this period.⁷*

- *In 2009, an estimated 23.5 million Americans aged 12 and older needed treatment for substance use but only 11.2 percent of those people receive treatment*⁸
- *Half of all lifetime cases of mental and substance use disorders begin by age 14 and three-fourths by age 24.*⁹

West Virginia, in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), is working to improve understanding about mental and substance use disorders, promote emotional health and the prevention of substance abuse and mental illness, increase access to effective treatment, and support recovery.

Leading by Change: A Plan for SAMHSA's Roles and Actions

West Virginia is committed to creating communities wherein collaboration is central to the planning and development of community based services. Collaboration may include individuals, families, schools, faith-based organizations, coalitions, agencies, associations and workplaces supporting our statewide capacity to take action to focus on behavioral health prevention and promotion efforts supporting improved emotional and physical health of WV citizens.

Prevention works! Treatment is effective! And Recovery happens!

The principles that guide the work of the Bureau for Behavioral Health and Health Facilities are aligned with SAMHSA in understanding that the evidence base behind behavioral health prevention, treatment and recovery services continues to grow and promises better outcomes for people with and at risk for mental and substance use disorders.

Behavioral Health Integration

As health reform efforts are being enacted and SAMHSA is promoting the importance of integrated behavioral health, it is necessary for WV to align its thinking and planning processes within these parameters. In so doing we must continually review, assess and acquaint ourselves with the climate of our state and through the careful collections and

review of key indicators and prevalence data. Included below are indicators considered in the development and evolution of the behavioral health system of care in WV:

Substance Abuse in WV

- *Prescription drug overdoses in WV rose 300% from 164 deaths in 2001 to 656 deaths in 2011.*¹⁰
- *In 2010, Alcohol was a factor in 31% of fatal motor vehicle accidents in WV.*¹¹
- *In 2011, WV had the highest annual number of retail prescription drugs filled at pharmacies nationwide at 19.3 per capita.*¹²
- *Opiates are the number one cause of death associated with drug overdoses in WV.*¹³
- *In 2010 the WV Poison Control Center received 4 calls related to bath salt exposures; in 2011 the number increased to 253 exposure calls – a 6200% increase in one year's time.*¹⁴
- *Hospitalization admissions with an alcohol abuse/dependence related diagnosis at discharge rose 11% from 2005 to 2009.*¹⁵

Mental Illness in WV

- *Almost 8% of West Virginians at least one major depressive episode within the past year.*¹⁶
- *In 2010, approximately 25.1% of the people experiencing homelessness staying in shelters in WV reported mental illness and/or substance abuse.*¹⁷
- *The WV age-adjusted suicide rate in 2010, 14.1 per 100,000 population, was above the national average at 12.1 per 100,000 population*¹⁸
- *In 2011, over 10% of WV's youth reported making a suicide plan in the past year.*¹⁹
- *Over 5% of students in grades 9 through 12 reported a suicide attempt within the past 12 months.*²⁰
- *In 2010, almost 30% of domestic violence survivors identified that substance abuse was a contributing factor to their abuse.*²¹

Strategic Direction

The West Virginia Plan is aligned with the WV's 2012 SAMHSA Integrated Block Grant Application and will be updated annually to insure continued consistency. Both documents can be located as follows for reference:

The SAMHSA Integrated Block Grant Application can be found at the following link:

<http://www.dhhr.wv.gov/bhbf/resources/Pages/FinancialResources.aspx>

The WV Comprehensive Substance Abuse Strategic Action Plan may be found at:

<http://governorssubstanceabusetaskforceswv.com/images/Resources/strategicactionplan-info.pdf>

Behavioral Health Prevention, Treatment and Recovery System Goals	
Priority 1 Assessment and Planning	Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the WV behavioral health service delivery system.
Priority 2 Capacity	Build the capacity and competency of WV's behavioral health workforce and other stakeholders to effectively plan, implement, and sustain comprehensive, culturally relevant services.
Priority 3 Implementation	Increase access to effective behavioral health prevention, early identification, treatment and recovery management that is high quality and person-centered.
Priority 4 Sustainability	Manage resources effectively by promoting good stewardship and further development of the WV behavioral health service delivery system.

