



Bureau for Behavioral Health

# Announcement of Funding Availability (AFA) Expanded School Mental Health (ESMH) Expansion



# **Proposal Guidance and Instructions**

**AFA Title: Expanded School Mental Health (ESMH)  
Expansion**

**Targeting Regions: Statewide**

**AFA Number: AFA 02-2022 (ESMH)**

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

***For Technical Assistance, please include AFA # 02-2022 (ESMH) in the  
subject line and forward all inquiries in writing to:***

**[DHHRBBHAnnouncements@wv.gov](mailto:DHHRBBHAnnouncements@wv.gov)**

<b>Key Dates:</b>	
<b>Date of Release</b>	<b><i>October 22, 2021</i></b>
<b>Technical Assistance</b>	Questions can be submitted through November 10, 2021 using the following link <a href="mailto:DHHRBBHAnnouncements@wv.gov">DHHRBBHAnnouncements@wv.gov</a> A Zoom Technical Assistance to be held on November 12, 2021 from 1:00 – 3:00 pm <a href="https://zoom.us/j/93335546537?pwd=Z28rYmhpY1VhV1I4SkxLOWF1NkZlQT09">https://zoom.us/j/93335546537?pwd=Z28rYmhpY1VhV1I4SkxLOWF1NkZlQT09</a>
<b>Application Deadline</b>	<b><i>January 5, 2022</i></b>
<b>Funding Announcement(s) To Be Made</b>	<b>To be posted on BBH website</b>
<b>Funding Amount Available</b>	<b>\$600,000 for 20 additional ESMH sites (\$30,000 per school, plus local match)</b>
<b>Target Area to be Served</b>	<b>Statewide</b>

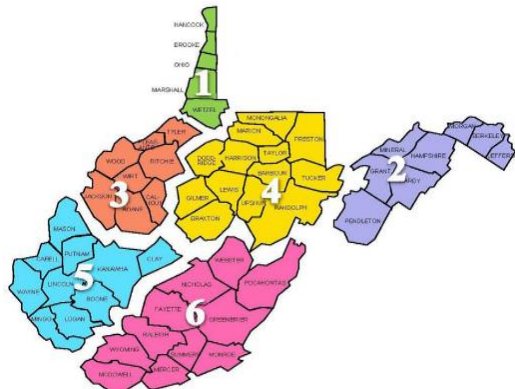
**The following are requirements for the submission of proposals to BBH:**

1. Responses must be submitted using the required Proposal Template available at <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx>.
2. Responses must be submitted electronically via email to [DHHRBBHAnnouncements@wv.gov](mailto:DHHRBBHAnnouncements@wv.gov) with “Proposal for Funding” and AFA # 02-2022 (ESMH) in the subject line. Paper copies of the proposal will not be accepted. Notification that the proposal was received will follow via email from the Announcement mailbox.
3. A Statement of Assurance agreeing to these terms is required of all proposal submissions available at <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx>. This statement must be signed by the agency’s CEO, CFO, and Project Officer and attached to the Proposal Template.
4. To request additional Technical Assistance, forward all inquiries via email to [DHHRBBHAnnouncements@wv.gov](mailto:DHHRBBHAnnouncements@wv.gov) and include “Proposal Technical Assistance” and AFA # 02-2022 (ESMH) in the subject line.

**FUNDING AVAILABILITY**

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 implementation of 20 new Expanded School Mental Health (ESMH) sites throughout the state. Made possible through Substance Abuse and Mental Health Services Administration (SAMHSA) funding, this announcement of funding availability (AFA) is part of a statewide plan to continue the expansion of behavioral health services to children and their families using the three-tier ESMH model. ESMH recognizes the critical link between social and emotional well-being and academic success. ESMH is a framework for programs and services that encourages schools to enhance their own practices, as well as engage with external community resources to address the full continuum of mental health services for all students.

The intent of this AFA is to add new ESMH schools within each of the six BBH regions, for a total of 20 new sites statewide.



