# AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

**AgendaTitle:**
Grant Application; Substance Abuse and Mental Health Services Administration; Gunnison County Substance Abuse Prevention Project; 10/1/15 thru 9/30/16; $125,000

**Action Requested:** Motion

**Parties to the Agreement:** DFC and Gunnison County

**Term Begins:** **Term Ends:** **Grant Contract #:**

**Summary:**
We received the DFC continuation grant application two and a half weeks ago. The due date for submission is Jan. 26th. I have been working on the grant daily and have been going back and forth with Jane Wyman on getting the budget correct. No signatures are needed at this time and we have already been approved for this grant in 2013 for 5 years.

**Fiscal Impact:** $125,000

**Submitted by:** Kari Commerford **Submitter's Email Address:** kcommerford@gunnisoncounty.org

**Finance Review:** (●) Required ( ) Not Required

Comments:

This is the DFC FFY2016 grant budget renewal. This is year 2 of the current 5 year grant.
It is included in the County budget.

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 1/28/2015

**County Attorney Review:** (●) Required ( ) Not Required

Comments:

Reviewed by: GUNCOUNTY1\atrezise Discharge Date: 1/27/2015 Certificate of Insurance Required

Yes ( ) No (●)

**County Manager Review:**

Comments:

Reviewed by: GUNCOUNTY1\mbirnie Discharge Date: 1/29/2015

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted:

Agenda Date: 2/3/2015 Follow Up Agenda Date:

*Revised April 2013*

# Grant Application Package

| | |
|---|---|
| **Opportunity Title:** | SAMHSA 2015 Continuations DFC Regular |
| **Offering Agency:** | Substance Abuse & Mental Health Services Adminis. |
| **CFDA Number:** | 93.276 |
| **CFDA Description:** | Drug-Free Communities Support Program Grants |
| **Opportunity Number:** | SAMHSADFCREGULARCONT |
| **Competition ID:** | CFDA93276 |
| **Opportunity Open Date:** | 12/11/2014 |
| **Opportunity Close Date:** | 01/26/2015 |
| **Agency Contact:** | Virginia Simmons<br>Grants Management Officer<br>E-mail: Virginia.Simmons@samhsa.hhs.gov<br>Phone: 240-276-1422 |

**This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.**

**Application Filing Name:** Gunnison County - GCSAPP

## Select Forms to Complete

### Mandatory

- Application for Federal Assistance (SF-424)
- Project/Performance Site Location(s)
- Project Narrative Attachment Form
- HHS Checklist (08-2007)
- Budget Narrative Attachment Form
- Budget Information for Non-Construction Programs (SF-424A)

### Optional

- ☐ Disclosure of Lobbying Activities (SF-LLL)
- ☐ Faith Based EEO Survey
- ☐ Other Attachments Form

## Instructions

*Show Instructions >>*

**This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.**

**If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.**

OMB Number: 4040-0004
Expiration Date: 8/31/2016

## Application for Federal Assistance SF-424

| * 1. Type of Submission: | * 2. Type of Application: | * If Revision, select appropriate letter(s): |
|---|---|---|
| ☐ Preapplication | ☐ New | |
| ☒ Application | ☒ Continuation | * Other (Specify): |
| ☐ Changed/Corrected Application | ☐ Revision | |

| * 3. Date Received: | 4. Applicant Identifier: |
|---|---|
| Completed by Grants.gov upon submission. | |

| 5a. Federal Entity Identifier: | 5b. Federal Award Identifier: |
|---|---|
| | 5H79SPO15650-01 |

**State Use Only:**

| 6. Date Received by State: | 7. State Application Identifier: |
|---|---|
| | |

**8. APPLICANT INFORMATION:**

* a. Legal Name: Gunnison County

| * b. Employer/Taxpayer Identification Number (EIN/TIN): | * c. Organizational DUNS: |
|---|---|
| 84-6000770 | 1331152200000 |

**d. Address:**

| | |
|---|---|
| * Street1: | 200 East Virginia Street |
| Street2: | |
| * City: | Gunnison |
| County/Parish: | |
| * State: | CO: Colorado |
| Province: | |
| * Country: | USA: UNITED STATES |
| * Zip / Postal Code: | 812302248 |

**e. Organizational Unit:**

| Department Name: | Division Name: |
|---|---|
| | |

**f. Name and contact information of person to be contacted on matters involving this application:**

| | | | |
|---|---|---|---|
| Prefix: | | * First Name: | Kari |
| Middle Name: | | | |
| * Last Name: | Commerford | | |
| Suffix: | | | |

Title: Director, GCSAPP

Organizational Affiliation:
Gunnison County

| * Telephone Number: | 970-642-7396 | Fax Number: | |
|---|---|---|---|

* Email: kcommerford@gunnisoncounty.org

## Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Substance Abuse & Mental Health Services Adminis.