Section Two: **SERVICES DESCRIPTION**

PATH funding provides States and territories with the capacity to establish and/or develop flexible community-based services for persons with serious mental illnesses and co-occurring substance use disorders who are homeless or at imminent risk of becoming homeless.

PATH-eligible services consist of:

- Outreach services;
- Screening and diagnostic treatment services;
- Habilitation and rehabilitation services;
- Community mental health services;
- Alcohol or drug treatment services;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where persons who are experiencing homelessness require services;
- Case management services, including:
 - Preparing a plan for the provision of community mental health services to eligible homeless individuals involved, and reviewing such plan not less than once every 3 months
 - Providing assistance in obtaining and coordinating social and maintenance services for eligible homeless individuals, including services relating to daily living activities, peer support services, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational services, and housing services;
 - Providing assistance to eligible homeless individuals in obtaining income support services, including housing assistance food stamps, and supplemental security income benefits;

- Referring eligible homeless individuals for such other services as may be appropriate; and
 - Providing representative payee services in accordance with section 1631 (a)(2) of the Social Security Act (42 U.S.C. 1381 (a)(2)) if eligible homeless individuals are receiving aid under title XVI of such act (42 U.S.C. 1381 et seq.) and if the applicant is designated by the Secretary to provide such services.
- Supportive and supervisory services in residential settings;
 - Referrals for primary health services, job training, educational services, and relevant housing services;
 - Housing services as specified in Section 522 (b)(10) of the Public Health Service Act, including:
 - Minor renovation, expansion, and repair of housing;
 - Planning of housing;
 - Technical assistance in applying for housing assistance;
 - Improving the coordination of housing services;
 - Security deposits;
 - Costs associated with matching eligible homeless individuals with appropriate housing situations;
 - One-time rental payments to prevent eviction

Although PATH funds can be used to support this array of services, applicants are encouraged to use the resources to fund street outreach, case management, and services which are not financially supported by mainstream behavioral health programs.

SAMHSA's 8 Strategic Initiatives

The Substance Abuse and Mental Health Services Administration (SAMHSA) was established in 1992 and directed by Congress to effectively target substance abuse and mental health services to people most in need and to translate research in these areas more effectively and more rapidly into the general health care system. Over the years SAMHSA has demonstrated that - prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement

in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the Nation's health.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities by improving the quality and availability of substance abuse prevention, alcohol and drug abuse treatment, and mental health services. In order to achieve this mission, SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities. These initiatives will focus SAMHSA to shift its programs to better complement the shifting policy landscape resulting from the Affordable Care Act and Parity. Housing and homelessness resides in SAMHSA's strategic initiative - Recovery Support. This initiative includes objectives designed to provide housing and reduce barriers to accessing effective services that sustain recovery for individuals with serious mental illnesses and substance use disorders who are homeless.

PATH grantees are expected to consider these initiatives in addressing the needs of individuals with serious mental illnesses who are homeless and also have a co-occurring substance use disorder. These initiatives can be accessed at <http://www.samhsa.gov/about/strategy.aspx>.

The PATH program will support the delivery of eligible services to persons who are homeless and have serious mental illnesses and co-occurring substance use disorders, with a particular emphasis on (a) adults, (b) persons who are literally homeless, (c) street outreach (d) case management and (e) services which are not supported by mainstream mental health programs. To further achieve this delivery of services, PATH has established two programmatic goals:

Goal 1: Strengthen and increase referrals and linkages to permanent housing that support recovery. In keeping with SAMHSA's Strategic Initiative on Recovery Support, this goal supports street outreach and case management activities to ensure that individuals who have a serious mental illness or co-occurring mental illness and substance use disorders are referred and linked to permanent housing opportunities. Please demonstrate your plan on how your agency plans to meet this goal. Describing in detail how your activities and use of PATH funds will increase referrals and linkages to enable PATH recipients of services to obtain permanent housing that supports their recovery.

Goal 2: Within the next 1-3 years all PATH programs will Migrate PATH Data into the Homeless Management Information System (HMIS). This goal enables SAMHSA to report reliable and consistent client-level and aggregate data on the performance of the PATH program. HMIS is a software application designed to record and store client-level

information on the characteristics and service needs of homeless persons. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate care, manage their operations, and better serve their client. For more information on HMIS, visit www.hmis.info. Organizations may request Technical Assistance regarding HMIS through this website.

SAMHSA will continue to partner with the U.S. Department of Housing and Urban Development (HUD) to support the States and providers in meeting the 2-4 year expectations of this goal. This support will include such activities as intensive training and technical assistance. In addition, PATH providers will have flexibility to use PATH administrative funds to support HMIS activities. Please describe your agencies' plan for the use of PATH administrative funds to support HMIS activities in detail with estimated timelines for accomplishing each goal which will lead to the successful Migration of PATH Data into the HMIS.

Section Three: **PROPOSAL INSTRUCTIONS / REQUIREMENTS**

Eligible applicants must provide proof of 501(c) 3 status and possess a valid West Virginia business license.

All proposals must include a one-page proposal abstract. The abstract should include the project name, description of the population to be served, planned strategies/interventions, and a general overview of project goals and measurable objectives, including the number of people projected to be served annually. Project abstracts may be used for governmental reports and public release. As such, all applicants are encouraged to provide a well-developed abstract document not exceeding 35 lines in length.

All applications will be reviewed by the BBHMF staff for administrative compliance with all required guidelines. All applications passing the administrative review will be subsequently forwarded to an independent grant review team which will score the proposal narrative consisting of five areas:

Proposal Instructions

The proposal must be prepared using Microsoft Word, 12-point Arial or Times New Roman font, with one inch (1”) margins top, bottom, left, and right. The proposal must be single-spaced and include page numbers on the bottom of each page. All elements of Section One must be addressed and must be no longer than ten (10) pages in length. All elements of Section Two must be addressed and must be no longer than two (2) pages in length. All elements of Section Three must be addressed and must be no longer than four (4) pages in length. The entire proposal should not exceed sixteen (16) pages. When documenting collaborations or partnerships with other organizations who have committed to the proposal, that information may be listed on up to four (4) single spaced pages as an attachment and will not count toward page limits set forth herein. Please list full partner information including agency name, their responsibilities for the proposed project, address, phone, key contact person and email address.

Proposal Narrative	50 Points	Page 15-16
Expected Outcome/Products	20 Points	Page 17
Budget/Budget Narrative	30 Points	Page 17

Section Four: **PROPOSAL OUTLINE**

All proposal submissions must include the following components without exception.

Abstract:

Provide a brief description of the project proposed as earlier set forth in this announcement and as provided for on the proposal template |

Proposal Narrative (Up to 50 points)

- I. Describe applicant organization to include its mission, history, and evidence of capability to achieve proposed goals.
- II. Describe area(s) to be served, including any unique circumstances characterizing those areas. Please include:
Counties Served:
Days a week (per county)
Hours of operation (per county)
- III. Describe applicant organization's present ongoing programs, services, and facilities.
- IV. Describe how consumers and their families will be involved at the organizational level in the planning, implementation, and evaluation of PATH funded services. Are PATH eligible consumers serving on formal advisory boards?
- V. Describe the process for participating in the Homeless Management Information System.
- VI. Describe the process for identifying and connecting with individuals in need of PATH services, as defined.
- VII. Describe the process for including minorities and other underserved populations.
- VIII. Describe services which target veterans who are experiencing homelessness and how the needs of service members, veterans, and military families will be addressed.
- IX. Project the number of enrolled clients who will receive PATH-funded services in FY 2014. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e. living outdoors or in an emergency shelter, rather than at imminent risk of homelessness).
- X. Provide a detailed program description and list services to be provided using PATH funds, including, but not limited to, the following:

