



Grant Number: 1H79SM062947-01
FAIN: SM062947

Program Director:
 Malissa McEntire

Project Title: Oklahoma Certified Community BH Clinics (OCCBHC) Initiative

Grantee Address	Business Address
OKLAHOMA DEPT OF MENTAL HLTH/SUBS ABUSE Ryan Bixler 1200 NE 13TH ST Oklahoma, OK 731171022	Terri White Commissioner Oklahoma Dept. of MH & SA Srvc. 1200 NE 13th St. Oklahoma City, OK 731171022

Budget Period: 10/23/2015 – 10/22/2016
Project Period: 10/23/2015 – 10/22/2016

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$982,373 (see “Award Calculation” in Section I and “Terms and Conditions” in Section III) to OKLAHOMA DEPT OF MENTAL HLTH/SUBS ABUSE in support of the above referenced project. This award is pursuant to the authority of Protecting Access to Medicare Act of 2014 Section 223(c)(1) and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on “Grants” then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the “Terms and Conditions” is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,

Gwendolyn Simpson
 Grants Management Officer
 Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H79SM062947-01

Award Calculation (U.S. Dollars)

Salaries and Wages	\$146,750
Fringe Benefits	\$72,128
Personnel Costs (Subtotal)	\$218,878
Supplies	\$7,846
Consortium/Contractual Cost	\$688,382
Travel Costs	\$8,625
Direct Cost	\$923,731
Indirect Cost	\$58,642
Approved Budget	\$982,373
Federal Share	\$982,373
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$982,373

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$982,373

*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.829
 EIN: 1736017987C2
 Document Number: 16SM62947A
 Fiscal Year: 2016

IC	CAN	Amount
SM	C96CMSI	\$982,373

IC	CAN	2016
SM	C96CMSI	\$982,373

SM Administrative Data:

PCC: CCBHC / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SM062947-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1H79SM062947-01

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Additional Costs

SECTION IV – SM Special Terms and Conditions – 1H79SM062947-01**REMARKS:**

- 1) As a reminder all SAMHSA official notifications will be electronically mailed to your organization's Business Official address as identified in the HHS Checklist, Part C.
- 2) *This award reflects approval of the revised budget submitted on October 6, 2015 by your authorized representative in response to the application request.*
- 3) By November 27, 2015, the recipient must submit to the SAMHSA Grants Management Specialist, and the SAMHSA Government Project Officer revised budget reflecting a detailed cost breakdown of each Contract listed under "Contractual."
 - a. Deb Ogles - a detailed cost breakdown of the Consultant \$16,000
 - b. CMT - a detailed cost breakdown of the \$110,000
 - c. 2 to 6 CMHCs- a detailed cost breakdown of the \$300,000
 - d. OU E-TEAM - a detailed cost breakdown of the \$13,000
 - e. Evolution Foundation - a detailed cost breakdown of the \$25,000
 - f. NAMI OK- a detailed cost breakdown of the \$25,000

Note: Salaries cannot exceed the Executive Level salary cap of \$183,000 on federal grants.

SPECIAL TERM(s) OF AWARD:**DOMA:**

On June 26, 2013, in United States v. Windsor, the Supreme Court held that section 3 of the Defense of Marriage Act (DOMA), which prohibited federal recognition of same-sex marriages, was unconstitutional. As a result of that decision and consistent with HHS policy, SAMHSA recognizes same-sex marriages and same-sex spouses on equal terms with opposite sex-marriages and opposite-sex spouses, regardless of where the couple resides. On June 26, 2015, in Obergefell v. Hodges, the Court held that the Fourteenth Amendment requires a State to license a marriage between two people of the same sex and to recognize a marriage between two people of the same sex when their marriage was lawfully licensed and performed out-of-state. Consistent with both of these decisions, you must treat as valid the marriages of same-

sex couples. This policy does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage.

STANDARD TERMS OF AWARD:

Refer to the following SAMHSA website for Standard Terms of Award:

<http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>

(COOPERATIVE AGREEMENT)

Key staff are listed below:

Malissa McEntire, Project Director @ In-Kind

All changes in key staff including level of effort must be sent electronically to the GPO including a biographical sketch and other documentation and information as stated above who will make a recommendation for approval or disapproval to the assigned Grants Management Specialist. Only the GMO, SAMHSA may approve Key Staff Changes.

REPORTING REQUIREMENTS:

Submission of a Programmatic (quarterly) Report is due no later than the dates as follows:

1st Report - January 23, 2016

2nd Report - April 23, 2016

3rd Report - July 23, 2016

4th Report - October 23, 2016

Please submit your Programmatic (annual, semi-annual or quarterly) Report to DGMPProgressReports@samhsa.hhs.gov and copy your Program Official.

(HARD COPIES SUBMISSION IS NOT REQUIRED)

Failure to comply with the above stated terms and conditions may result in suspension, classification as High Risk status, termination of this award or denial of funding in the future.

All responses to special terms and conditions of award and post award requests may be electronically mailed to the Grants Management Specialist and to the Program Official as identified on your Notice of Award.

It is essential that the Grant Number be included in the SUBJECT line of the email.

CONTACTS:

David J Morrisette, Program Official

Phone: 240-276-1912 **Email:** david.morrisette@samhsa.hhs.gov **Fax:** (240) 276-1970

Sherie Fairfax, Grants Specialist

Phone: 240-276-1415 **Email:** sherie.fairfax@samhsa.hhs.gov **Fax:** 240-276-1430