

Announcement of Funding Availability

Substance Use and Misuse Regional Prevention Lead Organizations (PLOs)

Proposal Guidance and Instructions

Announcement of Funding Availability (AFA):

Substance Use and Misuse Regional Prevention Lead Organizations (PLOs)

Regions of Focus: Statewide, Regions 1-6

AFA Number: AFA-09-2022

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health (BBH)

For Technical Assistance please include AFA-09-2022 in the
subject line and forward all inquiries in writing to
DHHRBBHAnnouncements@wv.gov

Find more information about BBH funding opportunities at
<https://dhhr.wv.gov/BBH/funding/Pages/default.aspx>

Key Dates and Other Information

Date of Release	May 3, 2022
Technical Assistance	Submit written requests to DHHRBBHAnnouncements@wv.gov A frequently asked questions (FAQ) document will be posted at https://dhhr.wv.gov/BBH/funding/Pages/default.aspx
Application Deadline	June 21, 2022, at 5 p.m.
Funding Announcement(s)	To be posted on BBH website
Ongoing Funding Available Primary Prevention Set-Aside of the SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG)	\$2,658,282 statewide Region 1 -- \$197,847 Region 2 -- \$387,445 Region 3 -- \$292,284 Region 4 -- \$603,216 Region 5 -- \$637,336 Region 6 -- \$540,154
Time-Limited Funding Available Discretionary SAMHSA Primary and Secondary Prevention Grants	Partnerships for Success (PFS) through 09/29/2023 \$321,866 per region State Opioid Response (SOR) Regional Adult Intervention Specialists (RAIS) through 09/29/2024 \$66,421 per region SOR Coalition Engagement Specialists (CES)/Regional Coordinators through 09/29/2024 Region 3 -- \$246,320 Regions 1, 2, 4, and 6 -- \$327,640 Region 5 -- \$408,960 Strategic Prevention Framework for Prescription Drugs (SPF Rx) through 09/29/2026 \$21,979 per region
Geographic Areas	Statewide, through six regions
Eligible Applicants	Non-profit organizations/coalitions licensed to operate as businesses in West Virginia (Agencies serving as evaluators for BBH prevention initiatives are not eligible.)

AFA IMPETUS AND ELIGIBLE APPLICANTS

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health (BBH), Office of Children, Youth, and Families is seeking proposals for six regional Substance Use and Misuse Regional Prevention Lead Organizations (PLOs) primarily funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SABG), along with time-limited SAMHSA discretionary grants.

BBH implemented the PLO model for primary prevention service provision by region and community coalition more than a decade ago. (See the current PLOs and community coalitions at <https://helpandhopewv.org/prevention-in-your-region.html>.) Expectations and responsibilities of the PLOs and prevention generally have evolved since 2012, including the following:

- increased emphasis and updated research on evidence-based practices (EBPs);
- added positions and required activities with discretionary grant funding;
- changes in substance use trends, including increased opioid use necessitating secondary and tertiary prevention strategies;
- restructuring of the [Governor's Advisory Council](#) on Substance use;
- formation and strategic planning of the West Virginia Office of Drug Control Policy ([ODCP](#)); and
- development of a state [Prevention Strategic Plan](#) that includes multiple types of prevention.

BBH welcomes current PLOs and other non-profit organizations/coalitions licensed to operate as businesses in West Virginia to apply for this funding opportunity. Agencies serving as evaluators for BBH prevention initiatives are not eligible for this funding opportunity.

Section One: **INTRODUCTION TO BBH AND PREVENTION**

BBH is the federally designated Single State Agency and State Mental Health Authority for mental health, substance use, and intellectual and developmental disabilities in West Virginia. BBH is responsible for administering the Substance Abuse Prevention and Treatment Grant (SABG), which includes a 20 percent minimum primary prevention set-aside, and the Community Mental Health Block Grant (MHBG) from the Substance Abuse and Mental Health Services Administration ([SAMHSA](#)). Through the block grants and a combination of discretionary federal grants and state funding, BBH supports comprehensive behavioral health prevention, promotion, early intervention, treatment, and recovery programs statewide. BBH provides leadership, oversight, and coordination of policy, planning, development, funding, and monitoring of the public behavioral health system.

For prevention and several other types of services, BBH awards grants by six regions.

