
Program Name
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center Information

Project Title:

Grantee Address	Business Address
<div data-bbox="274 525 717 674" style="border: 1px solid black; height: 71px; width: 273px;"></div>	<div data-bbox="857 525 1300 674" style="border: 1px solid black; height: 71px; width: 273px;"></div>

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$ **{Amount of the Award}** (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to **{Name of Grantee Organization}** in support of the above referenced project. This award is pursuant to the authority of **{Program Legislation and Regulation}** 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.

See additional information below

SECTION I – AWARD DATA –

Salaries and Wages	\$
Fringe Benefits	\$
Personnel Costs (Subtotal)	\$
Supplies	\$
Consortium/Contractual Cost	\$
Travel Costs	\$
Other	\$
Direct Cost	\$
Approved Budget	\$
Federal Share	\$
Non-Federal Share	\$
Cumulative Prior Awards for this Budget Period	\$
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT

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

Fiscal Information:

CFDA Number:
 EIN:
 Document Number:
 Fiscal Year:

IC	CAN	Amount
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SP Administrative Data:

PCC: / OC:

SECTION II – PAYMENT/HOTLINE INFORMATION –

<p>Payments (PMS). PM Program S should be 20852, He</p> <p>The HHS I or abuse u (1-800-447 Services, A</p>		<p>t System the HHS ding payment ville, MD</p> <p>ng fraud, waste, S-TIPS alth and Human</p>
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SECTION III – TERMS AND CONDITIONS –

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. T
 - b. T
 - c. 4
 - d. T
 - e. T
- d. extent those
- V.

Treatment

SECTION IV – SP Special Terms and Condition –

- Name of Program Official -

Phone: (xxx) xxx-xxxx Email: xxx@xxx.xxx Fax: (xxx) xxx-xxxx

- Name of Grants Specialist -

Phone: (xxx) xxx-xxxx Email: xxx@xxx.xxx Fax: (xxx) xxx-xxxx