**11. Catalog of Federal Domestic Assistance Number:**

93.276

CFDA Title:

Drug-Free Communities Support Program Grants

*** 12. Funding Opportunity Number:**

SAMHSADFCREGULARCONT

* Title:

SAMHSA 2015 Continuations DFC Regular

**13. Competition Identification Number:**

CFDA93276

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

areas affected for DFC continuation.docx

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Gunnison County Substance Abuse Prevention Project (GCSAPP)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

## Application for Federal Assistance SF-424

**16. Congressional Districts Of:**

* a. Applicant: 3
* b. Program/Project: 3

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 10/01/2015
* b. End Date: 09/30/2016

**18. Estimated Funding ($):**

| | |
|---|---|
| * a. Federal | 125,000.00 |
| * b. Applicant | 0.00 |
| * c. State | 85,928.00 |
| * d. Local | 58,598.00 |
| * e. Other | 18,549.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 288,075.00 |

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [x] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

**21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

- [x] ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:
* First Name: Paula
Middle Name:
* Last Name: Swenson
Suffix:

* Title: BOCC Chair Person

* Telephone Number: 970-641-0248
Fax Number:

* Email: pswenson@gunnisoncounty.orgGu

* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.

OMB Number: 4040-0010
Expiration Date: 08/31/2011

# Project/Performance Site Location(s)

**Project/Performance Site Primary Location**

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Gunnison County

DUNS Number: 1331152200000

* Street1: 200 East Virginia Avenue

Street2:

* City: Gunnison

County:

* State: CO: Colorado

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 812302248

* Project/ Performance Site Congressional District: CO-003

**Project/Performance Site Location 1**

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

**Additional Location(s)** Add Attachment Delete Attachment View Attachment

## Project Narrative File(s)

*** Mandatory Project Narrative File Filename:** DFC continuation Action Plan 2015-16.docx

Add Mandatory Project Narrative File | Delete Mandatory Project Narrative File | View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File | Delete Optional Project Narrative File | View Optional Project Narrative File

OMB Approval No. 0990-0317
Expiration Date: 8/31/2010

# CHECKLIST

**NOTE TO APPLICANT:** This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.

Type of Application: ☐ New ☒ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

**PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.**

| | Included | NOT Applicable |
|---|---|---|
| 1. Proper Signature and Date on the SF 424 (FACE PAGE) | ☒ | |
| 2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690) | | |
| ☒ Civil Rights Assurance (45 CFR 80) | 08/18/2009 | |
| ☒ Assurance Concerning the Handicapped (45 CFR 84) | 08/18/2009 | |
| ☒ Assurance Concerning Sex Discrimination (45 CFR 86) | 08/18/2009 | |
| ☒ Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) | 08/18/2009 | |
| 3. Human Subjects Certification, when applicable (45 CFR 46) | ☐ | ☒ |

**PART B: This part is provided to assure that pertinent information has been addressed and included in the application.**

| | YES | NOT Applicable |
|---|---|---|
| 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? | ☐ | ☒ |
| 2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) | ☒ | |
| 3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)? | ☒ | |
| 4. Have biographical sketch(es) with job description(s) been provided, when required? | ☒ | ☐ |
| 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? | ☒ | |
| 6. Has the 12 month narrative budget justification been provided? | ☒ | ☐ |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? | ☒ | ☐ |
| 8. For a Supplemental application, does the narrative budget justification address only the additional funds requested? | ☐ | ☒ |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included? | ☒ | ☐ |

**PART C: In the spaces provided below, please provide the requested information.**

Business Official to be notified if an award is to be made

Prefix: | First Name: Matthew | Middle Name:
Last Name: Birnie | Suffix:
Title: County Manager
Organization: Gunnison County Substance Abuse Prevention Project
Street1: 200 East Virginia Avenue
Street2:
City: Gunnison
State: CO: Colorado | ZIP / Postal Code: 81230 | ZIP / Postal Code4:
E-mail Address: mbirnie@gunnisoncounty.org
Telephone Number: 970-641-7602 | Fax Number:

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix: | First Name: Kari | Middle Name:
Last Name: Commerford | Suffix:
Title: Director
Organization: Gunnison County Substance Abuse Prevention Project
Street1: 200 East Virginia Avenue
Street2:
City: Gunnison
State: DC: District of Columbia | ZIP / Postal Code: 81230 | ZIP / Postal Code4:
E-mail Address: kcommerford@gunnisoncounty.org
Telephone Number: 970-642-7396 | Fax Number:

**PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.**

☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.

☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.

☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.

☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.

