



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

Notice of Award
 FAIN# H79TI086392
Federal Award Date
 01/30/2025

Recipient Information 1. Recipient Name CITY OF COLUMBIA 701 E BROADWAY COLUMBIA, MO 65201 2. Congressional District of Recipient 04 3. Payment System Identifier (ID) 1436000810A5 4. Employer Identification Number (EIN) 436000810 5. Data Universal Numbering System (DUNS) 071989024 6. Recipient's Unique Entity Identifier WZR4KM9CBTV3 7. Project Director or Principal Investigator Michelle Shikles Michelle.Shikles@como.gov 573-874-6331 8. Authorized Official Mr. Andrew Wyatt andrew.wyatt@como.gov 573-441-5591	Federal Award Information 11. Award Number 5H79TI086392-02 Revision 1 (Multiple) 12. Unique Federal Award Identification Number (FAIN) H79TI086392 13. Statutory Authority Section 546 of the PHS Act, (42 USC 290ee-1), as amended 14. Federal Award Project Title Boone County Community Paramedic Program 15. Assistance Listing Number 93.243 16. Assistance Listing Program Title Substance Abuse and Mental Health Services_Projects of Regional and National Significance 17. Award Action Type Non-Competing Continuation (REVISED) 18. Is the Award R&D? No
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Summary Federal Award Financial Information	
19. Budget Period Start Date 09/30/2024 – End Date 09/29/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$0
20a. Direct Cost Amount	\$192,502
20b. Indirect Cost Amount	\$19,250
21. Authorized Carryover	\$211,752
22. Offset	\$0
23. Total Amount of Federal Funds Obligated this budget period	\$711,536
24. Total Approved Cost Sharing or Matching, where applicable	\$0
25. Total Federal and Non-Federal Approved this Budget Period	\$711,536
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26. Project Period Start Date 09/30/2023 – End Date 09/29/2027	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$999,568

Federal Agency Information 9. Awarding Agency Contact Information Linda Kim Grants Specialist linda.kim@samhsa.hhs.gov 240-276-1865 10. Program Official Contact Information Riley Lynch Program Official riley.lynch@samhsa.hhs.gov 240-276-0146	28. Authorized Treatment of Program Income Additional Costs 29. Grants Management Officer - Signature Linda Kim
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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.
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First Responders CARA (FR-CARA)
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Notice of Award

Issue Date: 01/30/2025

Center for Substance Abuse Treatment

Award Number: 5H79TI086392-02 Revision 1

FAIN: H79TI086392

Program Director: Michelle Shikles

Project Title: Boone County Community Paramedic Program

Organization Name: CITY OF COLUMBIA

Authorized Official: Mr. Andrew Wyatt

Authorized Official e-mail address: andrew.wyatt@como.gov

Budget Period: 09/30/2024 – 09/29/2025

Project Period: 09/30/2023 – 09/29/2027

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to CITY OF COLUMBIA in support of the above referenced project. This award is pursuant to the authority of Section 546 of the PHS Act, (42 USC 290ee-1), as amended 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:

- Carryover Request (6H79TI086392-02L001)

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,
Linda Kim
Grants Management Officer
Division of Grants Management
linda.kim@samhsa.hhs.gov
See additional information below

SECTION I – AWARD DATA – 5H79TI086392-02 REVISED**Award Calculation (U.S. Dollars)**

Personnel(non-research)	\$80,914
Fringe Benefits	\$24,275
Equipment	\$35,224
Travel	\$4,720
Supplies	\$28,571
Contractual	\$510,730
Other	\$1,450
 Direct Cost	 \$685,884
Indirect Cost	\$25,652
Approved Budget	\$711,536
Federal Share	\$711,536
Less Unobligated Balance	\$211,752
Cumulative Prior Awards for this Budget Period	\$499,784

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$0

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
2	\$499,784
3	\$499,784
4	\$499,784

Note: 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: 1436000810A5
Document Number: 23TI86392A
Fiscal Year: 2024

IC	CAN	Amount
TI	C96N708	\$499,784

IC	CAN	2024	2025	2026
TI	C96N708	\$499,784	\$499,784	\$499,784

TI Administrative Data:

PCC: FRCARA23 / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 5H79TI086392-02 REVISED

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 – 5H79TI086392-02 REVISED

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 – TI SPECIAL TERMS AND CONDITIONS – 5H79TI086392-02 REVISED

REMARKS

Removal of Special Condition of Award

This Notice of Award removes the following *Special Condition(s) of Award*:

- Revised Detailed Budget with Narrative Justification due on 10/30/2024, based on the documentation submitted on 01/28/2025.

STANDARD TERMS OF AWARD

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

Post Award Amendment - Carryover

This award approves carryover of a cumulative unobligated balance of federal funds (UOB) in the amount of **\$211,752** into the current budget period per the recipient's original post award amendment request submitted **12/27/2024**. This award also reflects partial acceptance of the response(s) to the Request for Additional Materials (RAM) received on 01/13/2025 and a Revised Carryover Budget received on 01/22/2025.

The total **Approved Budget** authorized for the year -02 award is in the amount of \$711,536 as indicated on page 3 of this Notice of Award.

Disallowed Costs:

- o B. Fringe Benefits (\$5,732)
- o D. Equipment (10 Vending Machines, \$88,060)
- o E. Supplies (2925 boxes, \$71,429)
- o F. Contractual, Other (Training, \$6,000)
- o J. Indirect Charges (\$1,057)

Carryover Funds Remaining at the End of the Budget Period: Allowable costs approved under this carryover must be expended or obligated before the budget period ends. Carryover funds not expended before the budget period ends must be reported as a UOB in the Federal Financial Report (FFR/SF-425).

If the final resolution of the audit covering the above stated budget period determines that the UOB is incorrect, SAMHSA will not make additional funds available to cover any shortfall. This is a post award amendment; therefore, this NoA reflects the current budget period only.

Staff Contacts:

Riley Lynch, Program Official

Phone: 240-276-0146 **Email:** riley.lynch@samhsa.hhs.gov

Linda Kim, Grants Specialist

Phone: 240-276-1865 **Email:** linda.kim@samhsa.hhs.gov