## REQUEST FOR APPLICATION

<table>
<thead>
<tr>
<th><strong>Funding Opportunity Title:</strong></th>
<th>Projects for Assistance in Transition from Homelessness (Short Title: PATH)</th>
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<tbody>
<tr>
<td><strong>Due Date for Applications:</strong></td>
<td>August 19th, 2022</td>
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<tr>
<td><strong>Anticipated Total Available Funding:</strong></td>
<td>Total funding available $503,188 ($377,391 Federal Funds (75%) + $125,797 State Funds (25%))</td>
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<tr>
<td><strong>Cost Sharing/Match Required:</strong></td>
<td>No Provider Match Required</td>
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<tr>
<td><strong>Length of Project Period:</strong></td>
<td>08/01/2022-08/01/2024</td>
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<tr>
<td><strong>Eligible Applicants:</strong></td>
<td>State of Kansas Certified Community Behavioral Health Clinics (CCBHC’s), and Licensed Community Mental Health Centers (CMHC’s).</td>
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## KEY DATES

<table>
<thead>
<tr>
<th><strong>Posted Date</strong></th>
<th><strong>July 26th, 2022</strong></th>
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<tr>
<td><strong>Open Date (Earliest Submission Date)</strong></td>
<td><strong>July 26th, 2022</strong></td>
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</table>
| **Letter of Intent and Questions Due Date(s)** | **August 8th, 2022**  
Send to [KDADS.QA@KS.GOV](mailto:KDADS.QA@KS.GOV)  
Subject Line Should Read PATH Application |
| **Posted Answers to Questions, if applicable, Date** | **August 12th, 2022** |
| **Application Due Date(s) & Email Address for Submission** | **August 19th, 2022**  
Send to [KDADS.QA@KS.GOV](mailto:KDADS.QA@KS.GOV)  
Please write PATH 2022.2024 RFA RESPONSE in the subject line. |
| **Earliest Start Date** | **August 26th, 2022** |
| **Award End Date** | **August 01, 2024** |
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PATH FEDERAL PROGRAM DESCRIPTION

Purpose
PATH was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (P.L. 101.645). The goal of PATH formula grants is to reduce or eliminate homelessness for individuals with serious mental illnesses (SMI) and co-occurring substance use disorders (COD) and who are experiencing homelessness or at imminent risk of becoming homeless. PATH funds are used to provide a menu of allowable services, including outreach, case management, and direct care supports and housing supportive services. Through its services, PATH links the population of individuals with serious mental illnesses (SMI) and co-occurring substance use disorders (COD), who experience persistent and pervasive health disparities, to mainstream and other supportive services. Collectively, the PATH resources help individuals experiencing, or at risk for homelessness with SMI/COD, secure safe and stable emergent and permanent housing, improve their health, and live a self-directed, purposeful life.

Expectations
The authorizing legislation make grants available to public and local non-profit organizations to provide a variety of legislatively authorized services. Grant applicants must include in their application a plan to incorporate recovery-oriented, evidence-based practices and programs that will reach the areas in the state in which the greatest number of individuals who are experiencing homelessness with a need for mental health, substance use disorder, and housing services are located.

Grant Funds
Grant applicants must use SAMHSA/KDADS grant funds only for services and supports to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage have been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual’s health insurance plan. Recipients are expected to facilitate the KAN-CARE health insurance application and enrollment process for eligible uninsured individuals using the States SOAR Medicaid process. Recipients should also consider other systems from which a potential service recipient may be eligible for services (e.g., the Veterans Health Administration, senior services), if appropriate for and desired by that individual to meet his/her needs. In addition, recipients are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

Behavioral Health for Military Service Members and Veterans
SAMHSA in partnership with KDADS encourages all grant applicants to address the behavioral health needs of active-duty military service members, returning veterans, and military families in designing and developing their programs and to consider prioritizing this population for services, where appropriate.
Individuals Exiting Publicly Funded Institutions

SAMHSA in partnership with KDADS encourages all grant applicants to include in the PATH Intended Use Service Plan how this targeted group of individuals will be connected to behavioral health services and supports.