## BBH Regions

BBH utilizes a six-region approach as follows:

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

Funding is designated for 1) the development of a strategic plan for implementing an ESMH service delivery model and 2) demonstration of plan implementation and outcomes. A strong collaborative approach is essential to ensure success across systems.

Grants will cover expenses related to planning and implementation of services and may include:

- Subsidies or stipends for both school and behavioral health staff time dedicated to the project for support activities not otherwise reimbursable, including ongoing planning and coordination of multi-tiered services across the full continuum of mental health services to serve all students, and consultation to support evidence-based individual student and school wide interventions to improve social, emotional well-being, behavioral outcomes, and academic success.
- Meeting related expenses, e.g., supplies, copies, conference calls, and travel to training/technical assistance meetings.
- Purchase of evidence-based programs/curricula.
- Purchase of needed telehealth equipment to implement Tier 3 treatment to serve identified students with mental health needs within the school setting.

***Applicants must secure a minimum of 33% (or \$10,000) match funding from the applicable county school system per year.***

Please note that this round of funding for ESMH services is limited to schools that do not currently have a BBH ESMH grant. Applicants must submit a target funding budget for each proposed location if proposing more than one school or site. Funding will be awarded based on accepted proposals that meet all of the required criteria contained within this document.

## Section One: **INTRODUCTION**

DHHR envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals, and a self-directed future. The goal of DHHR is to collaborate with stakeholders to promote, protect, manage, and provide appropriate health and human services for the people of West Virginia, in order to improve their health, well-being, and quality of life. Programs will be conducted in an effective, efficient, and accountable manner, with respect for the rights and dignity of the employees and the public served.

In 2006, the West Virginia Department of Education (WVDE) and BBH established a formal agreement to work together to improve and expand school-based mental health services. A state level interagency steering team of subject matter experts recommended adoption of the ESMH model with the Marshall University School Health Technical Assistance Center, Division of Community Health, School of Medicine providing technical assistance, consultation, and maintenance of a website devoted to ESMH: <https://wvesmh.org/>.

ESMH is a comprehensive system of behavioral health services and programs that builds on core services provided by schools. ESMH includes the full continuum of prevention, early intervention, treatment, and recovery. Prevention strategies work by either increasing protective factors (e.g., resiliency, social involvement, recognition of positive behavior) or decreasing risk factors (e.g., preventing early initiation of substance use, rebelliousness, low socioeconomic status). The ESMH model emphasizes shared responsibility and funding, services for all students, meaningful involvement of parents, guardians, care providers, and youth, evidence-based programs, and continuous quality improvement.

Why ESMH:

- Prevention and early intervention efforts are most effective when they are ongoing, evidence-based, and implemented with fidelity to the practice.
- Research suggests that half of mental health conditions initially occur before age 14 and 75% occur by the age of 24.<sup>1</sup> However, evidence demonstrates that

---

<sup>1</sup> High Medical Care Costs Revealed for Children with Co-Existing Mental Health and Substance Use Disorders [https://www.aacap.org/aacap/press/press\\_releases/2019/High-Medical-Care-Costs.aspx](https://www.aacap.org/aacap/press/press_releases/2019/High-Medical-Care-Costs.aspx).

providing mental health services in schools reduces barriers, increases access, is cost effective, reduces stigma, and benefits both the child and family.<sup>2</sup>

- Implementation of evidence-based prevention programs correlates with fewer intensive interventions for students.
- ESMH is linked to improved academic achievement, attendance, decrease in disruptive behaviors, increase in high school completion rates, and increase in college and career readiness.<sup>3</sup>
- ESMH reduces the need for out-of-school services and placements<sup>4</sup> by increasing access to community services and supports. Seventy-four percent of intensive mental health services through ESMH occur in school, which removes barriers, decreases stigma, and increases access.
- BBH financially supports ESMH using state and federal funds. Schools also braid funding from other sources to help create and sustain ESMH.
- BBH currently supports the provision of ESMH in 63 schools in 23 counties in the state. An additional 9 schools will be added in FY22 through a partnership with WVDE Project Aware in Logan, Wirt, and Fayette counties. A map of current locations is available online:  
<https://dhhr.wv/BBH/about/Children,YouthandFamilies/Pages/default.aspx>.