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

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

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

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

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

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

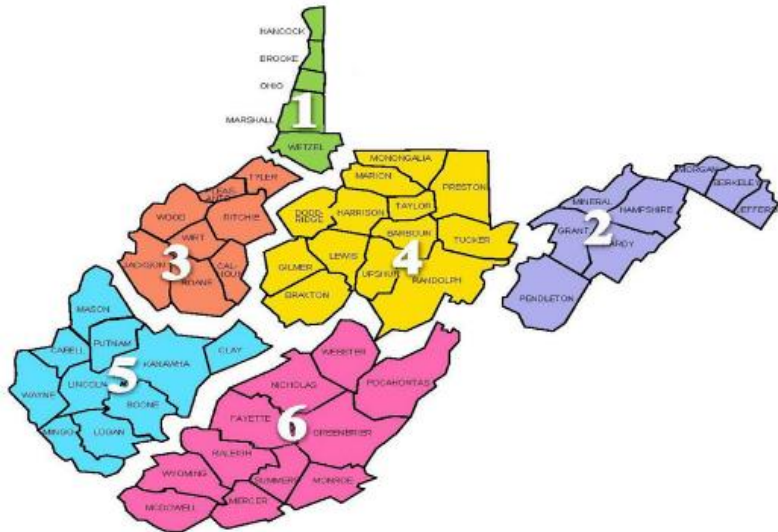


Figure 1. Six BBH Regions

The ongoing funding for this grant opportunity is pursuant to federal regulation [45 CFR §96.125](#) requiring states to use at least 20 percent of their SABG awards for **primary prevention services**. States must develop a comprehensive primary substance use and misuse prevention program that includes activities and services provided in a variety of settings focused on individuals of all ages who have not been determined to require treatment for a substance use disorder (SUD) within the Institute of Medicine’s (IOM) Continuum of Care, which is illustrated in Section Two. It is the intent of BBH to continue to put SABG prevention set-aside funding and discretionary prevention funding out to AFA every five year.

In addition to SAMHSA SABG primary prevention funding, this AFA awards BBH prevention funding from SAMHSA discretionary grants, some of which also address **secondary and tertiary prevention** as described in Section Two. (Read more about primary, secondary, and tertiary prevention [here](#).) The substance use and misuse prevention programs and strategies outlined in this AFA align with the [West Virginia Prevention Strategic Plan](#) and SAMHSA guidance on substance use and misuse found in the [Focus on Prevention](#) publication.

Section Two: **SERVICE DESCRIPTION**

I. Substance Use/Misuse Primary Prevention under the SAMHSA SABG

The ongoing funding for this AFA is for primary prevention services across the lifespan under the SAMHSA SABG.

I-A. Populations of Focus. The entire lifespan (children, youth, and adult).

I-B. Required Strategies. BBH is seeking proposals that will support a modern prevention infrastructure that takes a comprehensive approach to prevention services. Applications must include the following:

1. How the organization will provide substance use and misuse prevention services using the SAMHSA Strategic Prevention Framework (SPF) planning process (<https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>) as a guide to assist communities in planning and implementing prevention strategies, programs, and activities. The SPF is a five-step process used to help communities reduce risk-taking behaviors, promote resilience, and prevent problem behaviors in individuals and families across the lifespan.



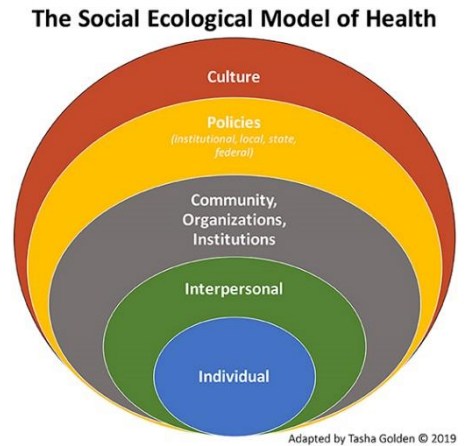
Figure 2. Strategic Prevention Framework (SPF)

2. Plans to implement evidence-based programs (EBPs) that match the region's needs identified in its strategic planning and that have demonstrated a high return on investment or significant outcomes through either national or local evaluation. BBH will fund proposals addressing evidence-based substance use disorder (SUD) prevention practices (programs, policies, and strategies) that also have a positive impact on other health and social outcomes such as education, criminal justice involvement, maternal health and wellness, violence prevention, and mental health. Benefit-cost results for many EBPs can be found at the Washington State Institute for Public Policy (<http://wsipp.wa.gov/BenefitCost>). Also see SAMHSA's *Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners*, available at https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf

3. Coordination of prevention efforts and strategies across multiple levels of impact following the Social Ecological Model (SEM). The SEM is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies.