Emergency Planning

When disaster strikes, over-extended systems must work to meet the needs of the impacted population, including individuals experiencing homelessness. Prior planning and a coordinated response which reaches across agencies and systems can advance recovery from disasters. PATH applicants are encouraged to design, review, update, and test their emergency response plans in consideration of continuity of care needs for people experiencing homelessness and who have a SMI and/or COD. PATH applicants are also encouraged to review current emergency services plans in collaboration with key stakeholders across shelter providers, housing agencies, mental health, substance use, and emergency management services - and where not present, propose for inclusion specific provisions that would address and/or ensure continuity of services during and immediately following a disaster for people experiencing homelessness. Ultimately, the goal is to advance homeless and emergency services coordination and community resiliency following disasters.

REQUIRED ACTIVITIES AND PATH ELIGIBLE SERVICES

Required Activities

PATH applicants who are awarded PATH funds shall:

Implement a collaborative relationship with the local HUD Continuum of Care’s (COC), Coordinated Entry Process and other community agencies responsible for providing housing to qualifying residents. Applicants must describe this relationship in their application and must describe how PATH funds will be utilized for the delivery of recovery oriented supportive service and treatment of the homeless or those at imminent risk of becoming homeless who have a behavioral health, serious mental illness (SMI) or serious mental illness and substance abuse co-occurring (COD), impairment that substantially limits one or more of the major life activities of such an individual. Included in the definition are people who have a record of such an impairment or are regarded as having such an impairment.

PATH Eligible Service Array

PATH funds must be used to provide the following services to those experiencing homelessness, and/or at imminent risk of becoming homeless, including those exiting or at risk of admission to public institutions. (State Hospitals, Nursing Facilities for Mental Health, Jails & State Correctional Facilities).

Active outreach which is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out homeless individuals. Outreach services, including prioritization of those with serious mental illness who are veterans or exiting publicly funded institutions and are in danger of becoming homeless. Outreach may include methods such as distribution of flyers and other
written information, public service announcements, and other indirect methods. This type of outreach is allowable but must be offered in conjunction with active outreach activities.

**In-Reach services** in residential settings including shelters, group homes, in-patient substance abuse treatment facilities, supported apartments and other residential settings specifically serving those living with SMI or COD;

**Case management services, including:**
- Preparing a person-centered plan and informed choice guidance for the provision of community mental health services to eligible individuals who experience homelessness, and reviewing such plan not less than once every 3 months;
- Providing assistance in obtaining and coordinating social and maintenance support services for eligible individuals who experience homelessness, including services related to daily living activities, peer support, personal financial planning, transportation and others;
- Providing recovery support services such as job training, educational services, and relevant housing services including use of peer providers to help to assure that these services are successfully accessed and sustained as needed by individuals experiencing homelessness with serious mental illness(es) and co-occurring disorders;
- Providing assistance in obtaining and coordinating income support services, housing assistance, food stamps, and supplemental social security income.
- Referring PATH eligible individuals to payee services in accordance with section 1631(a)(2) of the Social Security Act if the eligible individuals who experience homelessness are receiving aid under title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- Screening and diagnostic treatment services;
- Community mental health services;
- Community Alcohol or drug treatment services;
- Referral to and follow through of engagement with primary care health services.
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance use programs, and other sites where individuals who experience homelessness require services.

**Housing services**, as specified in Section 522(b) (10) of the PHS Act, as amended (U.S.C. § 290cc-22(b), 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 individuals who are experiencing homelessness with appropriate housing situations; and
- One-time rental payments to prevent eviction.
PATH PROGRAM DATA COLLECTION & SUBMISSION

All PATH grant recipients must submit required annual PATH data through the PATH Data Exchange (PDX). PATH provider data reports must be reviewed and approved by the State PATH Contact (SPC) prior to submission. PATH providers should be collecting PATH client data through the Housing and Urban Development’s Homeless Management Information System (HMIS) in collaboration with the local Continuum of Care or other system approved by SAMHSA that supports interoperability with the local HMIS. Participation in HMIS provides a platform for coordinating care and improving client access to mainstream programs and housing resources. This practice is effective in reducing duplicative intakes by numerous agencies within the Continuum of Care (CoC), thus increasing productivity and reducing service costs. It also helps enhance service providers’ understanding of individuals’ needs. Use of HMIS for PATH enables SAMHSA to report reliable and consistent data on the performance of the PATH program. SAMHSA will continue to partner with the U.S. Department of Housing and Urban Development (HUD) to support states and providers in collecting data through HMIS.

