

RESOLUTION OF THE
NAABIK'ÍYÁTI' COMMITTEE OF THE
NAVAJO NATION COUNCIL

23rd NAVAJO NATION COUNCIL -- First Year, 2015

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND
NAABIK'ÍYÁTI' COMMITTEES; SUPPORTING THE APPLICATION OF THE TUBA
CITY REGIONAL HEALTH CARE CORPORATION FOR A METHAMPHETAMINE AND
SUICIDE PREVENTION INITIATIVE GRANT THROUGH THE INDIAN HEALTH
SERVICE

WHEREAS:

- A. The Health, Education and Human Services Committee has the authority to review and recommend resolutions relating to health. 2 N.N.C. § 401(B)(6)(a).
- B. The Navajo Nation established the Naabik'íyáti' Committee as a Navajo Nation Council standing committee and as such empowered Naabik'íyáti' Committee to coordinate all federal programs, i.e. Indian Health Service ("IHS"), to provide efficient services to Navajo members. 2 N.N.C. §§ 164 (A)(9), 700 (A), 701 (A)(4) (2012); see also CJA-03-13.
- C. The Indian Health Service (IHS), an agency which is part of the Department of Health and Human Services (HHS), is accepting applications to continue the planning, development, and implementation of the Methamphetamine and Suicide Prevention Initiative (MSPI). See Federal Register Announcement attached as Exhibit A.
- D. One of the purposes of the MSPI grant is to increase Tribal, Urban Indian Health Programs, and Federal capacity to operate successful methamphetamine prevention, treatment, and aftercare and suicide prevention, intervention, and postvention services through implementing community and organizational needs assessment and strategic plans. Exhibit A.

- E. During this grant cycle, IHS expects to provide \$1,988,000 in total awards ranging from \$50,000 to \$300,000 for a 12-month project period for the Navajo IHS Area. Exhibit A.
- F. To be eligible for this "Limited Competition" in an effort to address behavioral health disparities within American Indian/Alaska Native communities, IHS is limiting eligibility to Federally recognized Tribes, Tribal organizations, and urban Indian organizations. Exhibit A.
- G. A tribal organization, as defined by 25 U.S.C. 1603(26), means the recognized governing body of any Indian tribe or any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities. Exhibit A.
- H. The Navajo Nation Council has previously designated the Winslow Indian Health Care Center as a tribal organization for the purpose of managing and operating contracts with the Indian Health Services under Public Law 93-638. See Resolution CJN-35-05 at Section 1 attached as Exhibit B.
- I. No cost sharing or fund matching is required for these grants. Exhibit A.
- J. Tribal Resolutions are required as part of the grant application process. Exhibit A.
- K. It is in the best interests to recognize the status of the Tuba City Regional Health Care Corporation as a tribal organization in accordance with CJN-35-05, and to support their application for an MSPI grant for the five-year funding cycle. See Grant Application attached as Exhibit C.

NOW, THEREFORE BE IT RESOLVED:

The Navajo Nation hereby recognizes the status of the Tuba City Regional Health Care Corporation as a tribal organization in accordance with CJN-35-05 and supports their MSPI grant application for the five-year funding cycle.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Naabik'íyáti' Committee of the Navajo Nation Council at a duly called meeting in Window Rock, Navajo Nation (Arizona) at which a quorum was present and that the same was passed by a vote of 14 in favor and 0 opposed, this 8th day of October 2015.

A handwritten signature in black ink, appearing to read 'LoRenzo Bates', with a stylized flourish at the end.

LoRenzo Bates, Chairperson
Naabik'íyáti' Committee

Motion: Honorable Davis Filfred
Second: Honorable Benjamin Bennett

accessible to the public, with information on financial assistance awards made by Federal agencies. The Transparency Act also includes a requirement for recipients of Federal grants to report information about first-tier sub-awards and executive compensation under Federal assistance awards.

IHS has implemented a Term of Award into all IHS Standard Terms and Conditions, NoAs and funding announcements regarding the FSRS reporting requirement. This IHS Term of Award is applicable to all IHS grant and cooperative agreements issued on or after October 1, 2010, with a \$25,000 sub-award obligation dollar threshold met for any specific reporting period. Additionally, all new (discretionary) IHS awards (where the project period is made up of more than one budget period) and where: 1) the project period start date was October 1, 2010 or after and 2) the primary awardee will have a \$25,000 sub-award obligation dollar threshold during any specific reporting period will be required to address the FSRS reporting. For the full IHS award term implementing this requirement and additional award applicability information, visit DGM Grants Policy Web site at: https://www.ihs.gov/dgm/index.cfm?module=dsp_dgm_policy_topics.