The proposals selected and funded through this AFA must adhere to the **six prevention core strategies developed by SAMSHA's Center for Substance Abuse Prevention (CSAP)** that can be applied to most substance use issues and can help shape prevention plans. These six prevention strategies are the core of the program services identified in this AFA:

- **Information Dissemination** – this strategy provides knowledge and increases awareness of the nature and extent of alcohol and other substance use, misuse, and addiction as well as their effects on individuals, families, and communities.
- **Prevention Education** – this strategy builds skills through structured learning processes and includes the implementation of evidence-based program curriculum.
- **Positive Alternatives** – this strategy provides participation in activities that exclude alcohol and other substances and promotes healthy activities.
- **Environmental Strategies** – this strategy establishes or changes written and unwritten community standards, codes, and attitudes.
- **Community-Based Processes** - this strategy provides ongoing networking activities and technical assistance to community groups and agencies.
- **Problem Identification and Referral** – this strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in first use of illicit substances in order to assess if their behavior can be reversed through education.



Adapted by Tasha Golden © 2019
Figure 3. Social Ecological Model (SEM)

Additionally, prevention strategies must be classified using the **Institute of Medicine's (IOM) Continuum of Care Model of Universal, Selective, and Indicated preventive interventions** by the population of focus:

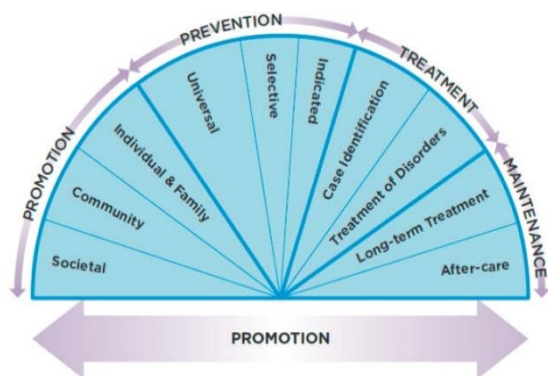


Figure 4. IOM Continuum of Care Model

Universal: Activities targeted to the public or whole population.

Selective: Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.

Indicated: Activities targeted to individuals in high-risk environments, identified as having tried substances but have not yet been identified as requiring substance use treatment.

I-C. Commitment to assist with Synar tobacco compliance inspections and related activities to prevent youth access to tobacco products.

In 1992, Congress enacted the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (PL 102-321), which includes an amendment (section 1926) aimed at decreasing youth access to tobacco. This amendment, named for its sponsor, Congressman Mike Synar of Oklahoma, required states to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18. It was amended in 2019 by Public Law 116-94, which increased the minimum age for tobacco sales from 18 to 21. States must comply with the Synar Amendment to receive their full SABG awards. Grantees under this AFA must collaborate with the BBH tobacco compliance team to coordinate annual unannounced inspections of retail tobacco outlets. Read more at <https://www.samhsa.gov/synar>.

I-D. Plans for competitive selection of community/county coalitions to receive SABG funding through the PLO. Applicants must describe plans for consistent, competitive selection criteria for community-based coalitions to cover every county in the PLO’s region.

Funding will be awarded to the highest-scoring proposal that meets all the required criteria contained within this AFA. This AFA was made possible by federal block grant funding. It is anticipated that this program will be renewed annually with a new AFA issued every three to five years.

II. SAMHSA Discretionary Prevention Funding

In addition to the ongoing SABG primary prevention funding, PLOs selected under this AFA will receive funding from BBH’s discretionary SAMHSA grants with specific populations of focus.

II-A. Partnerships for Success (PFS). The West Virginia PFS grant program aims to decrease underage drinking, intravenous drug use, and marijuana use among high-risk West Virginia students aged 9-20, through selective and indicated prevention strategies informed by the Strategic Prevention Framework (SPF); local, state, and federal data; and culturally appropriate evidence-based programs (EBPs).

The PFS population of focus is students aged 9-20 in the region who are at higher risk or showing early signs of substance use disorder (SUD), including those in foster care, living in poverty, or experiencing serious emotional disturbance (SED) or serious mental illness (SMI).

Each regional Prevention Lead Organization (PLO) will provide at least three PFS Coordinators to perform work under this grant.

II-B. State Opioid Response (SOR) Regional Adult Intervention Specialists (RAIS). Under the supervision of the PLO and with technical assistance and guidance from Prevent Suicide West Virginia, the RAIS partner to reduce opioid-related overdoses and overdose deaths that may also be suicide attempts and suicide deaths.

The RAIS will assist in the development and implementation of a collaborative and coordinated statewide prevention and intervention strategy to be integrated into the existing public and private service delivery system. The RAIS will develop committed and collaborative partnerships across adult systems and agencies to make evidence-based suicide prevention and opioid use disorder (OUD) prevention core priorities. The RAIS will integrate the Zero Suicide Approach into all facets of services and activities. Zero Suicide is a systemwide approach to improve care and outcomes for individuals at risk of suicide in healthcare systems.

The RAIS will implement practices for effective prevention of stimulant use disorder. The term “stimulant” refers to a class of drugs. The risk of harm associated with stimulants is a consequence of lifestyles characterized by polysubstance use and unhealthy practices. Stimulant use prevention must be creative in finding ways of encouraging the movements of the drug use to the periphery of individual’s lives.

The RAIS will also address vaping prevention. With a rise in prevalence of vaping device use, there is cause for great concern especially since the long-term effects of these novel products is unknown. Vaping poses a public health threat due to its limited regulation, risk of poisoning from liquid nicotine, potential injury from explosions of the devices, secondhand vapor exposure, and likelihood of addiction to liquid nicotine.

The RAIS populations of focus are the following:

- Adults (aged 18 or older) with an opioid, stimulant, or poly-substance use disorder who have experienced an overdose; and
- High-risk priority populations, including people who inject drugs (PWID); individuals re-entering the community from incarceration; pregnant, postpartum, and parenting women (PPW); people experiencing homelessness; lesbian, gay, bisexual, transgender, and questioning/queer (LGBTQ) individuals; and military veterans.

II-C. SOR Coalition Engagement Specialists/Regional Coordinators. In coordination with DHHR's Office of Drug Control Policy (ODCP), each Regional Coordinator will act as facilitator for collaborations between local coalitions and stakeholders in the community, act as a formal actor linking organizations and individuals with needs to the complementary services provider in the area, and coordinate efforts to impact the SUD crisis at a local level. To achieve the goals of collaboration and coordination between stakeholders, Regional Coordinators will host quarterly meetings with stakeholders. It is expected that through stakeholder input and resource/asset documentation, the Regional Coordinator will identify the needs of the community they serve and work with stakeholders to address unmet needs.

The Regional Coordinator will act as community leader, information hubs and linkages between individuals or organizations in need of an SUD service along the entire continuum of care. The Regional Coordinator will work closely with PLOs, RAIS, Law Enforcement Assisted Diversion (LEAD) programs, and Quick Response Teams (QRTs) to provide intensive community preventative measures to reduce the negative outcomes associated with SUD, for both individuals and the community in its totality. The Regional Coordinator will capitalize on grassroots efforts to support and promote the basic life skills and needs of individuals in recovery so they may support themselves and their families.

The SOR Regional Coordinator populations of focus are local and regional stakeholders within the Regional Coordinator's service area that conduct activities on the IOM/SUD continuum of care (prevention, early intervention, treatment, and recovery) or promote/support individuals in recovery in obtaining wellbeing and supporting themselves and their families.

II-D. Strategic Prevention Framework for Prescription Drugs (SPF Rx). The purpose of the SPF Rx program is to enhance and expand infrastructure to address prescription drug misuse among youths aged 12-17 and adults aged 18 or older. SPF Rx is tasked with the prevention and reduction of prescription drug and illicit opioid misuse and OUD through effective and evidence-based prevention strategies. The SPF Rx program is designed to raise awareness about the dangers of sharing medications and to work with pharmaceutical and medical communities on the risks of overprescribing to youths and adults.

While the SPF Rx program will meet the priority issue of prescription drug misuse prevention statewide, designated high-risk counties will be selected in each region to work with pharmaceutical and medical communities on the risks of overprescribing to young adults.

Section Four: **APPLICATION INSTRUCTIONS/REQUIREMENTS**

NEW PROCESS FOR APPLICATION SUBMISSION: All proposals must be submitted through the WVOASIS Vendor Self Services (VSS Portal) at <http://www.wvoasis.gov>. For more information and training on application submission, please use visit the following links:

- [Search VSS for Grant Funding Opportunities \(GFO\)](#)
- [Completing a Grant Funding Application \(GFA\) in VSS - \(Part 1\)](#)
- [Completing a Grant Funding Application \(GFA\) in VSS - \(Part 2\)](#)

All proposals for funding will be reviewed by BBH staff for administrative compliance, service need, and feasibility. A review team, including reviewers independent of BBH, will review the full proposals.