Government Performance and Results Act (GPRA) - PATH providers must report Government Performance and Reporting Accountability data into HMIS annually. The following GPRA measures are collected in HMIS and are a federal requirement for PATH funding:

- Number of homeless persons contacted;
- Number of PATH providers trained on SOAR to ensure eligible homeless individuals are receiving benefits;
- Percentage of enrolled homeless persons in the PATH program who receive community mental health services;

Percentage of contacted homeless persons with serious mental illness who become enrolled in Services. SAMHSA also requires states and provider to report data for the following three outcome measures:

- Number of persons referred to and attaining housing;
- Number of persons referred to and attaining mental health services; and
- Number of persons referred to and attaining substance use disorder services.

Technical Assistance
KDADS will provide technical assistance to PATH recipients, through a new Housing First learning community structure in partnership with the pathways Housing First teams and the local HUD COC’s. PATH recipients can also request individual technical assistance as needed, to support the achievement of PATH goals and compliance with federal requirements. PATH State Leads and providers shall work in partnership with local HMIS administrators to assure that all PATH providers are trained in the use of HMIS.

Confidentiality of Alcohol and Drug Abuse Patient Records
PATH applicants are reminded that compliance with applicable federal and state health information confidentiality regulations, including the regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, is required when submitting information in HMIS or other electronic health record system. 42 CFR Part 2 contains certain requirements
for the disclosure of information by substance use disorder treatment programs; most notably, client consent is required for disclosures, with some limited exceptions. 42 CFR Part 2 applies to all federally funded individuals or entities that “hold themselves out as providing, and provide, alcohol or drug abuse diagnosis, treatment or treatment referral.” A program is federally funded if it:

Is authorized, licensed, certified, or registered by the federal government, AND Receives federal funds in any form, even if the funds do not directly pay for the alcohol or drug use services; or is assisted by the Internal Revenue Service through a grant of tax-exempt status or allowance of tax deductions for contributions; OR is authorized to conduct business by the federal government; OR is conducted directly by the federal government.

### ELIGIBILITY INFORMATION

**Eligible Applicants**

To be considered for this funding opportunity, you must be a Licensed Community Mental Health Centers (CMHC), or Certified Community Behavioral Health Clinics (CCBHC) that provide direct services and supports to individuals with a serious mental illness (SMI), or a co-occurring substance use disorder and serious mental illness (SMI) and be in good contractual standing and provide documentation of such. Priority will be given to those CMHCs or CCBHCs who will be providing specialized outreach services to street homeless individuals, and individuals that are “at risk of admission” to a public facility and those individuals who are re-entering the community from residing in a public institution. However, we encourage all to apply as consideration will be given to communities who are in most need.

Selected applicants shall sign a Notice of Grant Award (NOGA), an agreement that KDADS will provide. The application submitted to KDADS shall become part of the NOGA.

Applicants must be able to provide proof of System for Award Management (SAM) registration, Current Kansas Tax Clearance.

### APPLICATION AND SUBMISSION INFORMATION

**Grant Application Submission Email Box**

Applications must be submitted electronically via KDADS, please include name of organization and PATH 2022.2024 RFA RESPONSE in the subject line.

[KDADS.QA@KS.GOV](mailto:KDADS.QA@KS.GOV)
APPLICATION REQUIRED COMPONENTS

Required Application Components
Applicants must submit an intended use project narrative plan & budget plan that includes the following information: Responses should be as brief as possible but must convey the requested information. Some information may be presented in table format.

➢ **Intended Use Project Narrative Executive Summary** - Service area(s) – indicate the geographic area(s) to be served. Include the following information; Number of individuals estimated to be contacted in fiscal year (FY) 2022-2023 and how many will be adults and literally homeless (HUD Point In Time Count Special Population Data Can Be Used to assist with identifying number of individuals who may be eligible for PATH services, [CoC Homeless Populations and Subpopulations Reports - HUD Exchange](#)). The number of individuals served (enrolled) – Estimate the total number of individuals who will be enrolled in services using PATH funds for FY 2023.

➢ **Agency Plan to Align with PATH Goals** - Provide a brief description of the applicant’s desire to provide PATH approved evidenced based services to eligible PATH individuals.

