



**Grant Number:** 1H79TI026729-01  
**FAIN:** TI026729  
**Program Director:** Pamela Markham

**Project Title:** Nevada County Adult Drug Court Expansion Grant

<b>Grantee Address</b>	<b>Business Address</b>
NEVADA COUNTY PROBATION DEPARTMENT Adult Drug Court Expansion for Nevada County 109 1/2 North Pine Street Nevada City, CA 959592511	Nevada County Probation Department Chief Probation Officer 109 1/2 North Pine Street Nevada City, CA 959592511

**Budget Period:** 09/30/2016 – 09/29/2017

**Project Period:** 09/30/2016 – 09/29/2019

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$134,035 (see “Award Calculation” in Section I and “Terms and Conditions” in Section III) to NEVADA COUNTY PROBATION DEPARTMENT in support of the above referenced project. This award is pursuant to the authority of Section 509 of the Public Health Service Act, as amended 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](http://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,  
 Eileen Bermudez  
 Grants Management Officer  
 Division of Grants Management

See additional information below

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**SECTION I – AWARD DATA – 1H79TI026729-01****Award Calculation (U.S. Dollars)**

<b>Consortium/Contractual Cost</b>	\$111,440
<b>Travel Costs</b>	\$3,695
<b>Other</b>	\$18,900
<b>Direct Cost</b>	\$134,035
<b>Approved Budget</b>	\$134,035
<b>Federal Share</b>	\$134,035
<b>Cumulative Prior Awards for this Budget Period</b>	\$0
<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	\$134,035

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$134,035
2	\$147,350
3	\$42,960

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

**Fiscal Information:**

**CFDA Number:** 93.243  
**EIN:** 1946000526A2  
**Document Number:** 16TI26729A  
**Fiscal Year:** 2016

<b>IC</b>	<b>CAN</b>	<b>Amount</b>
TI	C96N290	\$134,035

IC	CAN	2016	2017	2018
TI	C96N290	\$134,035	\$147,350	\$42,960

**TI Administrative Data:**

**PCC:** DCT-AD / **OC:** 4145

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**SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI026729-01**

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.

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**SECTION III – TERMS AND CONDITIONS – 1H79TI026729-01**

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**

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 must also 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.

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**SECTION IV – TI Special Terms and Conditions – 1H79TI026729-01**

**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 conditionally approves budget submitted on April 4, 2016, as part of the application.

**SPECIAL TERMS OF AWARD:**

**EPLS:**

SAMHSA's OFAS is conducting a review of one or more of the key staff (**authorized representative, program director or business official**) listed in your organization's Application for Federal Assistance (SF424) because they had the same or a similar name to an individual in the System of Award Management Exclusions List. If OFAS's review determines that the individual(s) in question is(are) the same person(s), enforcement action will be taken, which may include terminating the grant or requiring the person be removed from working on the grant or at your organization in accordance with 2 CFR Part 180. Please note that by selecting "I agree" in § 21 of the SF424, the authorized representative certified that, to the best of his or her knowledge and belief, that the applicant and its principals were not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.

**DOMA Language:**

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 spouses/marriages, was unconstitutional. As a result of that decision, SAMHSA is no longer

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prohibited from recognizing same sex marriages. Consistent with HHS policy and the purposes of SAMHSA programs, same-sex spouses/marriages are to be recognized in the Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing Wellness Courts (Short Title: SAMHSA Treatment Drug Courts). This means that, as a recipient of SAMHSA Treatment Drug Courts funds you are required to treat as valid the marriages of same-sex couples whose marriage was legal when entered into. This applies regardless of whether the couple now lives in a jurisdiction that recognizes same-sex marriage or a jurisdiction that does not recognize same-sex marriage. Any same-sex marriage legally entered into in one of the 50 states, the District of Columbia, a U.S. territory or a foreign country will be recognized. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage.

**MAT Language:**

**By October 31, 2016** you must:

Submit a statement of assurance that for the treatment drug court(s) for which funds are sought will not: 1) will not deny access to the program to any eligible client for the treatment drug court because of his/her use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulations, disulfiram, and acamprosate calcium). Specifically, methadone treatment must be permitted when rendered in accordance with current federal and state methadone dispensing regulations from an opioid treatment program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder; and 2) mandate that a drug court client will not be compelled to no longer use MAT as part of the conditions of the drug court if such a mandate is inconsistent with a licensed prescriber's recommendation or valid prescription.

**Disparity Impact Statement (DIS):**

**By November 30, 2016** you must:

Submit an electronic copy of a disparity impact statement to the Government Project Officer (GPO) and Grants Management Specialist (GMS) as identified under Contacts on this notice of award. The disparity impact statement should be consistent with information in your application regarding access, \*service use and outcomes for the program and include three components as described below. Questions about the disparity impact statement should be directed to your GPO. Examples of disparity impact statements can be found on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/disparity-impact-statement>.

\*Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training, and/or technical assistance activities.

The disparity impact statement, in response to the Special Term of Award, consists of three components:

1. Proposed number of individuals to be served by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.
2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.
3. The quality improvement plan should include methods for the development and

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implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:

1. Diverse cultural health beliefs and practices;
2. Preferred languages; and
3. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

### **Financial Capability Review:**

SAMHSA's Office of Financial Advisory Services (OFAS) is currently conducting a review of your organization's financial management system to determine if it is capable of adequately administering federal awards in accordance with 45 CFR 75.205. If the review discloses material weaknesses and/or other financial management concerns, additional specific award conditions may be imposed on your organization as deemed appropriate in accordance with 45 CFR 75.207. The conditions will include your organization's Payment Management Services (PMS) account being restricted, which results in all future PMS drawdowns, whether through advances or reimbursements, being required to be approved in advance by OFAS and the applicable Grants Management Specialist and Government Program Official. The pre-approvals will be based on the submission of monthly Requests for Advance/ Reimbursement (SF270) along with accounting reports and source documentation that adequately supports the costs being claimed.

### **SPECIAL CONDITION OF AWARD:**

#### **Other**

**BY OCTOBER 31, 2016**, you must address the following concerns:

- Recipient must revise the SF424A **BUDGET INFORMATION-Non-Construction Programs form** to reflect the amount per budget category requested for **01 year** only.
- Recipient must provide the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170

### **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>  
**(NEW)**

Key staff (or key staff positions, if staff has not been selected) are listed below:

Pamela Markham, Project Director @ 10% level of effort (*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 Semi-Annual Report is due no later than the dates as follows:

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1st Report - April 30, 2017  
2nd Report - October 31, 2017

**Please submit your Programmatic Semi-Annual Report to [DGMPProgressReports@samhsa.hhs.gov](mailto: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:

Jon Berg, Program Official  
**Phone:** (240) 276-1609 **Email:** Jon.Berg@samhsa.hhs.gov

Helen Zhou, Grants Specialist  
**Phone:** (240) 276-2482 **Email:** helen.zhou@samhsa.hhs.gov **Fax:** (240) 276-2410