



Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Flex Grants

Notice of Award
FAIN# H79FG000738
Federal Award Date
03/16/2023

Recipient Information

1. Recipient Name

CITY OF PALO ALTO
250 HAMILTON AVE

PALO ALTO, 94301

2. Congressional District of Recipient

18

3. Payment System Identifier (ID)

1946000389A1

4. Employer Identification Number (EIN)

946000389

5. Data Universal Numbering System (DUNS)

050520782

6. Recipient's Unique Entity Identifier

W1ZRG61RG5V7

7. Project Director or Principal Investigator

Melissa McDonough

melissa.mcdonough@cityofpaloalto.org
650-3292533

8. Authorized Official

Chantal Gaines
chantal.gaines@cityofpaloalto.org
650-329-2572

Federal Agency Information

9. Awarding Agency Contact Information

Andrew Payne
Grants Management Specialist
Center for Flex Grants
Andrew.Payne@samhsa.hhs.gov
(240) 276-1238

10. Program Official Contact Information

Bethaney Myers

Center for Flex Grants
bethaney.myers@samhsa.hhs.gov
240-276-1579

Federal Award Information

11. Award Number

6H79FG000738-01M005

12. Unique Federal Award Identification Number (FAIN)

H79FG000738

13. Statutory Authority

Consolidated Appropriation Act, 2022 [P.L. 117-103]

14. Federal Award Project Title

Assistance related to an Alternative Response Pilot Program which would proactively help individuals in crisis for mental health, homelessness, teen wellness/stress, and similar calls for service.

15. Assistance Listing Number

93.493

16. Assistance Listing Program Title

Community Funded Projects

17. Award Action Type

Amendment

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2022 – End Date 09/29/2023

20. Total Amount of Federal Funds Obligated by this Action \$0

20a. Direct Cost Amount \$158,545

20b. Indirect Cost Amount \$-158,545

21. Authorized Carryover \$0

22. Offset \$0

23. Total Amount of Federal Funds Obligated this budget period \$2,000,000

24. Total Approved Cost Sharing or Matching, where applicable \$0

25. Total Federal and Non-Federal Approved this Budget Period \$2,000,000

26. Project Period Start Date 09/30/2022 – End Date 09/29/2023

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period \$2,000,000

28. Authorized Treatment of Program Income

Additional Costs

29. Grants Management Officer - Signature

Andrew Payne

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.



Notice of Award

FY 2022 Congressional Directive Spending Projects
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Issue Date: 03/16/2023

Center for Flex Grants

Award Number: 6H79FG000738-01M005

FAIN: H79FG000738

Program Director: Melissa McDonough

Project Title: Assistance related to an Alternative Response Pilot Program which would proactively help individuals in crisis for mental health, homelessness, teen wellness/stress, and similar calls for service.

Organization Name: CITY OF PALO ALTO

Authorized Official: Chantal Gaines

Authorized Official e-mail address: chantal.gaines@cityofpaloalto.org

Budget Period: 09/30/2022 – 09/29/2023

Project Period: 09/30/2022 – 09/29/2023

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$0 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to CITY OF PALO ALTO in support of the above referenced project. This award is pursuant to the authority of Consolidated Appropriation Act, 2022 [P.L. 117-103] and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

This award addresses the following Amendment requests:

- Budget Revision (6H79FG000738-01L001)

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,
Andrew Payne
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 6H79FG000738-01M005**Award Calculation (U.S. Dollars)**

Personnel(non-research)	\$0
Fringe Benefits	\$0
Equipment	\$0
Contractual	\$2,000,000
Other	\$0

Direct Cost	\$2,000,000
Approved Budget	\$2,000,000
Federal Share	\$2,000,000
Cumulative Prior Awards for this Budget Period	\$2,000,000

AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$0
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SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$2,000,000

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

Fiscal Information:

CFDA Number:	93.493
EIN:	1946000389A1
Document Number:	22FG00738E
Fiscal Year:	2022

IC	CAN	Amount
FG	C96CF01	\$0

IC	CAN	2022
FG	C96CF01	\$0

FG Administrative Data:

PCC: CDS-CMHS / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 6H79FG000738-01M005

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 – 6H79FG000738-01M005

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:

Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

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.

SECTION IV – FG SPECIAL TERMS AND CONDITIONS – 6H79FG000738-01M005

REMARKS

Post Award Amendment - Revised Budget

This award reflects approval of the revised budget submitted on **March 06, 2023** in response to the Request for Additional Materials (RAM).

This is a post-award amendment; therefore, this NoA reflects the current budget year only.

STANDARD TERMS OF AWARD:

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

Staff Contacts:

Bethaney Myers, Program Official

Phone: 240-276-1579 **Email:** bethaney.myers@samhsa.hhs.gov

Andrew Payne, Grants Specialist

Phone: (240) 276-1238 **Email:** Andrew.Payne@samhsa.hhs.gov **Fax:** (240) 276-1430