➢ **Local Provider Description** – Provide a brief description of your applicant organization. The description must include legal name, type of organization, region served, address or PATH team, name, email and contact information of the team lead for PATH.

➢ **Service Provision** – Describe the organization’s plan to provide an array of coordinated and comprehensive sustainable services to PATH-eligible individuals, including:
  • A brief description for serving the most vulnerable adults who meet the PATH eligibility for services to obtain housing and community based housing and health services necessary to assure sustainability and success in long-term housing;
  • Gaps that exist in the current service systems;
  • A brief description of the current services available for individuals with a serious mental illness and a substance use disorder;
  • A brief description of how PATH eligibility will be determined, when enrollment occurs, and how eligibility is documented for PATH screened and PATH enrolled individuals;
  • A brief description or plan to ensure PATH eligible individuals will be provided low barrier, low access admission, and on-going services and supports once PATH services are completed;
  • A brief description of who will be eligible for your PATH services and supports;
  • A brief description of service provision for individuals who may be highly symptomatic and considered to be, “At Risk of entering” a public institution;
  • A brief description of service provision for those individuals who are re-entering the community from a public institution.
Data Collection- Housing and Urban Development (HUD’s), Health Management Information Systems (HMIS) will be the primary data reporting system for PATH recipients. Applicants not fully participating or new to HMIS, please describe your agencies plans to work with KDADS State Staff to ensure training and support for HMIS implementation through the local HUD COC. All PATH provider recipients are expected to collect PATH data through HMIS. PATH states and providers are expected to develop actions to facilitate flexible use of PATH administrative funds to support HMIS activities. SAMHSA expects that all PATH states and providers are collecting PATH data through HMIS and upload required data to PDX by the due date that SAMHSA establishes for the preceding fiscal year. All PATH grant recipients must submit an annual PATH report. The report must be submitted into the PATH Data Exchange at: https://pathpdx.samhsa.gov/. Please contact your PATH State Leads for additional submission information.

Housing- Indicate the strategies that will be used for making habitable housing available for PATH eligible individuals (i.e., indicate the type of housing provided, how quickly the organization can perform and enter the local COC’s Coordinated Entry Homeless Screen. If you will not have immediate housing available to PATH eligible individuals, describe your plan for ensuring that all eligible PATH individuals are referred to the local COC or provided a homeless screen by a PATH provider within (72) hours of first contact and no later than 5 days.

Staff Information- Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, substance use, conscience, and the differing personalities of individuals. Describe the extent to which staff receive periodic training in cultural competence, mental health and substance abuse symptomology, health disparities and trauma informed care approaches.

Client Information- Describe the demographics of the client population, the projected number of PATH eligible individuals to be contacted and enrolled, and the percentage of individuals to be served using PATH funds who are literally homeless.

Consumer & Family/Support Involvement- Describe how individuals who experience homelessness and have serious mental illness and/or substance abuse co-occurring impairment, and their family members/support persons, will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether PATH-eligible individuals, family/support persons are employed as staff or volunteers or serve on governing or formal advisory boards. See Appendix C – Guidelines for Consumer and Family Participation.

Collaboration Efforts- Describe the organization’s participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry and access to HUD programs and services. If the organization is
not familiar with or is not currently working with the CoC(s), briefly explain the approach that will be taken by the organization to collaborate with the local CoC(s) in the areas where PATH operates.

➢ **Collaboration with Local Community Organizations** - Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment, State Hospitals, Nursing Facilities for Mental Health, State & County Correctional Facilities) to PATH-eligible individuals and provide a description of how you plan to coordinate service provision of services with those organizations.

**PATH Intended Use Budget**

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the activities. Other support is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means.

**Budget Template:** A KDADS approved Intended Use Plan budget template can be found in Appendix C and must be included in your application.

**Budget Narrative:** Provide a budget and budget narrative that includes the local-area provider’s use of PATH funds. See Appendix A for more details.

**Federal Funding Budgetary Limitations/Restrictions**

Cost principles describing allowable and unallowable expenditures for federal recipients, including SAMHSA recipients, are provided in 45 CFR Part 75 Subpart F, which are available at the Electronic Code of Federal Regulations, webpage of the eCFR website: [http://www.ecfr.gov/cgi-bin/text-idx?SID=06a0b0411d1520fae5e2799030e64e8&node=pt45.1.75&rgn=div5](http://www.ecfr.gov/cgi-bin/text-idx?SID=06a0b0411d1520fae5e2799030e64e8&node=pt45.1.75&rgn=div5)

PATH recipients must comply with the following federal funding restrictions:

Grant funds must only be used for purposes supported by the program.