Telecommunication for the hearing impaired is available at: TTY (301) 443-6394.

VII. Agency Contacts

1. Questions on the programmatic issues may be directed to: Beverly Cotton, Director, IHS Division of Behavioral Health, 801 Thompson Avenue, Rockville, MD 20874, Phone: (301) 443-2038, Fax: (301) 443-7623, Email: dbh@ihs.gov.

2. Questions on grants management and fiscal matters may be directed to: Patience Musikikongo, GMS, IHS Division of Grants Management, 801 Thompson Ave, TMP Suite 379, Rockville, MD 20874, Phone: (301) 443-2059, Fax: (301) 443-9602, Patience.Musikikongo@ihs.gov.

3. Questions on systems matters may be directed to: Paul Gettys, Grant Systems Coordinator, 801 Thompson Avenue, TMP Suite 360, Rockville, MD 20852, Phone: (301) 443-2114; or the DGM main line (301) 443-5204, Fax: (301) 443-9602, E-Mail: Paul.Gettys@ihs.gov.

VIII. Other Information

The Public Health Service strongly

non-use of all tobacco products. In addition, Pub. L. 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of the facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

Dated: June 30, 2015.

Robert G. McSwain,
Acting Director, Indian Health Service.
[FR Doc. 2015-16750 Filed 7-7-15; 8:45 am]
BILLING CODE 4165-16-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

[Funding Announcement Number: HHS-2015-IHS-MSPI-0001; Catalog of Federal Domestic Assistance Number (CFDA): 93.933]

Division of Behavioral Health; Office of Clinical and Preventive Services; Methamphetamine and Suicide Prevention Initiative; Announcement Type: New—Limited Competition

Key Dates

Application Deadline Date: September 8, 2015.

Review Date: September 14-18, 2015.

Earliest Anticipated Start Date:

September 30, 2015.

Signed Tribal Resolutions Due Date:

September 11, 2015.

Proof of Non-Profit Status Due Date:

September 8, 2015.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS), an agency which is part of the Department of Health and Human Services (HHS), is accepting applications for a five-year funding cycle to continue the planning, development, and implementation of the Methamphetamine and Suicide Prevention Initiative (Short Title: MSPI). This program was first established by the Consolidated Appropriations Act of 2008, Public Law 110-161, 121 Stat. 1844, 2135, and has been continued in the annual appropriations acts since that time. This program is authorized under the authority of 25 U.S.C. 13, the Snyder Act, and the Indian Health Care Improvement Act, 25 U.S.C. 1601-1683. The amounts made available for the MSPI shall be allocated at the discretion of the Director of IHS and shall remain available until expended. IHS utilizes a

national funding formula developed in consultation with Tribes and the National Tribal Advisory Committee (NTAC) on behavioral health, as well as conferring with urban Indian health programs (UIHPs). The funding formula provides the allocation methodology for each IHS Service Area. This program is described in the Catalog of Federal Domestic Assistance under 93.933.

Background

From September 2009–August 2015, IHS funded 130 IHS, Tribal, and UIHPs that participated in a nationally coordinated six-year demonstration pilot project, focusing on providing methamphetamine and suicide prevention and intervention resources for Indian Country. The MSPI promotes the use and development of evidence-based and practice-based models that represent culturally-appropriate prevention and treatment approaches to methamphetamine use and suicide prevention from a community-driven context. For a complete listing of demonstration pilot projects, please visit www.ihs.gov/mspi/pilotprojects.

Purpose

The primary purpose of this grant program is to accomplish the MSPI goals listed below:

1. Increase Tribal, UIHP, and Federal capacity to operate successful methamphetamine prevention, treatment, and aftercare and suicide prevention, intervention, and postvention services through implementing community and organizational needs assessment and strategic plans.

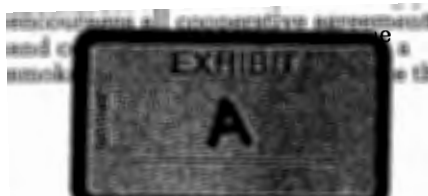
2. Develop and foster data sharing systems among Tribal, UIHP, and Federal behavioral health service providers to demonstrate efficacy and impact.