## Section Two: **SERVICE DESCRIPTION**

### **Expanded School Mental Health Expansion**

Target Population(s): West Virginia school-aged children and their families

#### Purpose

BBH supports evidence-based programs that promote social and emotional well-being, prevention approaches, person-centered interventions and self-directed and/or recovery driven support services. BBH invites communities to apply for competitive grants to support planning and development of effective and sustainable school mental health services for students. These ESMH expansion grants will provide funding and technical assistance for school-community partnerships to develop policies, programs, and practices to improve access to high quality, coordinated school mental health services and supports.

- **Tier One, Universal Prevention Programming** is preventive, proactive, includes all students, and offers school-wide academic assessments and primary prevention

---

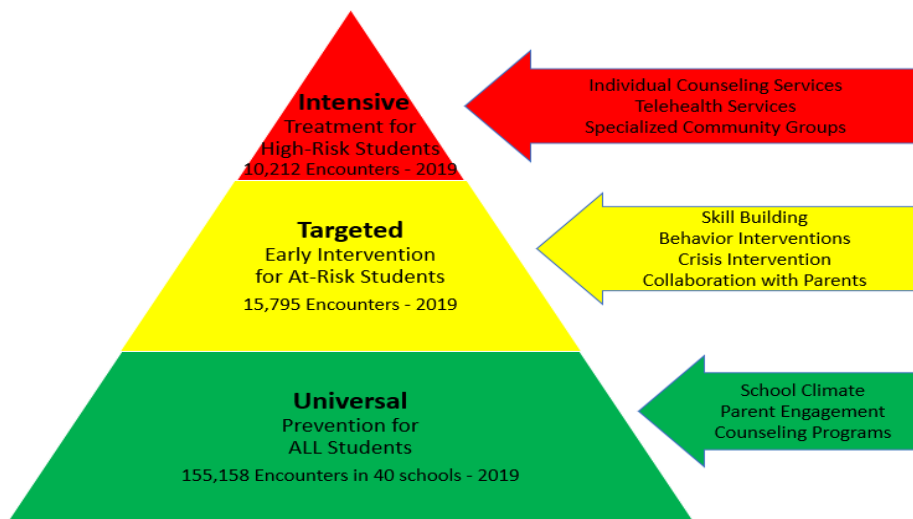
<sup>2</sup> School-Based Mental Health Services: Improving Student Learning and Well-Being  
<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/school-psychology-and-mental-health/school-based-mental-health-services>.

<sup>3</sup> The Impact of School Mental Health; Education, op.cit

<sup>4</sup> The Impact of School Mental Health; Education, op.cit

programs (e.g., suicide prevention, substance use prevention, anti-bullying, coping skills, resiliency, study skills, and other academic builders).

- **Tier Two, Targeted Group and Individual Early Intervention** embraces at-risk students and includes as needed referral services, rapid response capability, study groups, tutoring, mentoring, after school programs, small group interventions to address anger, social skills, substance use and other needs, as well as some individual supportive services.
- **Tier Three, Intensive Intervention** is intended for students who have higher needs and require intensive individual interventions, such as counselling, in addition to already provided Tier Two services. All Tier Three students will be referred to the West Virginia University (WVU) Centers of Excellence in Disabilities (CED) Positive Behavior Support (PBS) program.