No more than 4 percent of the federal PATH funds received shall be used for administrative expenses, as specified in Section 522(f) of the PHS Act, as amended (42 U.S.C. § 290cc-22(f)). Grantees must track the costs in this category with records demonstrating that the 4 percent cap has not been exceeded.

PATH eligible individuals shall **NOT** be screened as ineligible or denied PATH services, supports or interventions based on the following reasons;

Not housing or treatment ready;
Too symptomatic, or not currently active or admitted to services;
Substance use or misuse;
Doesn’t meet Severe Persistent Mental Illness (SPMI) or Psychiatric Rehab Eligible (PRE) criteria.

Grant funds may not be used for the following:
• Supporting emergency shelters or construction of housing facilities;
• Providing Inpatient psychiatric treatment;
• Providing Inpatient substance use treatment;
• Making cash payments to intended recipients of mental health or substance use services; or
• Lease arrangements in association with the proposed PATH project beyond the project period nor for any leased portion of space not supported by the project.

**APPLICATION REVIEW AND SELECTION PROCESS**

Decisions to fund programs will be based on KDADS review and a determination that all the required documents and attachments described under “Required Application Components” have been included and meet program requirements. After your application has been reviewed, your State of Kansas Path Points of Contact will reach out to you to discuss the results of the review and, as needed, and obtain any additional information. After all outstanding issues/concerns have been sufficiently addressed, a Notice of Grant Award (NOGA), signed by KDADS Secretary, will be sent by email to the authorized representative listed in the application.

**FINANCIAL REPORTING REQUIREMENTS**

**Post Award**
Payment will not be made without the submission of an invoice.
Invoicing:
• All invoices submitted will be done in a format provided or approved by KDADS.
• The total amount of invoicing shall not exceed the amount of compensation agreed upon in the final, executed contract.

The following release shall be on final financial report:
"Contractor hereby understands and agrees that final payment is being made in the amount above and it releases the Contractor and KDADS from any further claims under this Agreement, subject to KDADS contract close-out procedures. After payment of the Final Financial Report (Final Payment), no further amount shall be due or payable by KDADS under this Agreement."

Audits of Non-Federal Entities 45 CFR Part 75 Subpart F provides audit requirements for non-federal entities. This program follows OMB Compliance Supplement 93 150 – Project for Assistance in Transition from Homelessness (PATH). An audit is required for non-federal entities that expend $750,000 or more of federal funds in each fiscal year. Audit reports MUST be submitted to the Federal Audit Clearinghouse’s Internet Data Entry System electronically via https://harvester.census.gov/facides/Account/Login.aspx.
Additional Federal requirements for PATH recipients are the following:

**Special Rule Regarding Substance Use**- Grants will not be made to any organization that: (1) has a policy of excluding individuals from mental health services due to the existence or suspicion of substance use; or (2) has a policy of excluding individuals from substance use services due to the existence or suspicion of a mental illness.

**Supplant**- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from another federal grant.

**Coordination**- As specified in Section 522(c) of the PHS Act, as amended, entities awarded federal funds must have the capacity to provide, directly or through arrangements, the PATH-eligible services, including coordinating the provision of services in order to meet the needs of eligible individuals who are experiencing homelessness and who have serious mental illness or serious mental illness and substance use disorders.

**Special Consideration Regarding Veterans**- As specified in Section 522(d) of the PHS Act, as amended, in making grants using PATH appropriations, the state must give special consideration in the awarding of PATH funds to entities with a demonstrated effectiveness in serving veterans who experience homelessness or are at risk of homelessness and can’t be provided PATH eligible services through the Veterans Administration.
Appendix A — Federal Supplementary Instruction for Budget Information
Non-Construction Programs

Budget Categories
Provide budget detail by object class category (i.e., personnel, fringe, travel, equipment, supplies, contractual, etc.) for PATH Federal funds only. All applications must have a detailed budget and budget narrative that explains the federal and the non-federal expenditures broken out by categories listed on KDADS approved Budget Sheet.
The budget narrative must match the costs identified.
The budget narrative and justification must be consistent with and support the program narrative.
The budget narrative and justification must be concrete and specific. It must provide a justification on the basis of each proposed cost in the budget and how that cost was calculated. The same level of detail must be provided for matching funds. The basis of your estimates can be ongoing activities, market rates, quotations received from vendors, historical records, etc. but the proposed costs must be reasonable, allowable, allocable, and necessary to the supported activity.

