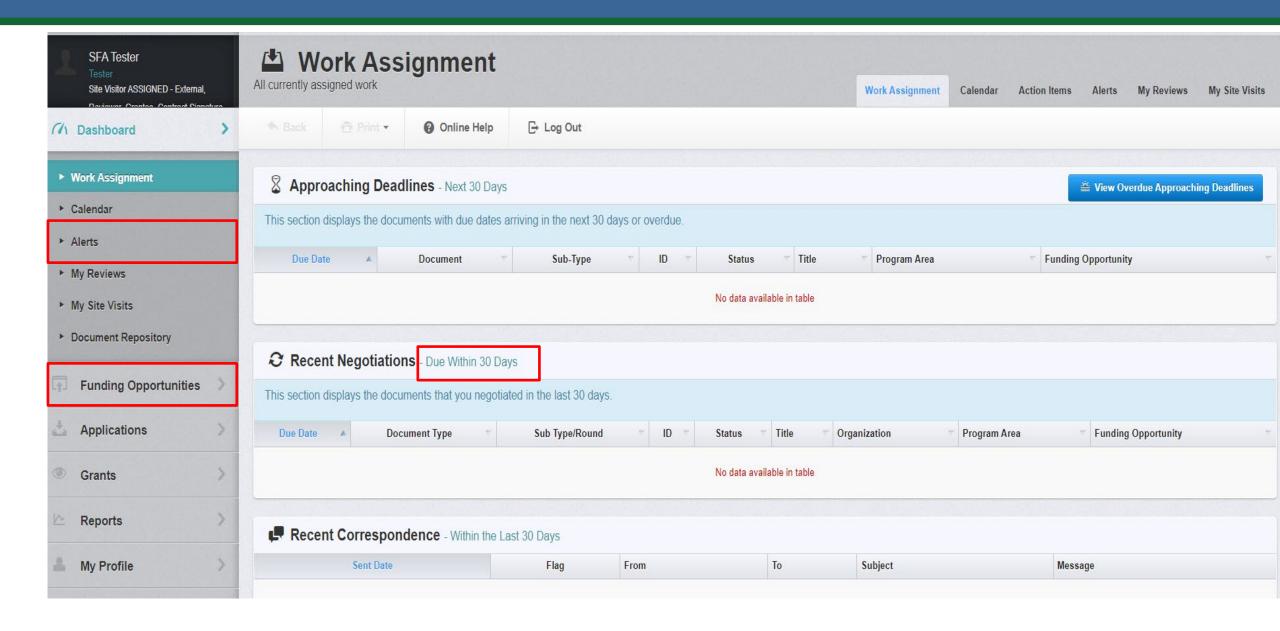
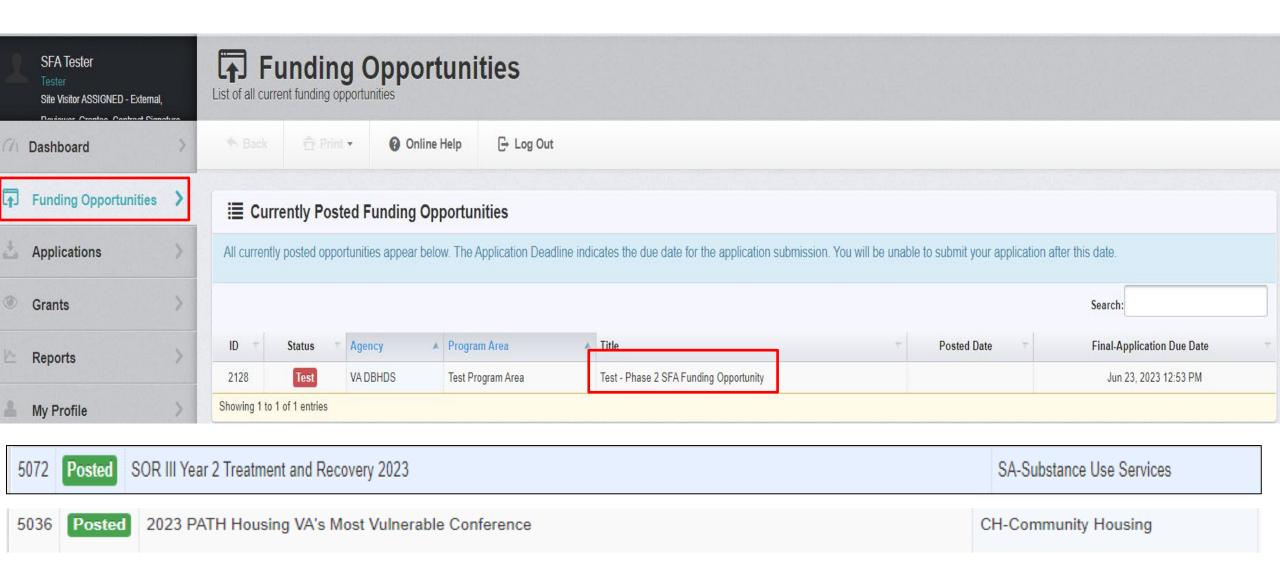
Application Guide