Collaborative planning and coordination are the foundation for effective school community partnerships and are essential for successful ESMH services and programs. Key partners include school counselors, psychologists, nurses, principals, local education agencies (LEA), School Assistance Teams (SAT), community behavioral health agencies, Prevention Lead Organizations (PLOs)/Partnership for Success (PFS) Coordinators, Children’s Mental Health Wraparound staff, Children’s Mobile Crisis teams, Positive Behavior Support services, Regional Youth Service Centers (RYSCs), and other key child-serving agencies within the community, including child welfare and juvenile services, and school based health centers where applicable, care providers and, most importantly, parent(s), guardians, and youth.

Additionally, the program must demonstrate co-leadership between the applicable LEA and a local licensed behavioral health agency in order to achieve the most effective coordination and integration. Responsibilities of co-leaders include:

- Coordinating leadership team meetings to guide implementation and evaluation
- Arranging for meeting space
- Taking and maintaining minutes of meetings

- Setting agendas for future meetings
- Facilitating and maintaining communication among members
- Serving as liaison to BBH and the ESMH technical assistance team
- Participating in regular technical assistance calls with BBH and the technical assistance team
- Completion of a needs assessment to determine what, where, and when services will be provided for each ESMH tier, and, the proposed school(s), days per week (per school) and hours of staff availability (per school)
- Determining the number of students projected to be served per ESMH tier (universal prevention, early/targeted intervention, and intensive intervention) in each targeted school

For the purpose of this AFA as well as ongoing BBH funding, ESMH programs must meet the following criteria:

1. Establish a detailed and comprehensive memorandum of understanding (MOU) between the applicable school/county board of education (BOE) and community behavioral health provider(s), outlining roles, expectations, and a shared vision for ESMH integration and collaboration.
2. Implement and maintain an ESMH program that addresses **the full continuum** of services, to include Tiers One, Two, and Three.
3. Collaborate with other partner stakeholders to clearly identify protocols on implementing services within each of the three tiers.
4. Develop written protocols and processes that define:
  - a. How students receiving Tiers Two and Three services will be identified, referred, and tracked.
  - b. How students will be tracked and transition within/between all tiers of interventions.
  - c. How staff will address any student and family crises that arise.
  - d. How student mental health needs will be met during summer months.
  - e. How student attendance, suspensions, detentions will be tracked for both Tier Two and Tier Three students.
  - f. How the applicant will work collaboratively to increase parent/caregiver involvement in all aspects of the program.
5. Define roles and processes for integrating and coordinating with existing school programs, such as: Student Assistance Teams (SAT), School Improvement Teams (SIT), school counselors, etc.
6. Define the process to determine the priority issue(s) that require Tier Two Interventions.
7. Identify and implement a valid, reliable screening/assessment to identify students for Tier Two and Tier Three (assessments must include suicide risk and substance use/misuse).



8. Provide consultation or ongoing staff development with designated school personnel on mental health and substance use issues and/or child development.
9. Facilitate monthly ESMH leadership team meetings that include representation from community-based mental health providers and BBH System of Care providers.
10. Implement two school-wide, evidence-based programs in Tier One and Tier Two for each funded school. One of the two required evidence-based programs for each tier must address substance use prevention.
11. Development of a strategic plan that addresses ongoing program sustainability.
12. Complete a Child and Adolescent Needs and Strengths (CANS) assessment for all Tier Three students which is updated every 90 days.
13. Complete the Tiered Fidelity Inventory (TFI) to evaluate applicant readiness and re-assess annually. The TFI evaluates Tier One and Tier Two services. BBH requires that its funded ESMH schools implement Positive Behavioral Intervention and Supports (PBIS) and utilize Marshall University's School Health Technical Assistance Center for training/technical assistance. The TFI will be used as guidance for teaming and implementation goals throughout the school year.
14. The organization/grantee that is providing the Tier Three services must annually complete the Mental Health Planning Evaluation Template (MHPET) for any new sites. The MHPET is designed to ensure quality of services for Tier Three therapeutic services. The MHPET is also required any new school.
15. Annually complete Youth Services Survey (YSS) and YSS-Family surveys for all students who receive Tier Three services.
16. Attend all technical assistance and training sessions required by the BBH and Marshall University School Technical Assistance Center, Division of Community Health, School of Medicine.