Budget Narrative and Justification on budget sheet
A. Staffing
Position – Provide the title of the position and an explanation of the roles and responsibilities of the position as it relates to the objectives of the award supported project under the comment section. The position must be relevant and allowable under the project.
Salary/Rate – The estimated annual salary.
Salaries should be comparable to those within your organization.
If the position is not being charged to the Federal award, but the individual is working on the project identify the salary/rate as an “in-kind” cost.
Percent of Time – The percentage of time that the position contributes to the project. Personnel cannot exceed 100% of their time on all active projects (including other Federal awards).

B. Fringe Benefits
Fringe benefits are allowances and services provided to employees as compensation in addition to regular salaries and wages.

C. Travel
Funds requested in the travel category should be only for project staff. Travel for consultants and contractors should be shown in the “Contract” cost category along with consultant/contractor fees. Because these costs are associated with contract-related work, they must be billed under the “Contract” cost category.
D. Supplies
Supplies are items costing less than $5,000 per unit (federal definition), often having one-time use.

Provide the following information for the Budget narrative and justification:
Items – list supplies by type, e.g., office supplies, postage, laptop computers. The justification must include an explanation of the type of supplies to be purchased and how it relates back to meeting the project objectives.
Calculation – describe the basis for the cost, specifically the unit cost of each item, number needed, and total amount.
Supply Cost Charged to the Award – provide the total cost of the supply items to be charged to the award during the budget period.
Sample Justification for Supplies
Office supplies, copies and postage are needed for general operation of the project. The laptop computer and printer are needed for both project work and presentations for Project Director. The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.
Appendix B – Standard Federal Funding Restrictions

HHS codified the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, 45 CFR Part 75. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available at https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75?toc=1

Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.
You may also reference the SAMHSA site for grantee guidelines on financial management requirements at https://www.samhsa.gov/grants/grants-management/policies-regulations/financial-management-requirements.

**SAMHSA grant funds may not be used to:**
Directly or indirectly, purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

- Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.

**Note:** A recipient or treatment or prevention provider may provide up to $30 noncash incentive to individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow-up interview.
Grant funds may be used for light snacks, water, or hot drinks not to exceed $3.00 per person per day.
Consolidated Appropriations Action, 2017 (Public Law 115-31) Division H, Section 520, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.
Appendix C – Guidelines for Consumer and Family Participation

Applicants should have experience or a track record of involving mental health consumers and their family members/support systems. The applicant organization should have a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization’s activities as described below.

**Program Mission** – An organization’s mission should reflect the value of involving consumers and family members in order to improve outcomes.

**Program Planning** – Consumers and family members are involved in substantial numbers in the conceptualization of initiatives including identifying community needs, goals and objectives, and innovative approaches. This includes participation in grant application development including budget submissions. Approaches should also incorporate peer support methods.

**Training and Staffing** – The staff of the organization should have substantive training in and be familiar with consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.

**Informed Consent** – Recipients of project services should be fully informed about the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time.

**Rights Protection** – Consumers and family members must be fully informed of all of their rights including those designated by the President’s Advisory Commission’s Healthcare Consumer Bill of Rights and Responsibilities: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.

**Program Administration, Governance, and Policy Determination** – Consumers and family members should be hired in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Board of Directors, Steering Committees and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

**Program Evaluation** – Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. This includes determining research questions, designing instruments, conducting surveys and other research methods, and analyzing data and determining conclusion. Consumers and family members should also be involved in all submission of journal articles. Evaluation and research should also include consumer satisfaction and dissatisfaction measures.
Appendix D– Addressing Disaster Preparedness and Emergency Planning