3. Identify and address suicide ideations, attempts, and contagions among American Indian and Alaska Native (AI/AN) populations through the development and implementation of culturally appropriate and community relevant prevention, intervention, and postvention strategies.

4. Identify and address methamphetamine use among AI/AN populations through the development and implementation of culturally appropriate and community relevant prevention, treatment, and aftercare strategies.

5. Increase provider and community education on suicide and methamphetamine use by offering appropriate trainings.

6. Promote positive AI/AN youth development and family engagement



through the implementation of early intervention strategies to reduce risk factors for suicidal behavior and substance abuse.

Funded projects are not expected to address all of the MSPI goals, only those relevant to the Purpose Area for which they are applying.

To accomplish the MSPI goals, IHS invites applicants to address one of the Purpose Areas below:

- Purpose Area 1: Community and Organizational Needs Assessment and Strategic Planning
- Purpose Area 2: Suicide Prevention, Intervention, and Postvention
- Purpose Area 3: Methamphetamine Prevention, Treatment, and Aftercare
- Purpose Area 4: Generation Indigenous Initiative Support.

In certain circumstances, applicants may choose to apply for more than one Purpose Area. If this is the case, applicants must submit a *separate application for each Purpose Area*. IHS encourages applicants to develop and submit applications that emphasize cross-system collaboration among the Purpose Areas, the inclusion of family, youth and community resources, and the application of cultural approaches.

Evidence-Based Practices, Practice-Based Evidence, Promising Practices, and Local Efforts

IHS strongly emphasizes the use of data and evidence in policymaking and program development and implementation. Applicants under Purpose Area 2, Purpose Area 3, and Purpose Area 4 must identify one or more evidence-based practice, practice-based evidence, best or promising practice, and/or local effort that they plan to implement in the Project Narrative section of their application. The MSPI Web site (<http://www.ihs.gov/mspi/bestpractices/>) is one resource that applicants may use to find information to build on the foundation of prior methamphetamine and suicide prevention and treatment efforts, in order to support the IHS, Tribes, and UIHPs in developing and implementing Tribal and/or culturally appropriate methamphetamine and suicide prevention and early intervention strategies.

Purpose Areas

Purpose Area 1: Community and Organizational Needs Assessment and Strategic Planning: Lessons learned from the demonstration pilot project phase of the MSPI revealed the need for AI/AN communities to have access to resources, funding, and technical assistance to assess the needs of their community for suicide and/or

methamphetamine use to develop strategic approaches and leverage community and organizational resources before implementing specific programs. Strategic planning is especially critical to maximize available resources and eliminate duplicative efforts. Strategic planning should address gaps in policies and resources, as well as program barriers. Planning should focus on utilizing data from the community and organizational needs assessment to ensure coordinated community responses as well as system linkages for suicide prevention and methamphetamine use services. Based on the community and organizational needs assessment and analysis, projects will develop a strategic plan to address suicide and/or methamphetamine use (or other addicting substances). IHS is seeking applicants to address MSPI goals #1 and #2 by addressing the following two items:

- Assess and develop strategic approaches of leveraging community and organizational resources to address suicide and methamphetamine use; and
- Develop data sharing systems for continuous assessment and strategic planning.

Purpose Area 2: Suicide Prevention, Intervention, and Postvention: The focus of Purpose Area 2 is on the prevention, intervention, and postvention of suicide, suicide contagion, and suicide attempts or ideations among AI/AN populations.

IHS is seeking applicants to address MSPI goals #3 and #5 by focusing on the following broad objectives:

- Expand available behavioral health care treatment services;
- Foster coalitions and networks to improve care coordination;
- Educate and train providers in the care of methamphetamine and other substance use disorders;
- Promote community education to prevent the use and spread of methamphetamine;
- Improve health system organizational practices to improve treatment services for individuals seeking treatment for methamphetamine and other substance use disorders that contribute to suicide;
- Establish local health system policies to address methamphetamine use and other substance use disorders that contribute to suicide;
- Integrate culturally appropriate treatment services; and
- Implement trauma informed care services and programs.

Purpose Area 3: Methamphetamine Prevention, Treatment, and Aftercare: The focus of Purpose Area 3 is on the prevention, treatment, and aftercare for

methamphetamine use (and other addicting substances) among AI/AN populations. In addition to prevention programming, MSPI funds can be used to provide behavioral health treatment services (*i.e.*, direct services including in-patient and out-patient treatment, intervention, and aftercare).