The program must demonstrate co-leadership between the LEA and a local licensed behavioral health agency in order to achieve the most effective coordination and integration, as well as buy-in and commitment from families and staff of partner organizations. It is anticipated that the ESMH planning phase will take at least six months and must be documented in writing by the following performance measures.

- Leadership team formed and meeting on a regular (monthly) basis
- Target school(s) identified
- Mental Health Planning and Evaluation Template (MHPET) completed
- Readiness assessments completed through collaboration with the Marshall University School Technical Assistance Center
- Student needs/priorities identified (based on assessments)
- Measurable goals for the target school
- Tier One and Tier Two programs identified/training scheduled
- MOU developed and signed between school and behavioral health agency/provider
- Family members are included on school leadership team
- Documentation of minutes of school leadership team

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

#### Section Four: **PROPOSAL INSTRUCTIONS/REQUIREMENTS**

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. Proposals must contain the following components:

- A completed Proposal for Funding Application, available at: <http://dhhr.wv.gov/BBH/funding/Pages/default.aspx>.
- A Proposal Narrative of up to 15 pages with the following sections:
  - **Statement of Need and Population of Focus (5 points):** Describe the need for proposed service(s). Applicants should identify and provide relevant data on the target population to be served, as well as the geographic area to be served, to include the specific region(s) and county(ies) and existing service gaps. Applicants should also explain how the community currently addresses the prevention and behavioral health needs for children.
  - **Proposed Evidence-Based Service/Practice (5 points):** Delineate the program/service being proposed, set forth the goals objectives for the proposed service(s), and list all evidence-based programs (EBPs) that will be used. Applicants should describe how the proposed services/interventions will be trauma informed and promote family engagement. Applicants should also identify creative outreach methods to serve geographically isolated families in their region(s).
  - **Proposed Implementation Approach (45 points):** Describe how the applicant intends to implement the proposed service(s), including the following:
    - A description of the strategies/service activities proposed to achieve the goals and objectives identified above, those responsible for action, and one year/twelve month timeline for these activities. Include planning/development, training/consultation, implementation, and data management.
    - A description of program sustainability, including how alternative funding sources within education (e.g., Title 1) and behavioral health will be exhausted. Grantee must seek reimbursement from any and all third-party administrators or coverage providers, including but not limited to, private insurance, Medicaid and the West Virginia Children's Health Insurance Program (CHIP).

- Identification of local Leadership Team (for each school) composed of the following key partners.
  - Local education agency (LEA); school counselor(s) psychologist(s), nurse(s), School Assistance Team, and/or principal(s) or representative(s)
  - The community behavioral health agency(ies) and other key child-serving agencies within the community, to include child welfare and juvenile services
  - School Based Health Center, where applicable
  - Parents, guardians, care providers/youth (parents may not be employees of the LEA or lead behavioral health agency)
  - BBH funded Prevention Lead Organizations
  - Children’s Mental Health Wraparound, Children’s Mobile Crisis, and Regional Youth Service Centers serving the county(ies) of schools
- The anticipated number of students to be impacted annually.
- **Staff and Organizational Experience (10 points):** Describe the applicant’s existing capacity to carry out the proposed ESMH services, to include experience and qualifications to reach and serve the target population. Agencies with experience providing ESMH services as a BBH grantee will receive five extra points, pending a BBH administrative review of the grantee’s prior performance.
- **Data Collection and Performance Measurement (20 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.
- **Targeted Funding Budget(s) and Budget Narrative(s) (10 points):** Describe with specific details how funds will be expended. The narrative should clearly specify the intent of and justify each line item in the Targeted Funding Budget(s). The narrative should also describe any potential for other funds or in-kind support.
- **References/Works 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.
- 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.
- **Attachment 1. Targeted Funding Budget(s) and Budget Narrative(s)**
  - Targeted Funding Budget (TFB) form, which includes sources of other funds where indicated on the TFB form. A separate TFB form is required for any capital or startup expenses. This form and instructions are located at: <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx>.