Grantee Dashboard View

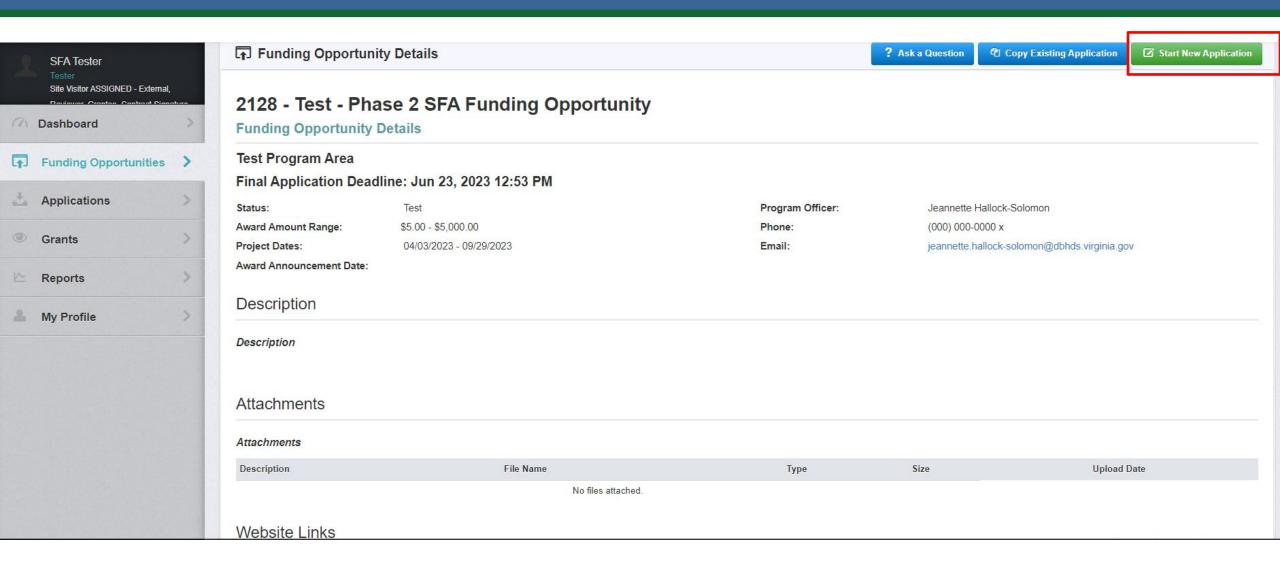


Application Walk-thru

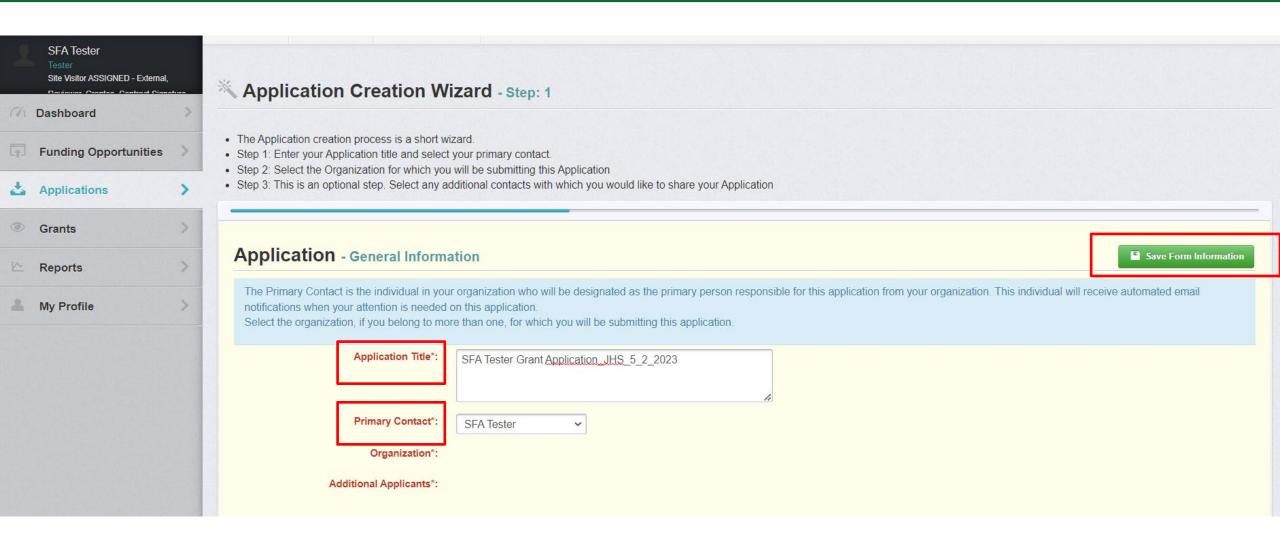
Locate the Funding Opportunity