Integrating disaster preparedness and emergency planning while working with people experiencing homelessness can be quite challenging due to the transient nature of this population. These challenges are often exacerbated by mental health and substance abuse issues. Thus, it is vital that grantees have an explicit (written) disaster preparedness plan for individuals experiencing homelessness within your community. PATH grantees are encouraged to ensure the participation of family members and individuals experiencing homelessness in the design, review, updating, testing and implementation of emergency plans that currently exist or will be developed as a result of the adoption of this program guidance. In forming disaster preparedness plans, PATH grantees should consider the challenges of reconnecting populations experiencing homelessness to essential services post disaster if services have been interrupted. Additionally, your disaster preparedness plan should consider from a behavioral health perspective, how a person experiencing homelessness (and any serious mental illness) may be prone to severe reactions (high risk), and perhaps are less resilient than survivors who are well connected in terms of social support systems. Furthermore, it is important to identify and contact your Local Disaster Behavior Health Coordinator.

On a yearly basis, or as deemed consistent with existing emergency plan milestones for the State, PATH grantees, are encouraged to assess and adjust as appropriate, their emergency services plan to ensure it continues to meet the service needs of people experiencing homelessness. In addition, PATH grantees should create After Action Reports (AAR) for their documentation and review of best practices and challenges pertaining to disaster response. The AAR reports can be shared with other PATH grantees to increase capacity building for future disasters.

Definition of Disaster Behavioral Health
Disaster behavioral health is an integral part of the overall public health and medical preparedness, response, and recovery system. It includes the interconnected psychological, emotional, cognitive, developmental, and social influences on behavior, mental health, and substance use, and the effect of these influences on preparedness, response, and recovery from disasters or traumatic events. Behavioral factors directly and indirectly influence individual and community risks, health, resilience, and the success of emergency response and recovery strategies and public health measures.

Resources
SAMHSA Disaster App Access critical, disaster-related resources right from your phone with the SAMHSA Disaster App.
http://store.samhsa.gov/apps/disaster/

Promising Practices in Disaster Behavioral Health Planning The goal of the webcast Introduction to Promising Practices in Disaster Behavioral Health Planning is to define promising practices in DBH planning and share examples that have been implemented.
https://www.youtube.com/watch?v= tspxPB0UoA&list=PLBXgZMI_zqfRcTt9ndxkbieQpQslk-R6
Appendix E– Administrative and National Policy Requirements

HHS, SAMHSA Grant Regulations
Accessibility Provisions for All Grant Application Packages and Funding

Opportunity Announcements
Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. Please see https://www.hhs.gov/civilrights/for-providers/provider-obligations/index.html and http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html.

Recipients must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-englishproficiency/fact-sheet-guidance/index.html and https://www.lep.gov. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at https://www.thinkculturalhealth.hhs.gov/

Recipients also have specific legal obligations for serving qualified individuals with disabilities. Please see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.


Recipients of Federal Financial Assistance must also administer their programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws. Collectively, these laws prohibit exclusion, adverse treatment, coercion, or other discrimination against persons or entities on the basis of their consciences, religious beliefs, or moral convictions. Please see; https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Cultural and Linguistic Competence
Recipients of federal financial assistance (FFA) from HHS serve culturally and linguistically diverse communities that are not just defined by race or ethnicity, but also socio-economic status, sexual orientation, gender identity, physical and mental ability, age, and other factors. Organizational behaviors, practices, attitudes, and policies across all SAMHSA-supported entities respect and respond to the cultural diversity of communities, individuals and students served.
If your application is funded, you must ensure access to quality health care for all. Quality care means access to services, information, and materials delivered by trained providers in a manner that factor in the language needs, health literacy, culture, and diversity of the populations served. Quality also means that data collection instruments used should adhere to culturally and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) published by the U.S. Department of Health and Human Services at [https://www.thinkculturalhealth.hhs.gov/](https://www.thinkculturalhealth.hhs.gov/). Additional cultural/linguistic competency and health literacy tools, and resources are available online at [https://www.samhsa.gov/sites/default/files/samhsa-strategic-preventionframework-guide-08292019.pdf](https://www.samhsa.gov/sites/default/files/samhsa-strategic-preventionframework-guide-08292019.pdf)

**Acknowledgement of Federal Funding**

As required by HHS appropriations acts, all HHS recipients must acknowledge Federal funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with federal funds. Recipients are required to state (1) the percentage and dollar amounts of the total program or project costs financed with federal funds and (2) the percentage and dollar amount of the total costs financed by nongovernmental sources.

**Supplement Not Supplant**

Grant funds may be used to supplement existing activities. Grant funds may not be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal grant.