Application Components

1. A **Statement of Assurance** available at <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx> is required of all proposal submissions This statement must be signed by the agency's CEO, CFO, and Project Officer.
2. A completed **Proposal for Funding Application**, available at <https://dhhr.wv.gov/BBH/DocumentSearch/Funding%20Announcements/AFA%20Tools%20and%20Resources/AFA%20Proposal%20Template.pdf>.
3. **Proposal Narrative.** Applicants must use 12-point Arial or Times New Roman font, single-line spacing, and one-inch margins. Charts or graphs may be no smaller than 10-point font. Page numbers must also be included in the footer. The Project Narrative must not exceed 15 pages. References and attachments do not count toward the page limit.

The Proposal Narrative should contain the following sections:

- a. **Statement of Need and Populations of Focus (5 points):** Describe the need for proposed service(s). Applicants should identify and provide relevant data on the populations to be served, as well as the geographic area to be served, to include the specific region(s) and counties and existing service gaps.
- b. **Proposed Evidence-Based Services/Practices (5 points):** Delineate the programs/services being proposed, set forth the goals objectives for the proposed service(s), and list all evidence-based programs (EBPs) that will be used for all populations throughout the region identified in the proposal.
- c. **Proposed Implementation Approach(es) (45 points):** Demonstrate how the applicant will establish and implement strategies and subsequent activities that address both SABG and discretionary funding populations of focus, including services that address the identified needs of high-risk populations, as described in Section Two above.

Describe **how** the applicant intends to implement the proposed service(s), including the following:

1. Profile population needs, resources, and readiness to address problems and gaps in service delivery.
2. Mobilize and build capacity to address needs.
3. Develop a regional strategic prevention plan that incorporates county level prevention goals and objectives and ensures coalition members participation in development.
4. Conduct prevention activities that must include the following strategies and designated level of effort:
 - a. Information Dissemination – Level of Effort 10%
 - b. Prevention Education – Level of Effort 25%
 - c. Positive Alternatives – Level of Effort 15%
 - d. Community-Based Processes – Level of Effort 20%
 - e. Environmental Strategies – Level of Effort 25%
 - f. Problem Identification and Referral – Level of Effort 5%
5. Monitor and evaluate results and the ability to continue.
6. Hire and maintain a workforce of appropriately trained staff that can sustain the programmatic requirements and daily functions of the proposed services.
7. Demonstrate a clear understanding of the Strategic Prevention Framework (SPF) and the Social Ecological Model (SEM) outlined in this AFA.
8. Outline how county level coalitions will be selected competitively within proposed coverage region and monitored and evaluated for performance measurement and grant requirements, including the Prevention Specialist Certification. Coalitions will be reviewed annually for SABG funding.
9. Sustainability plan at regional and county level.

d. Staff and Organizational Experience (10 to 15 points): Describe the Applicant's existing capacity to carry out the proposed including how many staff currently hold the WV Prevention Specialist Certification. The applicant must also detail their plan to have all staff providing prevention services be eligible and obtain the WV Prevention Specialist Certification within the first year of grant. BBH requires individuals providing primary prevention through this grant hold the WV Prevention Specialist Certification. Information regarding requirements for this certification can be found at the West Virginia Certification Board for Addiction and Prevention Professionals <https://www.wvcbapp.org/>.

e. Data Collection and Performance Measurement (30 points): Describe the information/data the applicant plans to collect, as well as the process for using data to measure and improve quality of the service, ensuring each goal is met and assessing outcomes within the target population. Describe how the applicant will share local and regional data collected with the State Epidemiological Outcomes Workgroup (SEOW).

f. References/Works/Data Cited (5 points): All sources referenced or used to develop this proposal must be included on this page. This list does not count toward the 15-page limit.

4. Attachment 1. Targeted Funding Budget(s) and Budget Narrative(s)

- **Targeted Funding Budget (TFB)** forms for each SABG and discretionary funding source listed on page 2 and sources of other funds, if any, where indicated on the TFB form. A

separate TFB form is required for any capital or start-up expenses. This form and instructions are located at <https://dhhr.wv.gov/BBH/DocumentSearch/Funding%20Announcements/AFA%20Tools%20and%20Resources/Targeted%20Funding%20Budget%20%28TFB%29%20template.zip>.

- **Budget Narrative for each Targeted Funding Budget (TFB) form**, with specific details on how funds are to be expended. The narrative should clearly specify the intent of and justify each line item in the TFB. The narrative should also describe any potential for other funds or in-kind support. The Budget Narrative is a document created by the applicant and not a BBH Fiscal Form.

5. Attachment 2. Applicant's Organization's Valid WV Business License.

6. Attachment 3. Memoranda of Understanding (MOUs) and letters of support or commitment. MOUs or letters of support or commitment must be submitted with the application to demonstrate established partnerships between community behavioral health providers and other potential community organizations. Please list full partner information, including agency name, address, phone number, key contact person, and email address. Applicant must submit a minimum of five (5) MOUs or letters of support or commitment from various stakeholders within the proposed target community or service area.

Section Five: EXPECTED OUTCOMES/PERFORMANCE MEASURES

Expected Outcomes/Performance Measures:

1. Maintain and provide documentation of ALL activities related to service area(s) indicated by:
 - a. Number of Unduplicated Persons Served by Type of Activity
 - b. Number of Unduplicated Persons Served by Age, Gender, Race and Ethnicity and Diagnosis(es)
2. Maintain and provide documentation related to the following:
 - a. Number of Cross Planning (e.g., Interagency meetings, Community Collaboratives, Regional Summits, and Local Task Forces) initiatives, service activities implemented with other sectors (e.g., resource fairs, community presentations) indicating type and number
 - b. Number and type of professional development trainings/events attended
 - c. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted
 - d. Number and type of Evidence-Based Programs and/or Practices implemented in schools, organizations, workplaces
 - e. Number and type of training and technical assistance provided throughout counties
 - f. Number of grant funded staff who have obtained West Virginia Prevention Specialist Certification

- g. Number and type of prevention services provided monthly collected as Information Dissemination, Education, Positive Alternatives, Problem Identification and Referral, Community-Based Services, and Environmental Strategies.

3. Provide additional program information to include:

Please note that BBH grantees must submit all service data reporting by the 25th working day of each month.

Section Six: **CONSIDERATIONS**

LEGAL REQUIREMENTS

Eligible applicants are public or private organizations with a valid West Virginia Business License and/or unit of local government. If the applicant is not already registered as a vendor in the State of West Virginia, registration must either be completed prior to award or the vendor must demonstrate proof of such application.

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 regarding 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.

STARTUP COSTS

Applicants who wish to request reasonable startup funds for their programs must submit a separate “startup” target funded budget (TFB) and budget narrative, along with their proposal narrative. For purposes of this funding, startup costs are defined as non-recurring costs associated with the initiation of a program. These include costs such as fees, registrations, training, equipment purchases, renovations, or capital expenditures.

For the purpose of proposal review, all startup cost requests submitted by the applicant will be necessary for the development of the proposed program. If, when taken together, the startup costs and program costs exceed funding availability, BBH will contact the applicant organization and arrange a meeting to discuss remedial budget action.

FUNDING REIMBURSEMENT

This grant will be awarded on a schedule-of-payment (SOP) basis. All expenditures must be incurred within the approved grant project period in order to be reimbursed. Providers must maintain timesheets for grant-funded personnel, and activities performed should be consistent with the stated program objectives.

OTHER FINANCIAL INFORMATION

Allowable Costs:

Please note that DHHR 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:

Subpart E of the Code of Federal Regulations (2 CFR 200) establishes principles for determining the allowable costs incurred by non-federal entities under federal awards. The Grantee agrees to comply with the cost principles set forth within 2 CFR 200 Subpart E, regardless of whether DHHR is funding this grant award with federal pass-through dollars, state-appropriated dollars, or a combination of both.

Grantee Uniform Administrative Regulations, (Cost Principles, and Audit Requirements for Federal Awards):

Title 2, Part 200 of the Code of Federal Regulations (2 CFR 200) establishes uniform administrative requirements, cost principles and audit requirements for federal awards to non-federal entities. Subparts B through D of 2 CFR 200 set forth the uniform administrative requirements for grant agreements and for managing federal grant programs. The Grantee agrees to comply with the uniform administrative requirements set forth within 2 CFR 200 Subparts B through D, regardless of whether DHHR is funding this grant award with federal pass-through dollars, state appropriated dollars or a combination of both.