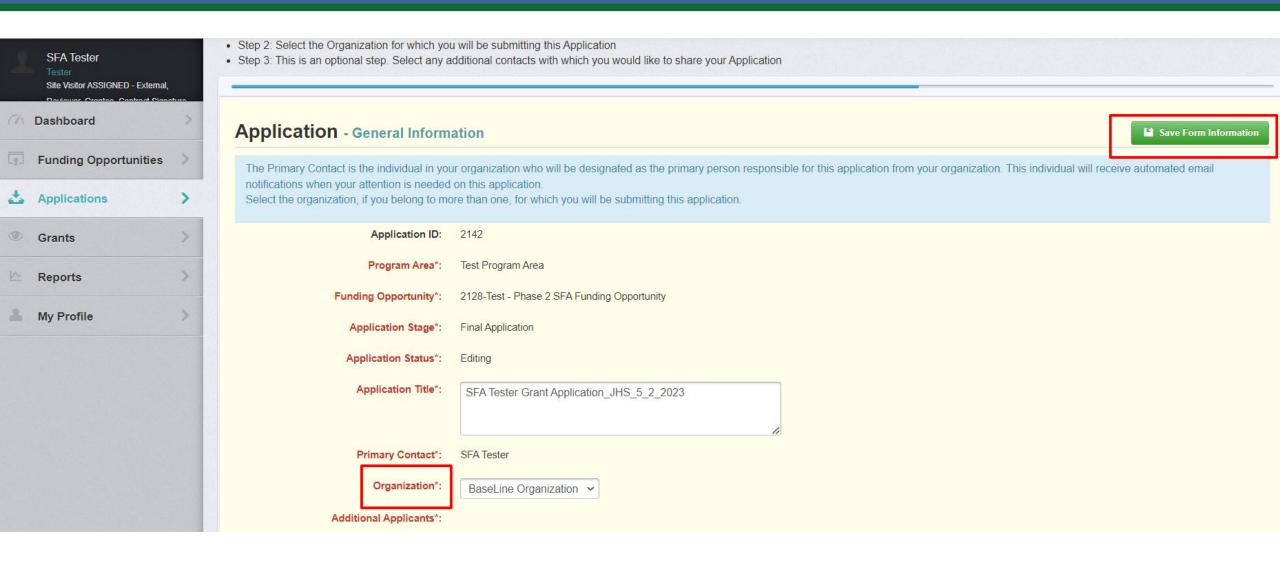
Scroll Down to See Funding Opportunity Details



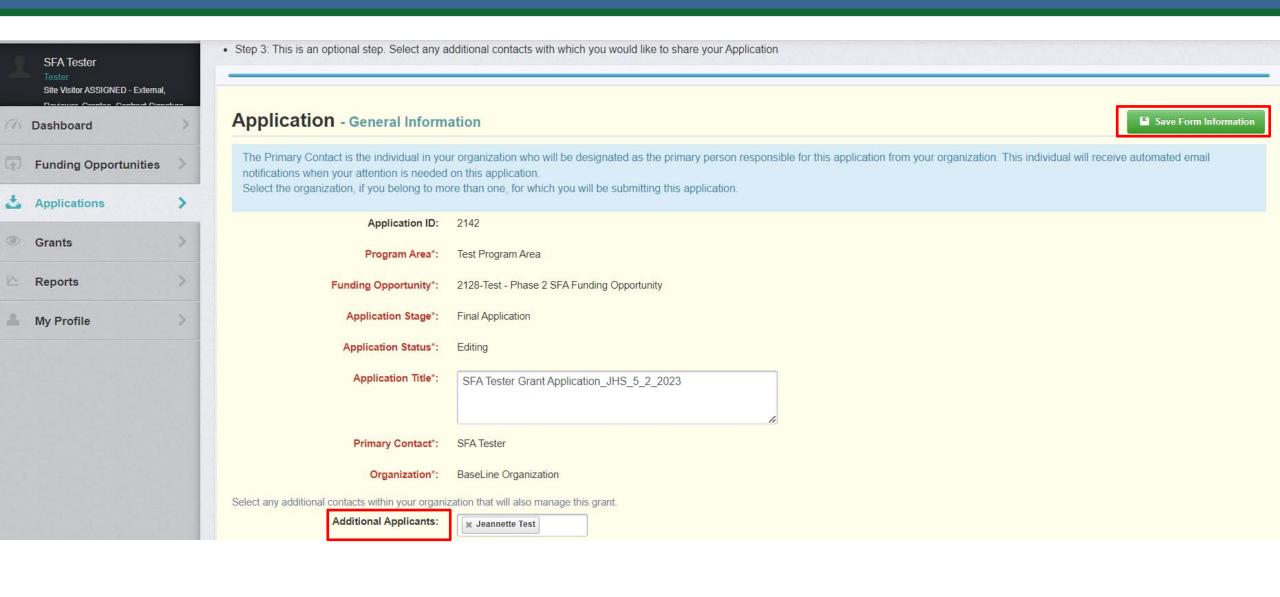
Application – Initial Screen, step 1 of 3



Application –Initial Screen, step 2 of 3



Application –Initial Screen, step 3 of 3



Initial Form View- Fill and Mark Complete all Forms Showing

Status: Editing

Stage: Final Application

Application Due Date: Dec 29, 2023 12:53 PM

Program Area: Test Program Area

Funding Opportunity: 2774-Test - Phase 2 SFA Funding Opportunity

Organization: BaseLine Organization

Requested Total:

Application Preview Alert History Map

Application Details

Preview Application ? Ask a Question

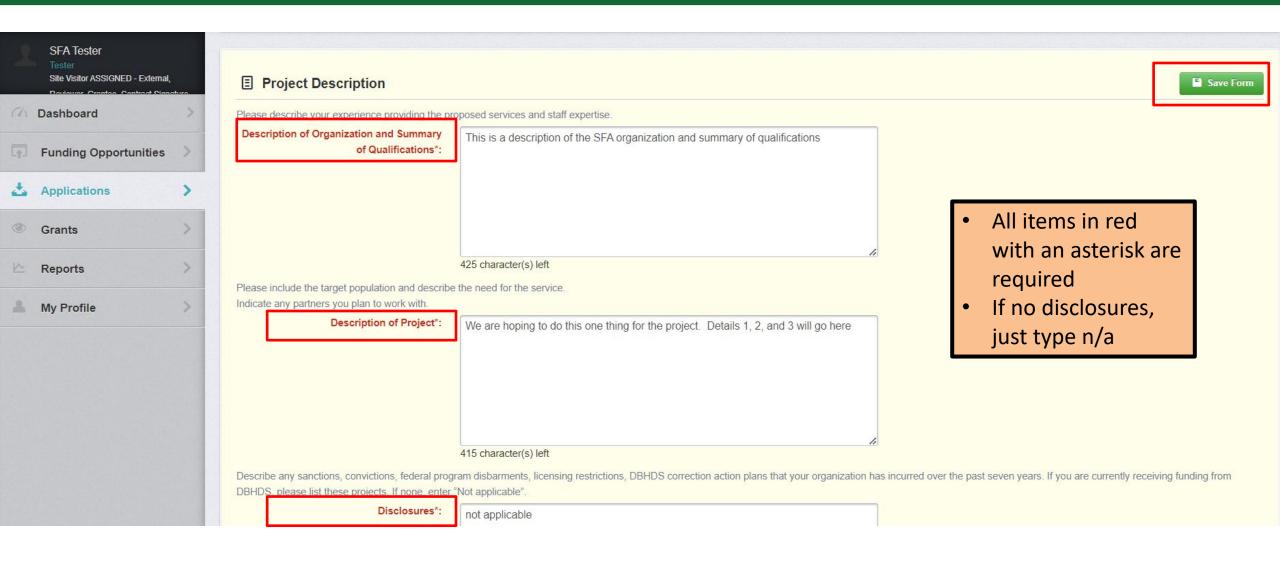
Application cannot be Submitted Currently

· Application components are not complete

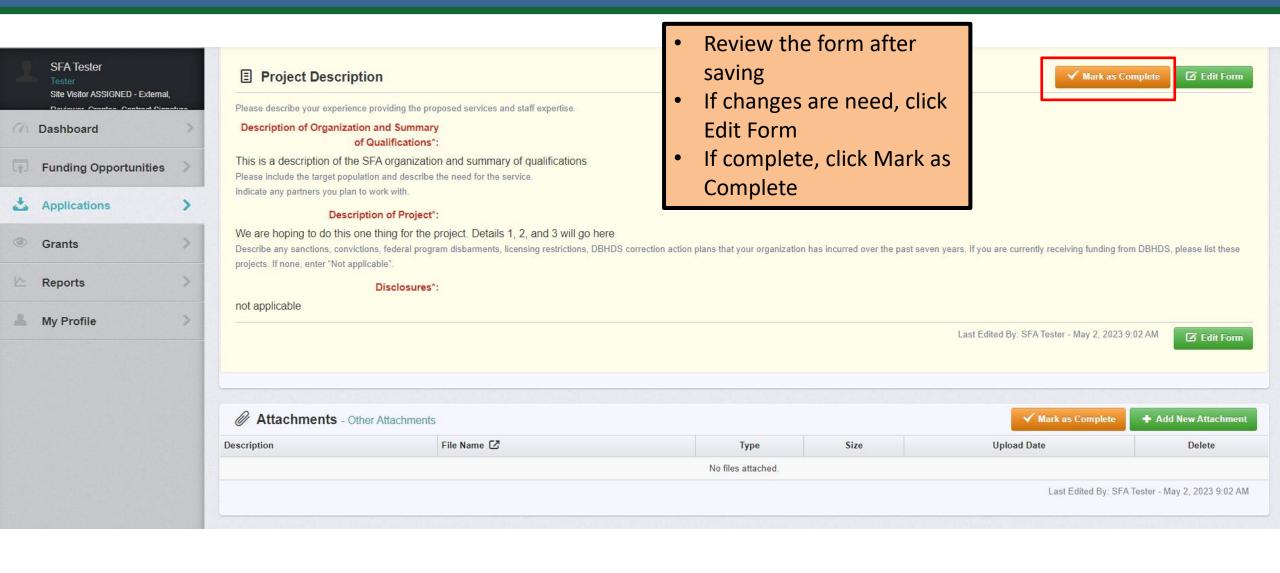
Component	Complete?	Last Edited	
General Information	~	Aug 11, 2023 11:43 AM - SOR Tester	
Project Description		ž.	
Project Outcomes Measures		~	
Budget Narrative		~	
Budget		~	
Single Audit Determination Inputs		1-	

× Withdraw

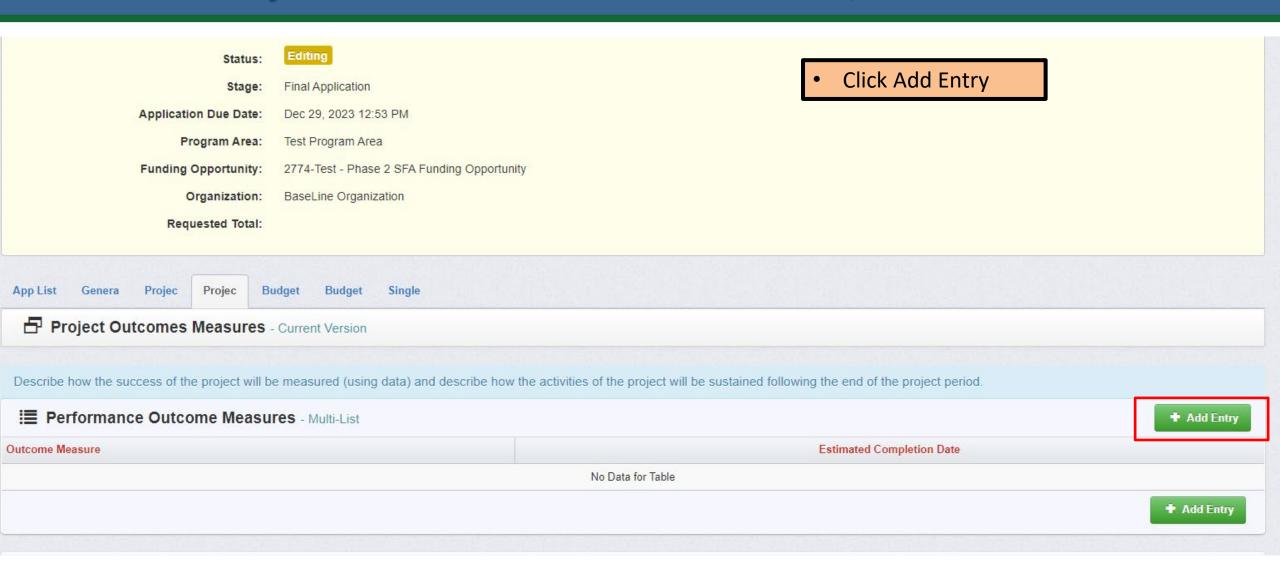
Application Project Description, slide 1 of 2



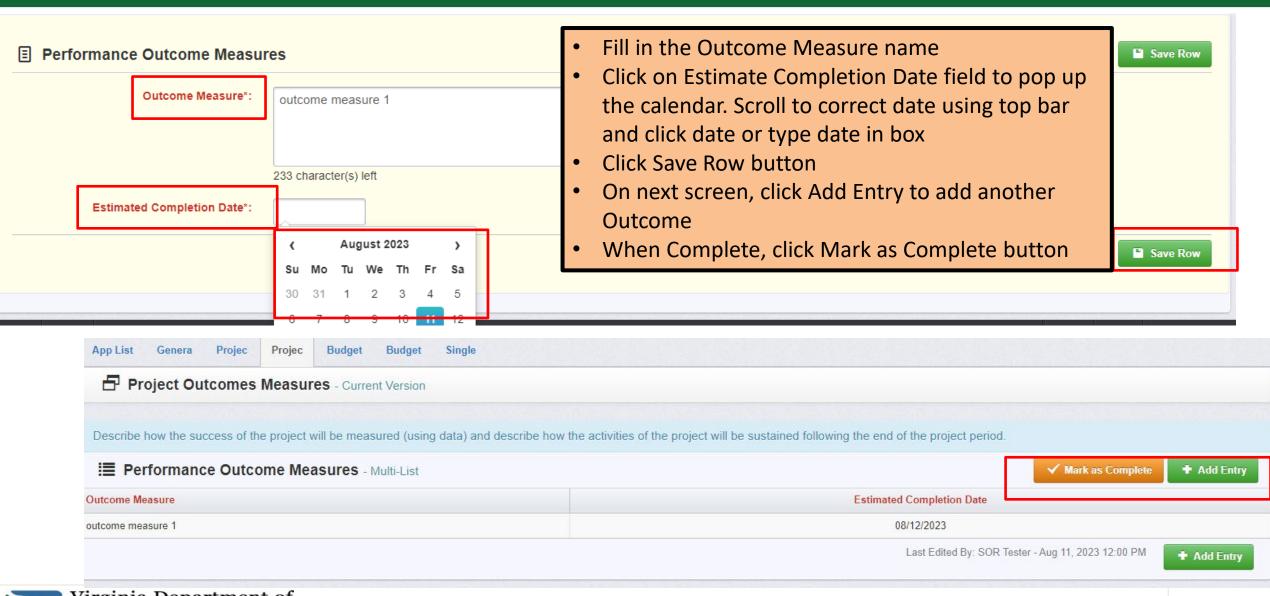
Application – Project Description, slide 2 of 2



Project Outcomes Measures Form, slide 1 of 2



Project Outcomes Measures Form, slide 2 of 2



Budget and Budget Narrative Forms General Information







Forms are split into these sections:

Personnel

Fringe

Travel

Equipment

Supplies

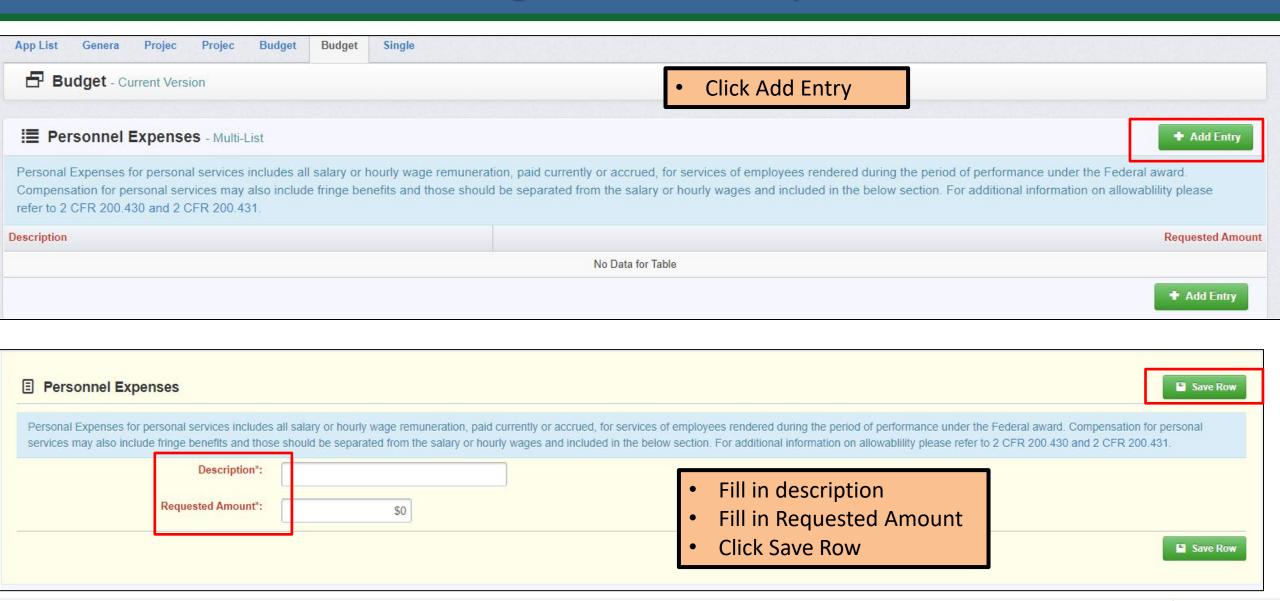
Contractual

Construction

Ensure the budget line items are all included in the budget narrative

Budget narrative provides details and examples for all required information

Budget Form Example



Budget Narrative Form Example



Click Edit Form



Name - Position

Total Annual Salary (FTE) or \$/hr (Wage/PT) * Level of Effort (estimated % of costs) and Time (in months or weeks if not 12 Months) on funding source = Total Cost

Justification for the budgeting the position on the award. Demonstrate the responsibilities of the position and how its function will contribute to the objectives of the federal grant.

Example

Jane Doe, Ph.D., Principal Investigator

1.0 FTE Annual Salary \$60,000 @ 100% over 6 months = \$30,000

Dr. Doe will be responsible for the overall coordination and supervision of all aspects of the grant. This includes hiring, training, and supervising staff; recruiting study participants; coordinating treatment; scheduling and staff assignments; and data management. In addition, she will conduct the orientation sessions, assist with statistical analyses, and be responsible for reporting findings to SAMHSA and DBHDS.

Personnel:

Personnel



Name - Position

Total Annual Salary (FTE) or \$/hr (Wage/PT) * Level of Effort (estimated % of costs) and Time (in months or weeks if not 12 Months) on funding source = Total Cost

Justification for the budgeting the position on the award. Demonstrate the responsibilities of the position and how its function will contribute to the objectives of the federal grant.

Example

Jane Doe, Ph.D., Principal Investigator

1.0 FTE Annual Salary \$60,000 @ 100% over 6 months = \$30,000

Dr. Doe will be responsible for the overall coordination and supervision of all aspects of the grant. This includes hiring, training, and supervising staff; re data management. In addition, she will conduct the orientation sessions, assist with statistical analyses, and be responsible for reporting findings to SA

Personnel:

Jane Doe, Ph.D., Principal Investigator

1.0 FTE Annual Salary \$60,000 @ 100% over 6 months = \$30,000

Dr. Doe will be responsible for the overall coordination and supervision of all aspects of the grant. This includes hiring, training, and supervising staff, recruiting study

- Fill in the text box with Narrative information; include all items in the box for this expenditure type
- Click Save From



and

Single Audit Determination Form, slide 1 of 3

■ Subrecipient Organization Information

☑ Edit Form

Include information for the Subrecipient Organization and Representative that will be signing the Single Audit Determination contract, if the your organization is awarded the Grant.

The Organization Representative should be the name of the contract signatory.

Organization Representative*: Mr. Big

Organization Representative Title*: CEO

Organization Representative Email*: ceo@myorg.com

Organization Representative Telephone: 999-999-9999

Organization Representative Fax: 888-888-8888

Include the end date of the Organization's Fiscal Year as mm/dd/yyyy.

Most Recent Fiscal Year End Date of the 06/30/2023

Organization*:

- Click Edit Form
- Please include the person who will be signing the contract's information

Single Audit Determination Form Example, slide 2 of 3

A1. Single Audit Exemption Certification

Within the most recent fiscal year indicated Yes above, I certify that the Subrecipient did not incur federal expenditures of \$750,000 or more for the all federal programs and is not required to have a Single Audit of federal programs in accordance with 2 CFR 200 Subpart F and 45 CFR 75 Subpart

If yes was selected then fill out section A2. If no was selected move directly to section B1.

- Click Edit Form
- Certify yes or no if your organization did not incur federal expenditures of \$750,000 or more
- If yes, please fill out A2. Federal Award Expenses Disclosure Grid by clicking Edit Grid, the total automatically calculates after you click Save Form or Save Grid
- If no, skip to B1.

☑ Edit Form

023 11:35 AM **☑** Edit Form

A2. Federal Award Expenses Disclosure - Grid

If your agency expended less than \$750,000 for all federal programs, please complete the following table for all federal programs where expenditures were incurred.

Row	Federal Awarding Agency	Pass Through Entity (if applicable)	Pass Through Entity Unique Entity Identifier	Subrecipient Entity Subaward Number	CFDA#	Total Expenditures incurred during the fiscal year
1	deo	hjk	789	567	123	\$10.00
2	dca	hjk	780	345	123	\$10.00
3	fdr	hjk	790	123	123	\$10.00
7	Total					\$30.00

Edit Grid

Single Audit Determination Form Example, slide 3 of 3

■ B1. Single Audit Compliance Certification

🗷 Edit Form

Click yes if your organization received more than \$750,000 in federal funds during the latest fiscal year.

F.*:

Within the most recent fiscal year indicated above, I certify that the Subrecipient incurred federal expenditures of \$750,000 or more for the all federal programs and is required to have a Single Audit of federal programs in accordance with 2 CFR 200 Subpart F and 45 CFR 75 Subpart

Click Edit Form

- Certify yes or no if your organization incurred federal expenditures of \$750,000 or more
- If yes, please fill out B2. Compliance Action
- B2. should include your Auditor's information

Last Edited By: SOR Tester - Jul 26, 2023 11:35 AM



B2. Compliance Action (If Applicable)



In the sections below, the Subrecipient will submit their organization's action plan for maintaining compliance with federal regulation pertaining to single audit requirements as described above. The subrecipient will propose an action plan with in which a Single Audit, performed by an independent and certified public accountant, and any accompanying findings will be provided to DBHDS. The single audit results will be provided to DBHDS no later than 90 calendar days from the effective date of the Subrecipient Agreement. Failure to comply with the requirement may result in remedies disclosed at 45 CFR 75.371, including but not limited to: temporary withholding of funds from the Subrecipient, suspension of the subrecipient award, and debarment from future federal funding opportunities through DBHDS.

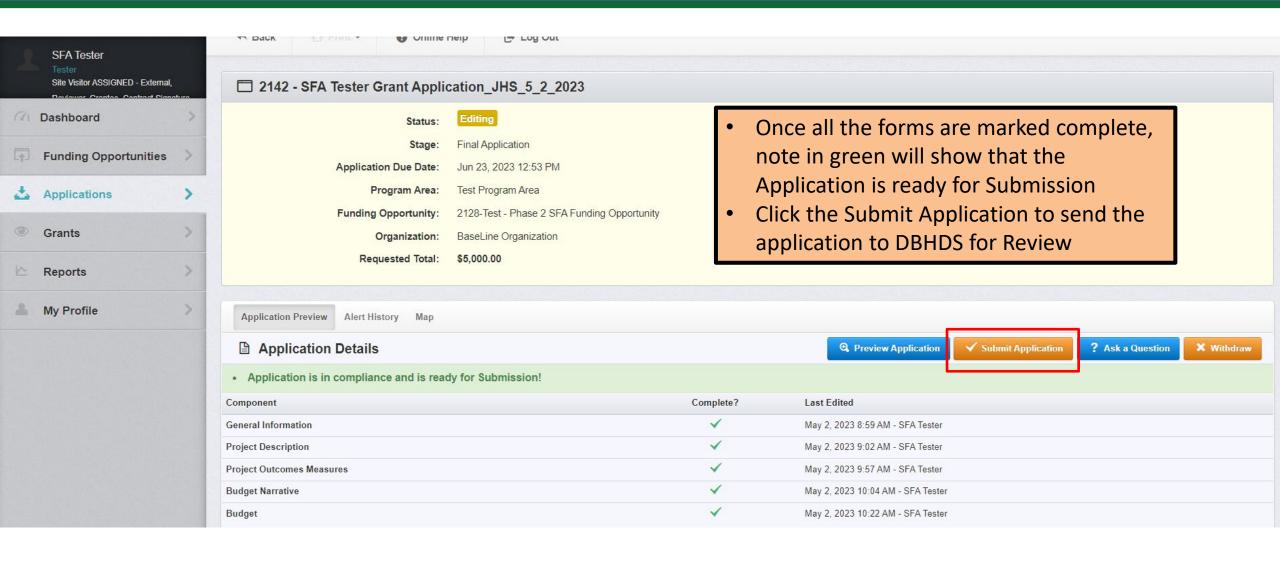
Single Audit Compliance Action Plan:

12323412

Proposed Independent Auditor Name and Address:



Application –Ready for Submission Note



Application Submission Confirmation Note

- Click Submit on the Please Confirm pop up box to submit the Claim
- Claim will show in Submitted Status on the Applications Tab