- A. Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.
 - B. Strategies that will be used to target PATH funds for street outreach and case management as priority services.
 - C. Services available for consumers who have both a serious mental illness and substance use disorder.
 - D. Strategies for making suitable housing available to PATH consumers (e.g., indicate the type of housing usually provided and the name of the agency that provides the housing).
 - E. Describe organizations participation in the HUD Continuum of Care program and any other local planning, coordination or assessment activities.
 - F. Describe coordination with community organizations that provide key services (Primary Health, Mental Health, Substance Abuse, Housing, and Employment) to PATH eligible consumers.
- XI. Identify gaps in the current service system.
 - XII. Plan for program expansion and sustainability efforts to take place (Outline a three year plan for the project that includes goals within those time lines).
 - XIII. Explain the extent to which staff who are implementing the project are qualified..
 - XIV. Describe your organizations process for collecting and evaluating corresponding data and measures.
 - XV. **Additional Service Components:**

Plan for resources identification and development of community services and supports with the designated catchment area to include:

- Development MOUs with outside agencies, including those providing PATH services in the catchment area to support access to behavioral health services for individuals who are receiving PATH services.
- Identification of resources NOT currently available to the targeted population within the designated catchment area and work towards accessing or developing those resource and;
- Provision of attendance by agency representatives at all PATH meetings and participation in an annual retreat to enhance the quality of any and all PATH services provided to consumers.

Expected Outcome/Products (Up to 20 points)
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Expected Outcome/Products:

Describe the specific outcomes expected from the planned activities and strategies:

1. Number of duplicated and unduplicated individuals evaluated each month for PATH services.
2. Number of duplicated and unduplicated individuals evaluated who were accepted and enrolled in PATH Services.
3. Number of duplicated and unduplicated individuals enrolled as PATH clients who received PATH services using PATH funds.
4. Total duplicated and unduplicated number of consumers contacted using PATH funds in FY 2014 and how many will be adults and literally homeless.
5. Number of duplicated and unduplicated individuals enrolled in PATH services that accessed a) transitional housing and b) permanent housing.
6. Number of duplicated and unduplicated individuals enrolled in PATH services that were discharged from PATH services.
7. Number of duplicated and unduplicated individuals who received case management services.

Budget/Budget Narrative (Up to 30 points)
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Budget/Budget Narrative:

1. Provide a proposed FY 2014 Target Funding Budget (TFB) with details by line item. (Form on website)
2. Provide a budget narrative with specific details on how funds are to be expended.
3. Provide a description of any potential for other funds or in kind support. Provide in narrative format.
4. Clearly define startup costs and/ or expenses associated with project.

Section Six: **TECHNICAL ASSISTANCE**

The **Bureau for Behavioral Health and Health Facilities (BBHFF)** will provide technical assistance to all applicants through a scheduled technical assistance meeting and/or conference call as indicated on Page 1 of this document.

Technical assistance needs may also be submitted via email to: DHHRBHFFAnnouncement@wv.gov. All emailed technical assistance inquiries will be addressed by the BBHFF and posted to a Frequently Asked Questions (FAQ) document on the BBHFF website available at DHHR.WV.GOV/BHFF/AFA.

1. **Additional data resources** are available at the BBHFF website. Explore 'Links' to all Division Teams,
2. **WV Behavioral Health Profile** (also accessible by clicking 'Resources' on DADA webpage): Contains Statewide data pertaining to Substance Abuse and Mental Health issues, includes substance-specific data, suicide trends, etc.:
<http://www.dhhr.wv.gov/bhff/resources/Documents/WV%202012%20Behavioral%20Health%20Profile.pdf>
3. **WV County Profiles:** Contains county-level data pertaining to SA/MH issues, uses convenient 'at a glance' format:
<http://www.dhhr.wv.gov/bhff/sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Research/Pages/CountyProfiles.aspx> |

Appendix A
Other Financial Information

Allowable costs:

Please note that Departmental Policies are predicated on requirements and authoritative guidance related to Federal grants management and administrative rules and regulations, Grantees shall be required to adhere to those same requirements when administering other DHHR grants or assistance programs, the source of which is non-Federal funds (e.g. state-appropriated general revenue and appropriated or non-appropriated special revenue funds) unless specifically provided direction to the contrary.