IHS is seeking applicants to address MSPI goals #4 and #5 by focusing on the following broad objectives:

- Expand available behavioral health care treatment services;
- Foster coalitions and networks to improve care coordination;
- Educate and train providers in the care of methamphetamine and other substance use disorders;
- Promote community education to prevent the use and spread of methamphetamine;
- Improve health system organizational practices to improve treatment services for individuals seeking treatment for methamphetamine and other substance use disorders that contribute to suicide;
- Establish local health system policies to address methamphetamine use and other substance use disorders that contribute to suicide;
- Integrate culturally appropriate treatment services; and
- Implement trauma informed care services and programs.

Purpose Area 4: Generation Indigenous Initiative Support: The focus of Purpose Area 4 is to promote early intervention strategies and implement positive youth development programming to reduce risk factors for suicidal behavior and substance abuse. IHS is seeking applicants to address MSPI goal #6 by working with Native youth ages 8 to 24 years old on the following broad objectives:

- Implement evidence-based and practice-based approaches to build resiliency, promote positive development, and increase self-sufficiency behaviors among Native youth;
- Promote family engagement; and
- Increase access to prevention activities for youth to prevent methamphetamine use and other substance use disorders that contribute to suicidal behaviors, in culturally appropriate ways.

Limited Competition Justification

There is limited competition under this announcement because the authorizing legislation restricts eligibility to Tribes that meet specific criteria. See the Consolidated Appropriations Act of 2008, Public Law 110–161, 121 Stat. 1844, 2135.

II. Award Information

Type of Award

Grant.

Estimated Funds Available

The total amount of funding identified for the current fiscal year (FY) 2015 is approximately \$12,500,000. IHS expects to allocate funding for the 12 IHS service areas as described below. Applicants will be awarded according to their location within their respective IHS service area and will not compete with applicants from other IHS service areas. UIHP applicants will be selected from a category set aside for UIHP applicants only. UIHP awards will be \$100,000 each. The amount of funding available for competing and continuation awards issued under this announcement are subject to the availability of appropriations and budgetary priorities of the Agency. IHS is under no obligation to make awards that are selected for funding under this announcement.

Anticipated Number of Awards

The number of anticipated awards is dependent on the number of applications received in response to the announcement and available funds. The funding breakdown by area is as follows:

Alaska IHS Service Area

IHS expects to provide \$1,684,000 in total awards ranging from \$50,000 to \$300,000 for a 12-month project period.

Albuquerque IHS Service Area

IHS expects to provide \$703,000 in total awards ranging from \$50,000 to \$150,000 for a 12-month project period.

Bemidji IHS Service Area

IHS expects to provide \$706,000 in total awards ranging from \$50,000 to \$150,000 for a 12-month project period.

Billings IHS Service Area

IHS expects to provide \$703,000 in total awards ranging from \$50,000 to \$150,000 for a 12-month project period.

California IHS Service Area

IHS expects to provide \$815,000 in total awards ranging from \$50,000 to \$150,000 for a 12-month project period.

Great Plains IHS Service Area

IHS expects to provide \$1,201,000 in total awards ranging from \$50,000 to \$200,000 for a 12-month project period.

Nashville IHS Service Area

IHS expects to provide \$333,000 in total awards ranging from \$50,000 to \$150,000 for a 12-month project period.

Navajo IHS Service Area

IHS expects to provide \$1,988,000 in total awards ranging from \$50,000 to \$300,000 for a 12-month project period.

Oklahoma City IHS Service Area

IHS expects to provide \$1,908,000 in total awards ranging from \$50,000 to \$300,000 for a 12-month project period.

Phoenix IHS Service Area

IHS expects to provide \$1,335,000 in total awards ranging from \$50,000 to \$200,000 for a 12-month project period.

Portland IHS Service Area

IHS expects to provide \$917,000 in total awards ranging from \$50,000 to \$100,000 for a 12-month project period.

Tucson IHS Service Area

IHS expects to provide \$206,000 in total awards ranging from \$50,000 to \$112,500 for a 12-month project period.

Urban Indian Health Programs

IHS expects to provide \$1,000,000 in total awards for a 12-month project period.

Project Period

The project period is for five years and will run consecutively from September 30, 2015, to September 29, 2020.

Continuation Applications

The current funding announcement is a request for the submission of proposals for a five-year project proposal; however due to the limited amount of funding available for competing and continuation awards issued under this announcement, the funds are subject to the availability of appropriations and budgetary priorities of the Agency (also reference "Estimated Funds Available" in this section, "Award Information"). Therefore, awardees will be required to submit a Continuation Application at the end of each project year (dates to be determined) after the initial funding award for Project Year 1, which will assist in determining continued funding from Project Year to Project Year for the five-year project funding cycle. Awardees will be required to submit an entire application package including all components listed under "Content and Form Application Submission" in the Grantsolutions System to assist in determination of continued funding.

The continuation applications will assist IHS in ensuring that all awardees are meeting their goals and objectives, carrying out project activities, and submitting required documentation in a timely manner and according to the

terms and conditions of their Notice of Award (NoA) and the behavioral health program requirements.

III. Eligibility Information

1. Eligibility

To be eligible for this "Limited Competition" in an effort to address behavioral health disparities within AI/AN communities, IHS is limiting eligibility to Federally recognized Tribes, Tribal organizations, and urban Indian organizations. Eligible applicants are as follows:

- Federally recognized Indian Tribe, as defined by 25 U.S.C. 1603(14);
 - Tribal organization, as defined by 25 U.S.C. 1603(26);
 - Urban Indian organization, as defined by 25 U.S.C. 1603(29).
- Applicants must provide proof of non-profit status with the application, e.g., 501(c)(3).

Note: Please refer to section IV.2 (Application and Submission Information/ Subsection 2, Content and Form of Application Submission) for additional proof of applicant status documents required such as Tribal resolutions, proof of non-profit status, etc.

2. Cost Sharing or Matching

IHS does not require matching funds or cost sharing for grants or cooperative agreements.

3. Other Requirements

a. If application budgets exceed the highest dollar amount outlined under the "Estimated Funds Available" section within this funding announcement, the application will be considered ineligible and will not be reviewed for further consideration. If deemed ineligible, IHS will not return the application. The applicant will be notified by email by the Division of Grants Management (DGM) of this decision.

b. Awardee Meetings

Awardees are required to send the Project Director and/or Project Coordinator (the individual who runs the day-to-day project operations) to an annual MSPI meeting. Participation will be in-person or virtual meetings. The awardee is required to include travel for this purpose in the budget and narrative of the project proposal. At these meetings, awardees will present updates and results of their projects including note of significant or ongoing concerns related to project implementation or management. Federal staff will provide updates and technical assistance to awardees in attendance.

Tribal Resolution

Signed Tribal Resolution—A signed Tribal resolution from each of the Indian Tribes served by the project must accompany the electronic application submission. An Indian Tribe that is proposing a project affecting another Indian Tribe must include resolutions from all affected Tribes to be served. Applications by Tribal organizations will not require a specific Tribal resolution if the current Tribal resolution(s) under which they operate would encompass the proposed grant activities.

Draft Tribal resolutions are acceptable in lieu of an official signed resolution and must be submitted along with the electronic application submission prior to the official application deadline date or prior to the start of the Objective Review Committee (ORC) date. However, an official signed Tribal resolution must be received by DGM prior to the beginning of the objective review. If an official signed resolution is not received by the review date listed under the Key Dates section on page one of this announcement, the application will be considered incomplete and ineligible.

Official signed Tribal resolutions can be mailed to DGM, Attn: Cherron Smith, 801 Thompson Avenue, TMP Suite 360, Rockville, Maryland 20852. Applicants submitting Tribal resolutions after or aside from the required online electronic application submission must ensure that the information is received by IHS/DGM. It is highly recommended that the documentation be sent by a delivery method that includes delivery confirmation and tracking. Please contact Ms. Cherron Smith by telephone at (301) 443-2192 prior to the review date regarding submission questions.

Proof of Non-Profit Status

Organizations claiming non-profit status must submit proof. A copy of the 501(c)(3) Certificate must be received with the application submission by the application deadline date listed under the Key Dates section on page one of this announcement.

An applicant submitting any of the above additional documentation after the initial application submission due date is required to ensure the information was received by IHS by obtaining documentation confirming delivery (i.e. FedEx tracking, postal return receipt, etc.).