☒ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of HHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: *(Agency)* on *(Date)*

## INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

## EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the Federal Register on June 24, 1983, along with a notice identifying the Department's programs that are subject to the provisions of Executive Order 12372. Information regarding HHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

**BY SIGNING THE FACE PAGE OF THIS APPLICATION, THE APPLICANT ORGANIZATION CERTIFIES THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF THE SIGNER'S KNOWLEDGE, AND THE ORGANIZATION ACCEPTS THE OBLIGATION TO COMPLY WITH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' TERMS AND CONDITIONS IF AN AWARD IS MADE AS A RESULT OF THE APPLICATION. THE SIGNER IS ALSO AWARE THAT ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS OR CLAIMS MAY SUBJECT THE SIGNER TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.**

**THE FOLLOWING ASSURANCES/CERTIFICATIONS ARE MADE AND VERIFIED BY THE SIGNATURE OF THE OFFICIAL SIGNING FOR THE APPLICANT ORGANIZATION ON THE FACE PAGE OF THE APPLICATION:**

**Civil Rights – Title VI of the Civil Rights Act of 1964 (P.L. 88-352),** as amended, and all the requirements imposed by or pursuant to the HHS regulation (45 CFR part 80).

**Handicapped Individuals** – Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 84).

**Sex Discrimination** – Title IX of the Educational Amendments of 1972 (P.L. 92-318), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 86).

**Age Discrimination** – The Age Discrimination Act of 1975 (P.L. 94-135), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 91).

**Debarment and Suspension** – Title 2 CFR part 376.

**Certification Regarding Drug-Free Workplace Requirements** – Title 45 CFR part 82.

**Certification Regarding Lobbying** – Title 32, United States Code, Section 1352 and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 93).

**Environmental Tobacco Smoke** – Public Law 103-227.

**Program Fraud Civil Remedies Act (PFCRA)**

## Budget Narrative File(s)

*** Mandatory Budget Narrative Filename:** DFC budget narrative 2015 Cont. app.docx

Add Mandatory Budget Narrative | Delete Mandatory Budget Narrative | View Mandatory Budget Narrative

To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative | Delete Optional Budget Narrative | View Optional Budget Narrative

# BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2014

## SECTION A - BUDGET SUMMARY

| Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds | | New or Revised Budget | | |
|---|---|---|---|---|---|---|
| | | Federal (c) | Non-Federal (d) | Federal (e) | Non-Federal (f) | Total (g) |
| 1. | | $ | $ | $ 125,000.00 | $ 163,075.00 | $ 288,075.00 |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. Totals | | $ | $ | $ 125,000.00 | $ 163,075.00 | $ 288,075.00 |

## SECTION B - BUDGET CATEGORIES

| 6. Object Class Categories | GRANT PROGRAM, FUNCTION OR ACTIVITY (1) | (2) | (3) | (4) | Total (5) |
|---|---|---|---|---|---|
| a. Personnel | $ 72,155.20 | $ 49,060.80 | $ | $ | $ 121,216.00 |
| b. Fringe Benefits | 13,799.60 | 14,975.21 | | | 28,774.81 |
| c. Travel | 11,815.00 | 2,284.00 | | | 14,099.00 |
| d. Equipment | | | | | |
| e. Supplies | 2,400.00 | | | | 2,400.00 |
| f. Contractual | 8,600.00 | 74,349.00 | | | 82,949.00 |
| g. Construction | | | | | |
| h. Other | 16,230.20 | 22,405.99 | | | 38,636.19 |
| i. Total Direct Charges (sum of 6a-6h) | 125,000.00 | 163,075.00 | | | $ 288,075.00 |
| j. Indirect Charges | | | | | $ |
| k. TOTALS (sum of 6i and 6j) | $ 125,000.00 | $ 163,075.00 | $ | $ | $ 288,075.00 |
| | | | | | |
| 7. Program Income | $ | $ | $ | $ | $ |

**Authorized for Local Reproduction**

## SECTION C - NON-FEDERAL RESOURCES

| (a) Grant Program | (b) Applicant | (c) State | (d) Other Sources | (e)TOTALS |
|---|---|---|---|---|
| 8. Tony Grampsas Youth Services Grant | $ | $ 85,928.00 | $ | $ 85,928.00 |
| 9. Local | | | 58,598.00 | 58,598.00 |
| 10. Other | | | 18,549.00 | 18,549.00 |
| 11. | | | | |
| 12. TOTAL (sum of lines 8-11) | $ | $ 85,928.00 | $ 77,147.00 | $ 163,075.00 |

## SECTION D - FORECASTED CASH NEEDS

| | Total for 1st Year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
|---|---|---|---|---|---|
| 13. Federal | $ | $ | $ | $ | $ |
| 14. Non-Federal | $ | | | | |
| 15. TOTAL (sum of lines 13 and 14) | $ | $ | $ | $ | $ |

## SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

| (a) Grant Program | FUTURE FUNDING PERIODS (YEARS) | | | |
|---|---|---|---|---|
| | (b)First | (c) Second | (d) Third | (e) Fourth |
| 16. | $ | $ | $ | $ |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. TOTAL (sum of lines 16 - 19) | $ | $ | $ | $ |

## SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:

22. Indirect Charges:

23. Remarks: