# North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities and Substance Abuse Services

# **Budget Narrative to Address:**

# **Substance Abuse and Mental Health Services Administration**

Funding Opportunity Announcement No. TI-17-014 CFDA No. 93.788

**State Targeted Response to the Opioid Crisis Grants** 

# **BUDGET NARRATIVE AND JUSTIFICATION**

### **Budget and Justification**

**A. Personnel:** Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

### FEDERAL REQUEST

Activity	Position	Name	Annual Salary/Rate	Level of Effort	Cost
SSA Level	(1) Principal Investigator	Flo Stein	\$	.05	0
SSA Level	(2) Project Administrator	DeDe Severino	\$	.15	0
SSA Level	(3) Project Director	TBD	\$75,000	1.00	\$75,000
SSA Level	(4) Assistant Project Director	TBD	\$60,000	1.00	\$60,000
SSA Level	(5) Fiscal Manager	TBD	70,000	1.00	\$70,000
				TOTAL	\$205,000
				TOTAL	\$205,000

# JUSTIFICATION: Describe the role and responsibilities of each position.

- (1) The Principal Investigator will have oversight of NC Opioid STR.
- (2) The Project Administrator will assist the Principal Investigator and Project Director in the oversight of NC Opioid STR.
- (3) The Project Director will provide daily oversight of the grant, have primary responsibility for all reporting required by the grantor and will be the designated liaison with all other partnering agencies associated with this proposal.
- (4) The Assistant Project Director will assist the Project Director in daily activities associated with implementing the prevention, treatment, recovery and other specific components of the grant as per the proposal, as well as oversee the collection and review of required/desired data elements.
- (5) The Fiscal Manager will have primary oversight of the multiple strategies that will be utilized to fund the initiatives under this proposal.

Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form S-424A) \$205,000

**B. Fringe Benefits:** List all components that make up the fringe benefits rate

# FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	.0765	\$205,000	\$15,683
Retirement	.1633	\$205,000	\$33,476
Health Insurance	\$5,471	\$5471 x 3 FTEs	\$16,413
		TOTAL	\$65,572

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF-424A) \$65,572

**C. Travel:** Explain need for all travel other than that required by this application. Local travel policies prevail.

# FEDERAL REQUEST

<b>Purpose of Travel</b>	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	\$500/flight x 2 persons	\$1,000
		Hotel	\$79.50/night x 2 persons x 3 nights	\$477
		Per Diem (meals and incidentals)	\$40.50/day x 2 persons x 4 days	\$324
(2) Local travel		Mileage	8,000 miles@.535/mile	\$4,280
		Hotel	\$79.00/night x 3 persons x 20 nights	\$4,740

Purpose of Travel	Location	Item	Rate	Cost
		Per Diem	\$38.00/day x 3 persons x 45 days	\$5,130
			TOTAL	\$15,951

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

- (1) Two staff (Project Director and one other SSA staff) to attend mandatory grantee meeting in Washington, DC.
- (2) Local travel is needed to attend meetings, project activities, training events and work with the implementation sites. All travel expenses will comply with established NC State Budget Manual travel policies and rates.

**FEDERAL REQUEST** (enter in Section B column 1 line 6c of form SF-424A) \$15,951

**D. Equipment:** An article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition).

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF-424A) \$0

E. Supplies: Materials costing less than \$5,000 per unit and often having one-time use

# FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies, copies, postage	\$50/mo. x 12 mo. (3 staff)	\$600
Laptop Computers x 3	\$1200	\$3,600
360 Office Software x 3	\$900	\$2,700
	TOTAL	\$6,900

# JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

- (1) Typical office supplies, copies and postage are needed for general operation of the project.
- (2) The laptop computers are needed for project work by the Project Director, Assistant Project Director and Fiscal Manager.
- (3) The identified software is required for state personnel.

All costs were based on retail values at the time the application was written.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF-424A) \$6,900

**F. Contract:** A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

# COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

### FEDERAL REQUEST

Name	Service	Rate	Cost
1. Evaluator	Analysis of NC TOPPS & other desired data	\$50 per hr/200 hrs	\$10,000
2. MIS	Netalytics or similar provider		\$121,200
3. VMS	FEi-WITS - voucher management system		\$341,200

# JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

- 1. The Evaluator will have overall responsibility and oversight of the analysis of all data collected through NC TOPPS, as well as any other desired or necessary data elements to determine outcomes, and will create reports as needed.
- 2. The NC SOTA has identified a need to develop and implement a provider-maintained system for dual enrollment, central registry and capacity management, as well as an emergency management and disaster recovery system application for OTPs.
- 3. The majority of recovery support services are not billable through CPT codes or an established fee-for-service system in NC. As recovery supports are integral to our proposal and a critical need for many individuals to begin or sustain their recovery, we intend to further expand the voucher system that presently exists in NC under our Access to Recovery grant through expansion efforts with the current contractor.

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) \$472,400

# **G. Federal Request: Treatment Costs**

Please list each treatment activity along with the proposed budget for each.

Activity	Description	Amount
Screening, Triage and Referral System	Comprehensive statewide opioid hotline to provide screening, triage and referral	\$1,000,000
2. Treatment Services	<ul> <li>ASAM Levels of Care:         <ul> <li>Withdrawal Management</li> <li>ASAM Level 1 (individual, group, family therapies, medication administration, medication management, etc.)</li> <li>ASAM Levels 2.1 (SAIOP) and 2.5 (SACOT)</li> </ul> </li> <li>Lab Services (urine drug screens)</li> <li>FDA Approved Medications (methadone, buprenorphine, naltrexone, probuphine)</li> </ul>	\$8,336,423
Quick response teams and recovery partners to provide outreach, engagement, linkage and support for survivors of opioid overdoses and reversals  \$25 per peer/hr x 20,000 hours		\$500,000
4. Recovery Support Services	Peer mentoring, peer coaching, recovery partners \$25 per peer/hr x 25,000 hrs = \$625,000  Transportation, child care and other services = \$225,000  Oxford House Re-Entry Coordinator, Data & Reporting Specialist, Direct costs (travel, lodging, per diems, office supplies), Overhead (10%)  TOTAL = \$150,000	1,000,000

Activity	Description	Amount
5. Provider Training	ASAM Criteria Skill Building – 17 2-day workshops for 350 staff, plus 110 ASAM Criteria 3 <sup>rd</sup> Edition books = \$79,565  ASAM Criteria Overview – 3 1-day workshops for 150 staff = \$19,500  Making MAT More Meaningful: Using EBPs to Promote Recovery – 3 1-day workshops = \$16,500  Interactive Journaling Training – pilot at 2 sites/regions (2 2-day workshops), 1000 journals = \$27,800  Seeking Safety – 1 2-day workshop, 50 staff, plus 50 books plus 12 months of "theme phone calls" = \$9,750 (can increase # trained)  Women's Conference October 2017 It Takes a Community Too: Pregnancy and Opioid Exposure, Improving Outcomes for Women, Infants and Families Conference - \$25,000	\$178,115
Enhancement of the current ECHO for MAT project currently funded through AHRQ at the University of North Carolina-Chapel Hill  6. Provider  Development  Non-personnel (office supplies, 4 laptops, travel, space use allocation, consultants, CME/CEU credit expenses), Personnel (Project Director, ECHO site coordinators, physicians), Overhead		\$1,012,739

Activity	Description	Amount
7. Provider Development - PDMP	Modify our current Drug Regulatory Management System (DRUMS) to enable the NC SOTA application, registration, inspection, and surveillance paper-based processes to be integrated into the NC Controlled Substances Reporting Act's DRUMS, a state-of-the-art MS SQL database.  MS SQL Developer \$162,000  Integration Project Manager - \$90,041 (1 FTE salary at \$67,700 + \$22,341 fringe @.33)  Drug Control Unit Inspector - \$74,480 (1 FTE at 56,000 +\$18,480 fringe @.33%)  Data Analyst - \$90,041 (1 FTE salary at \$67,700 + \$22,341 fringe @.33)  Laptop Computers - 2 64-bit high-end statistical computers with solid state drives @\$2,560 ea. = \$5,120  SAS software x 2 @ \$1,800 ea. = \$3,600  Travel = 10,000 miles @.535 per mi = \$5,350  Lodging = 3 FTEs @ 79/night x 25 nights = \$5,925  Per Diem = 3 FTEs @ \$38 x 50 = \$5,700	\$442,257
	TOTAL	\$12,469,534

Justification: Provide a detailed justification of each activity along with a proposed cost for each.

- 1. Screening, triage and referral system The Division proposes to develop a comprehensive statewide opioid hotline that provides screening, triage and referral with phone, text and chat capacities. This hotline will be staffed with licensed clinicians 24/7/365 who can immediately assess urgency of need and alert 911, CIT trained officers, advanced practice EMTs, mobile crisis teams, etc., if necessary, as well as schedule same-day appointments. The system will also have the capability to track all calls and create specified analytics, including timeliness of access to care, abnormal trends by location and type, patient satisfaction, etc.
- 2. Treatment services Withdrawal management services; Basic outpatient services including ASAM Level 1 services such as individual, group and family therapies, as well medication administration, medication management; Enhanced outpatient services, including ASAM Level

- 2.1 (Substance Abuse Intensive Outpatient Programs) and ASAM Level 2.5 (Substance Abuse Comprehensive Outpatient Treatment) services, which may be provided on-site at the OTP, or available through referral and linkage to a more comprehensive facility; Laboratory services -Urine drug testing is a tool for measuring an individual's progress in treatment, as well as being an objective measure of treatment efficacy. Additionally, urine test results assist in stabilizing patients on the appropriate dosage of medications, such a methadone or buprenorphine. They provide critical information for physicians, such as the presence of other substances that may jeopardize the safety of the individuals, such as benzodiazepines or alcohol; Medications – Through the funding available from this grant, the Division will assure the availability of the following FDA approved medications for individuals in need of treatment for an OUD: Methadone, buprenorphine products including buprenorphine/naloxone combination products and buprenorphine mono product formulations, naltrexone products including extended release and oral formulations and implantable buprenorphine. Given the variance in individual needs, including the differences in medication costs, the Division has estimated an average weekly cost of \$110 per patient per week for a combination of clinical treatment services, medications and lab services. \$110 per week/52 weeks = approximately 1460 patients
- 3. Outreach and engagement services North Carolina has been successful in distributing naloxone kits, educating individuals with an OUD, their families and friends, law enforcement and paramedics and the number of overdose reversals has grown. There is however great need to provide outreach and engagement efforts, particularly to those who have experienced an overdose reversal. We propose to improve treatment access and retention by training and employing recovery coaches to follow up with these individuals prior to discharge from an emergency department or within 24-hours of a reversal.
- 4. Recovery support services Recovery support services include culturally and linguistically appropriate services that assist individuals and families working toward recovery from issues related to substance use disorders. We intend to build on the services currently offered through the Access to Recovery grant, to include such services as peer coaching and mentoring, transportation, services to aid in accessing sober housing, life coaching, financial wellness, etc., as identified through individual comprehensive clinical assessments and person-centered treatment and recovery plans. Rates are expected to mirror those rates currently in effect through the Access to Recovery grant and include Recovery Peer Coaching at \$25 per hr, Child Care services at \$20 per hr and transportation services (Bus = \$2.50 per day, Cab/Uber = \$10 per day, Gas Cards = \$15).

This also includes an Oxford House Re-entry Coordinator to focus on the re-entry of individuals (with an OUD) from prison to communities in need of housing.

5. Provider training - ASAM Criteria Skill Building, EBPs including MAT, Seeking Safety, Interactive Journaling, Motivational Interviewing, Seeking Safety, Cognitive Behavioral Therapy and Stages of Change through a variety of formats (in person, web-based, recurring coaching sessions, etc.) for physicians, nurse practitioners, physician assistants, licensed clinicians, certified/qualified professionals and recovery partners working with individuals with an OUD. In addition, the annual women's conference will focus on OUD. Titled *It Takes a Community Too: Pregnancy and Opioid Exposure, Improving Outcomes for Women, Infants and Families Conference*, the conference is scheduled for October 3, 2017 in Winston Salem, NC. 400 professionals from the medical, behavioral health, child welfare and justice sectors from across

NC will attend to hear the same fact based information on this complex topic. The goals of the event include:

- Improving outcomes of opioid exposed pregnancies;
- Increasing numbers of women of childbearing age with opioid-use disorders who are engaged in treatment and recovery; and
- Expansion of the current level of collaboration among professionals who work with pregnant women who are taking opioids.
- 6. Provider development Currently 22 counties in NC are participating in the UNC ECHO for MAT; funds will allow for development of additional regional ECHO clinics to provide case-based learning for primary care providers and substance use disorder clinics.
- 7. Provider development PDMP The Division of MH/DD/SA Services will contract with/through the Information Technology Division, NC DHHS, for the MS SQL resources to make the necessary modifications to our current Drug Regulatory Management System (DRUMS) to enable the NC SOTA application, registration, inspection, and surveillance paper-based processes to be integrated into the NC Controlled Substances Reporting Act's DRUMS which is a state-of-the-art MS SQL database.
  - The Integration Project Manager will oversee the integration of the NC Controlled Substance Reporting System (PDMP) into health care facilities' electronic health records.
  - The Drug Control Unit Inspector will support knowledge transfer by training existing inspectors in the use of the new MS SQL database system, as well as increase the number of inspections conducted annually.
  - The Data Analyst will support the identification of target groups and audiences, develop the appropriate data dissemination tools and share PDMP data with all 100 NC counties.
  - The 2 64-bit laptop computers are required in order to analyze the large amounts of data associated with this project.
  - SAS software is required in order to be compatible with current PDMP databases and systems.
  - This amount also includes travel to sites for inspections, outreach and education regarding utilization of the PDMP

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) \$12,469,534

**Federal Request: Prevention Costs** 

Please list each prevention activity along with the proposed budget for each. Some examples of allowable activities are provided.

**H. Supplies:** Materials costing less than \$5,000 per unit and often having one-time use

Item(s)	Rate	Cost



FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF-424A) \$0

**I. Contract:** A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

# COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

Position	Name	Salary/Annual Rate	Level of Effort	Cost
Statewide Media Campaign: Director (1 FTE)	To be selected	\$65,000/yr Fringe @ 33% = \$21,450	100%	\$86,450
Statewide Media Campaign: Marketing and Communications Specialist (1 FTE)	To be selected	\$60,000/yr  Fringe @ 33% = \$19,800	100%	\$79,800
Statewide Media Campaign: Outreach and Training Specialist (1 FTE)	To be selected	\$55,000/yr  Fringe @ 33% = 18,150	100%	\$73,150
Statewide Media Campaign: Coordinator Support	Anna Godwin	Salary/Annual Rate \$56,148 x 14% Level of Effort = \$7,861 Fringe @ 33% = 18,529 x 14%	14%	\$10,455

		Level of effort = 2,594  Subtotal	\$249,855	
Activity		Description		Amount
Media Campaign	Statewide Media Campaign and Materials:  National Family Partnership (Lock Your Meds Campaign)	Lockboxes: \$13.15 each x 50 per county x 100 counties = \$65,750  Webpages: \$75/ subpage and one year hosting for website x 30 counties =		5)
	General office supplies	Indirect cost (10%) \$50 per month x (3) FTE x 12 months		\$41,197 \$1,800
	Communications	\$125 per month	x 12 months	\$1,500
	Laptop Computers x 3 staff	\$1200		\$3,600
	(4) Copies and printing	10,000 copies x	\$1,000	
		Staffing, Material	\$461,067	
Activity		Description		Amount

Education	Evidence Based Practices/Curricula training	\$6000 x 3 programs: includes curricula, training fee, trainer travel, lodging = \$18,000  Lodging 2 nights @ \$79 = \$158 x 40 people = \$6320	\$24,320
Education	Prevention & Recovery Policy Summit	Meeting Space, Materials, and Printing = \$14,240  Lodging 2 nights @ \$79 = \$158 x 40  people = \$6320	\$20,560
Technical Assistance	Provision of TA to High Need/High Impact Counties to plan, implement, and evaluate effective prevention strategies	8,000 consultant hours x \$40/hour = \$320,000  Travel: Mileage 12,000 miles @ .535 / mi = \$6,420	\$326,420
Expansion of Effective Strategies	Expanding effective prevention strategies for Non- medical use of prescription drugs & Building Recovery Capital in High Need Counties	12 counties x \$100,000	\$1,200,000
Expansion of Effective Strategies	Town Hall Meetings	6 x \$2,000 (includes space, promotion, materials, and presenters)	\$12,000
Naloxone	Naloxone Kits	\$75/kit x 3,860 kits	\$289,500
Training	Reproductive Life Planning	2 regional 1-day trainings open to all OTPs, OBOTs and the 26 women's residential treatment programs, in addition to monthly TA calls via ECHO	\$17,500

	TOTAL	\$1,890,300

# JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

# (1) Statewide Media Campaign:

- Statewide Media Campaign Project Staffing: \$249,855 is allocated for project staffing. Salary and fringe are as follows: \$86,450 for 1 FTE Statewide Campaign Director, \$79,800 for 1 FTE Marketing and Communications Specialist, \$73,150 for 1 FTE Outreach and Training Specialist, \$10,455 for Coordination and Administrative Support. These positions will work with the Assistant Project Director to direct all prevention efforts in this proposal and coordinate across all opioid prevention initiatives statewide.
- Materials: Statewide Media Campaign: National Family Partnership (Lock Your Meds Campaign). \$162,115 is allocated for a statewide medial campaign aimed at reducing access to Opioids. Expenses are as follows: \$65,750 for lockboxes (13.15 each x 50 / county x 100 counties), \$2,250 for webpages (\$75/ subpage x 30 counties), and \$94,115 for campaign materials (\$75,615 for rack cards, \$2500 for posters, \$14,000 for magnets, and \$2000 for shipping).
- Indirect Charges: \$41,197 calculated at 10%.
- The amount of \$1,800 is allocated for general office supplies such as pens, paper, toner, and cartridges that are needed for the general operation of the project.
- The amount of \$1,500 is allocated for communications for video-conferencing for planning activities, and meeting/training preparation.
- The amount of \$3,600 is allocated for laptop computers for 3 FTE staff working on this project.
- The amount of \$1000 is allocated for copies and printing for the project.

#### (2) Education:

- Evidence Based Practices/Curriculum training: \$23,760 is allocated for delivery of 3 evidence based training programs that show outcomes for nonmedical use of prescription drugs (\$6000 per training x 3 trainings = \$18,000) and lodging necessary to ensure community coalition partners are able to attend (2 nights @ \$79 x 40 people = \$6,320)
- Prevention & Recovery Policy Summit: \$20,000 is allocated for development and hosting of a prevention and recovery policy summit for statewide leaders in the fields (materials and printing @ \$14,240 and lodging @ 2 nights @ \$79 x 40 people = \$6,320).

#### (3) Technical Assistance:

• Provision of TA to High Need Counties: \$326,420 is allocated for provision of TA on using the SPF for prescription drug misuse prevention, effective prevention strategies currently working in NC, implementing evidence based strategies, and building prevention capacity in communities. (8,000 consultant hours x \$40/hour = \$320,000 and travel at 12,000 miles x .535/mi = \$6,420).

# (4) Expanding Effective Strategies:

- Expanding effective prevention strategies for Non-medical use of prescription drugs & Building Recovery Capital in High Need Counties: 12 Counties with Highest Need and Prescribing rates will receive support to complete a community needs assessment, build community coalitions to address prescription drug use, deploy prevention strategies shown to impact prescribing and death rates in NC, deploy peer supports, and build recovery capital. (12 x 100,000 = 1,200,000)
- Town Hall Meetings to educate on impact of prescription drugs on substance use and recovery efforts, how behavioral health disparities are central, and what community partners can do. 6 Town Hall Meetings @ \$2,000 each = \$12,000

### (5) Naloxone

• Naloxone Kits: \$289,500 is allocated for purchase of Naloxone kits (\$75/kit x 3860 kits).

#### (6) Training

• Reproductive Life Planning: In NC over 4,000 women of reproductive age are in OTPs in the public health treatment system. Relatedly, there was a 355% increase in neonatal abstinence syndrome (NAS) cases between 2004 and 2011 (104.4 to 475.1 per 100,000 hospital live births). Many women in opioid treatment are sexually active with 66% reporting at least one incident of sexual intercourse in the previous month that could lead to pregnancy. In opioid treatment, women at high risk of unintended pregnancy and sexually transmitted infections (STIs) build relationships with care providers. Therefore, programs that provide OUD treatment are ideal for including sexual health and family planning plans for women and men. This training will adapt current evidence based sexual health and family planning interventions to be used in NC for men and women with OUD by providing 4 regional 1-day trainings for the 53 opioid treatment programs (OTPs), OBOT providers and the 26 women's programs over the course of the 2-year grant, as well as monthly TA via ECHO.

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) \$2,351,367

**J. Construction: NOT ALLOWED** – Leave Section B columns 1& 2 line 6g on SF-424A blank.

**K. Other:** Expenses not covered in any of the previous budget categories

#### FEDERAL REQUEST

Name	Service	Cost
	TOTAL	

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) \$0

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <a href="https://rates.psc.gov/fms/dca/map1.html">https://rates.psc.gov/fms/dca/map1.html</a>. Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, except for those non-federal entities described in Appendix VII part 75 (D)(1)(b), may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)

**TOTAL DIRECT CHARGES: \$** 

**FEDERAL REQUEST** – (enter in Section B column 1 line 6i of form SF-424A) \$

**INDIRECT CHARGES: \$0** 

**FEDERAL REQUEST** – (enter in Section B column 1 line 6j of form SF-424A) **\$0** 

TOTAL: (sum of 6i and 6j) \$

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A) \$

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Provide the total proposed project period and federal funding as follows:

**Proposed Project Period** 

Start Date: May 1, 2017 End Date: April 30, 2019

BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2	Total Project Costs
Personnel	\$205,000	\$205,000	

Category	Year 1	Year 2	Total Project Costs
Fringe	\$65,572	\$65,572	
Travel	\$15,951	\$15,951	
Equipment	0	0	
Supplies	\$6,900	\$600	
Contractual	\$15,293,301	\$15,299,601	
Other			
Total Direct Charges	\$15,586,724	\$15,586,724	
Indirect Charges			
Total Project Costs	\$15,586,724	\$15,586,724	

# **TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs**

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A)

# \*FOR REQUESTED FUTURE YEARS:

- 1. Supplies are decreased in Year 2 because the laptops will be purchased in Year 1.
- 2. Contractual cost differences are as follows:

Contract/Service	Year 1	Year 2
Netalytics (or similar provider)	121,200	21,200
FEi-WITS (voucher management system)	341,200	180,000
UNC ECHO for MAT	1,012,739	791,809
TOTAL	\$1,475,139	\$993,009

# IN THIS SECTION, REFLECT OTHER FEDERAL AND NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.

Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see <u>Appendix D</u>, <u>Funding Restrictions</u>, regarding allowable costs.]