Cost Principles:

For each kind of grantee organization, there is a set of Federal cost principles for determining allowable costs. Allowable costs are determined in accordance with the cost principles applicable to the organization incurring the costs. The following chart lists the kinds of organizations and the applicable cost principles. The Grantee agrees to comply with the applicable cost principles as set forth below.

If the Grantee is a:	OMB Circulars Codified at:
State, local or Indian tribal government use the cost principles in OMB Circular A-87 .	DHS codified at 45 C.F.R. § 92 and 45 C.F.R. § 95 USDA codified at 7 C.F.R. § 3016 ; EDUC codified at 34 C.F.R. § 80 ; EPA codified at 40 C.F.R. § 31 .
Private nonprofit organization other than an (1) institution of higher education, (2) hospital, or (3) organization named in OMB Circular A-122 as not subject to that circular use the cost principles in OMB	DHS codified at 45 C.F.R. § 74 ; USDA codified at 7 C.F.R. § 3019 ; EDUC codified at 34 C.F.R. § 74 ;

Circular A-122.	EPA codified at 40 C.F.R. § 30.
Educational Institution use the cost principles in OMB Circular A-21.	DHS codified at 45 C.F.R. § 74; USDA codified at 7 C.F.R. § 3019; EDUC codified at 34 C.F.R. § 74; EPA codified at 40 C.F.R. § 30.
Hospital use the cost principles in Appendix E of 45 C.F.R. § 74.	DHS codified at 45 C.F.R. § 74; USDA codified at 7 C.F.R. § 3019; EDUC codified at 34 C.F.R. § 74; EPA codified at 40 C.F.R. § 30.
For-profit organization other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular use the cost principles in 48 C.F.R. pt. 31 Contract Cost Principles and Procedures.	DHS codified at 45 C.F.R. § 74; USDA codified at 7 C.F.R. § 3019; EDUC codified at 34 C.F.R. § 74; EPA codified at 40 C.F.R. § 30.

Grantee Uniform Administrative Regulations:

For each kind of grantee organization, there is a set of Federal uniform administrative regulations. The following chart lists the kinds of organizations and the applicable uniform administrative regulations for each listed type of grantee.

If the Grantee is a:	OMB Circulars Codified at:
State, local or Indian tribal government use the uniform administrative requirements in OMB Circular A-102.	Department of Health and Human Services (DHS) codified at 45 C.F.R. § 92 and 45 C.F.R. § 95; Department of Agriculture (USDA) codified at 7 C.F.R. § 3016; Department of Education (EDUC) codified

	<p>at 34 C.F.R. § 80;</p> <p>Environmental Protection Agency (EPA) codified at 40 C.F.R. § 31.</p>
<p>Private nonprofit organization, institutions of higher education, or a hospital use the uniform administrative requirements in OMB Circular A-110.</p>	<p>DHS codified at 45 C.F.R. § 74;</p> <p>USDA codified at 7 C.F.R. § 3019;</p> <p>EDUC codified at 34 C.F.R. § 74;</p> <p>EPA codified at 40 C.F.R. § 30.</p>
<p>For-profit organization use the uniform administrative requirements in OMB Circular A-110.</p>	<p>DHS codified at 45 C.F.R. § 74</p> <p>USDA codified at 7 C.F.R. § 3019;</p> <p>EDUC codified at 34 C.F.R. § 74;</p> <p>EPA codified at 40 C.F.R. § 30.</p>