**Mandatory Disclosures**

A term may be added to the (NOGA) which states: Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub-recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

**SAMHSA**

Attention: Office of Financial Advisory Services
5600 Fishers Lane
Rockville, MD 20857

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance; including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).”
**System for Award Management (SAM) Reporting**

A term may be added to the NOGA that states: “In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than $10,000,000, must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a federal award that reached final disposition within the most recent five-year period. The recipient also must make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.”

**Drug-Free Workplace**

A term may be added to the NOGA that states: “You as the recipient must comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of part 382, which adopts the Government-wide implementation (2 CFR part 182) of section 5152-5158 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701-707).”

**Smoke-Free Workplace**

The Public Health Service strongly encourages all award recipients to provide a smoke free workplace and to promote the non-use of all tobacco products. Further, Public Law (P.L.) 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

**Standards for Financial Management**

**SAMHSA funds must retain their award-specific identity** – they may not be commingled with state funds or other federal funds. [“Commingling funds” typically means depositing or recording funds in a general account without the ability to identify each specific source of funds for any expenditure.]. Common mistakes related to commingling are outlined below:

- **Commingling of Cost Centers.** Every business activity constitutes a cost center. Examples of cost centers include: a federal grant, a state grant, a private grant, matching costs for a specific grant, a self-funded project, fundraising activities, membership activities, lines of business, unallowable costs, indirect costs, etc. Recipients must establish a unique account(s) in the accounting system to capture and accumulate expenditures of each cost center, apart from other cost centers.

- **Commingling of Cost Categories.** Recipients must avoid budget fluctuations that violate programmatic restrictions. They must also avoid applying indirect cost rates to prohibited cost categories, such as equipment, participant support costs and sub-contracts/sub-awards in excess of $25,000. As a result, recipients must establish unique object codes in the accounting system to capture and accumulate costs by budget category
(i.e., salaries, fringe benefits, consultants, travel, participant support costs, subcontracts, etc.).

- **Commingling of Time Worked and Not Worked.** Recipients may not directly charge a grant for employees' time not spent working on the grant. Therefore, *Paid Time Off* (PTO), such as vacation, holiday, sick and other paid leave, is not recoverable directly from grants, but rather must be allocated to all grants, projects and cost centers over an entire cost accounting period through either an indirect cost or fringe benefit rate.

- **Unsupported Labor Costs.** To support charges for direct and indirect salaries and wages, recipients maintaining hourly timesheets must ensure that timesheets encompass all hours worked and not worked on a daily basis. The timesheet should identify the: (a) grant, project or cost center being worked on; (b) number of hours worked on each; (c) description of work performed; and (d) Paid Time Off (PTO) hours. The total hours recorded each day should coincide with an individual’s employment status in accordance with established policy (i.e., full-time employees work 8 hours each day, etc.).

- **Inconsistent Treatment of Costs.** Recipients must treat costs consistently across all federal and non-federal grants, projects and cost centers. For example, recipients may not direct-charge federal grants for costs typically considered indirect in nature, unless done consistently. Examples of indirect costs include: administrative salaries, rent, accounting fees, utilities, etc. Additionally, in most cases, the cost to develop an accounting system adequate to justify direct charging of the aforementioned items outweighs the benefits. As a result, use of an indirect cost rate is the most effective mechanism to recover these costs and not violate federal financial requirements of consistency, allocability and allowability.

**Trafficking in Persons**

Awards issued by SAMHSA are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to [https://www.ecfr.gov/current/title-2/subtitle-A/chapter-I/part-175#175.15](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-I/part-175#175.15)

**NOTE:** The signature of the Authorized Representative (AOR) on the application serves as the required certification of compliance for your organization regarding the administrative and national policy requirements.

**Publications**

Recipients are required to notify the State Point of Contact (SPC) and SAMHSA’s Government Project Officer (GPO) of any materials based on the SAMHSA funded grant project that are accepted for publication. In addition, KDADS in partnership with SAMHSA requests that recipients:

Provide the SPC, GPO and SAMHSA Publications Clearance Officer with advance copies of publications. Include acknowledgment of the SAMHSA grant program as the source of funding for the project. Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of KDADS, SAMHSA or the U.S. Department of Health and Human Services and should not be construed as such. SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or
policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.