- Budget Narrative for each Targeted Funding Budget (TFB) form, with specific details 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.
- **Attachment 2. Applicant’s Organization’s Valid WV Business License.**
- **Attachment 3. Memoranda of Understanding (MOUs) and letters of support.** MOUs or letters of support must be submitted with the application to demonstrate established partnerships between community behavioral health providers and other potential community organizations. ***An MOU is required to be submitted with this application for the organization that will be providing the Tier 3 services for the school(s) included in this application.*** Please list full partner information, including agency name, address, phone number, key contact person, and email address.

Section Five: **EXPECTED OUTCOMES/PERFORMANCE MEASURES**

**Expected Outcomes:**

1. Establish a detailed and comprehensive (MOU) between the school/county board of education (BOE) and community behavioral health providers, outlining roles, expectations, and a shared vision for ESMH integration and collaboration.
2. Form and regularly convene a local Leadership Team (for each school).
3. Establish written protocols and processes that demonstrate integration of ESMH values and principles.
4. Define the process to determine the priority issue(s) that require Tier Two interventions.
5. Establish written protocols to guide implementation of services in each of the three tiers, including but not limited to:
  - a. How students receiving Tiers Two and Three services will be identified, referred, and tracked (assessments must include suicide risk and substance use/misuse).
  - b. How staff will address student and family crises.
  - c. How student needs will be met during summer months.
6. Define roles and processes for integration and coordination with existing school programs, such as: Student Assistance Teams, School Improvement Teams, School Counselors, etc.
7. Complete a Tiered Fidelity Inventory (TFI) to evaluate readiness and re-assess annually.
8. Annually complete the Mental Health Planning Evaluation Template (MHPET) for new sites.
9. Complete Youth Services Survey (YSS) and YSS-Family surveys annually for all students who receive Tier Three services.

10. Provide consultation or ongoing staff development with designated school personnel on mental health and substance use issues and/or child development.
11. Facilitate ESMH leadership team meetings monthly.
12. Implement two school-wide evidenced based programs in Tier One (Universal Prevention Program) and two in Tier Two (Targeted Group & Individual) per each funded school.

**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, and service activities implemented with other sectors (e.g., resource fairs, community presentations), indicating both 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
3. Provide additional program information to include:
  - a. Types and number of services provided in each tier
  - b. Demographics of students served in Tier Three
  - c. Number of detentions for students receiving Tier Three services
  - d. Number of suspensions for students receiving Tier Three services
  - e. Number of school-wide out of school suspensions as compared to the previous year
  - f. Number of unexcused absences for students receiving Tier Three services
  - g. Number of school-wide unexcused absences as compared to the previous year
  - h. Number of expulsions for students receiving Tier Three services
  - i. Number of school-wide expulsions as compared to the previous year
  - j. Number of students involved in the juvenile justice system receiving Tier Three services
  - k. Completion rates (all diploma and graduation types) for students receiving Tier Three services
  - l. Results of CANS assessments
  - m. Results of Satisfaction Surveys
  - n. Number and name of the evidence-based programs used at each level of intervention
  - o. Number of leadership meetings
  - p. Copies of programmatic protocols, procedures and MOUs/working agreements
  - q. Copies of TFI annual reports and findings

- r. Copies of MHPET annual reports and findings
- s. Number of referrals to WVU-CED for PBS services
- t. Number of referrals to Children’s Mental Health Wraparound and Mobile Crisis services
- u. Number and types of assessments disseminated, to include suicide risk, substance use/misuse, depression, etc.
- v. Collect any additional performance measures as developed with BBH and the System of Care (SOC) evaluator

Please note that BBH grantees must submit all service data reporting by the 25<sup>th</sup> 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**

The ESMH program 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.