IV. Application and Submission Information

1. Obtaining Application Materials

The application package and detailed instructions for this announcement can be found at <http://www.Grants.gov> or https://www.ihs.gov/dgm/index.cfm?module=dsp_dgm_funding.

Questions regarding the electronic application process may be directed to Mr. Paul Gettys at (301) 443-2114 or (301) 443-5204.

2. Content and Form Application Submission

The applicant must include the project narrative as an attachment to the application package. Mandatory documents for all applicants include:

- Cover letter.
- Table of contents.
- Abstract (must be single-spaced and should not exceed one page).
- Application forms:
 - SF-424, Application for Federal Assistance.
 - SF-424A, Budget Information—Non-Construction Programs.
 - SF-424B, Assurances—Non-Construction Programs.
- Statement of Need (must be single-spaced and not exceed two pages).
 - Includes the Tribe, Tribal organization, or UIHP background information.
- Project Narrative (must be included as an attachment to the application package and must be single-spaced and not exceed 20 pages).
 - Proposed scope of work, objectives, and activities that provide a description of what will be accomplished, including a one-page timeframe chart, and a plan for local data collection.
- Budget and Budget Narrative (must be single-spaced and not exceed four pages).
- Tribal Resolution or Tribal Letter of Support (only required for Tribes and Tribal organizations).
 - See Key Dates for separate due date submission requirement.
- Letter(s) of Support from organization's Board of Directors (or relevant equivalent), Local Organizational Partners and Tribal or Urban Indian Organizational and Community Partners (All Applicants).
 - 501(c)(3) Certificate (if applicable).
 - Biographical sketches for all key personnel.
 - Position descriptions for all key personnel.
 - Contractor/consultant qualifications and scope of work.
 - Disclosure of Lobbying Activities (SF-LLL).
 - Certification Regarding Lobbying (GG-Lobbying Form).

- Copy of current Negotiated Indirect Cost rate (IDC) agreement (required) in order to receive IDC.

- Organizational Chart (optional).
- Documentation of current Office of Management and Budget (OMB) A-133 required Financial Audit or other required audit (if applicable).

Acceptable forms of documentation include:

- Email confirmation from Federal Audit Clearinghouse (FAC) that audits were submitted; or
- Face sheets from audit reports.

These can be found on the FAC Web site: <http://harvester.census.gov/sac/dissemin/accessoptions.html?submit=Go+To+Database>

Public Policy Requirements

All Federal-wide public policies apply to IHS grants and cooperative agreements with exception of the discrimination policy.

Requirements for Project Proposals

The project narrative should be a separate Word document that is no longer than 20 pages and must be single-spaced, type written, consecutively numbered pages, using black type not smaller than 12 characters per one inch, and be printed on one side only of standard size 8½" x 11" paper.

Succinctly address and answer all questions listed under required application components and place all responses and required information in the correct section (noted below), or they shall not be considered or scored. These narratives will assist the ORC in becoming familiar with the applicant's activities and accomplishments prior to this grant award. If the narrative exceeds the page limit, only the first twenty (20) pages will be reviewed. The 20-page limit for the narrative does not include the cover letter, table of contents, abstract, statement of need, standard forms, Tribal resolutions, budget and budget narrative, and/or other appendix items.

Applications must include the following required application components:

- Cover Letter—Includes the title of the program and all contact information for the Tribe/Tribal organization or UIHP.
- Table of Contents.
- Abstract—Provides a summary of all the key information for the project. Must not exceed one single-spaced page.
- Statement of Need—Provides the facts and evidence that support the need for the project and establishes that the Tribe/Tribal organization or UIHP understands the problems and can

reasonably address them. Provides background information on the Tribe/ Tribal organization or UIHP. May not exceed two single-spaced pages.

- **Project Narrative**—The project narrative (description) describes the project. May not exceed 20 single-spaced pages.

Required components in the project narrative are as follows:

- A. Goals and Objectives.
- B. Project Activities.
- C. Timeline Chart.
- D. Organization Capacity and Staffing/Administration.
- E. Plan for Local Data Collection.

- **Budget and Budget Narrative**—Applicants are to submit a budget and budget narrative for *Project Year 1 only*. The budget and budget narrative must include a line item budget with a narrative justification for all expenditures identifying reasonable and allowable costs necessary to accomplish the goals and objectives as outlined in the project narrative for the first project year only. The budget and budget narrative may not exceed four single-spaced pages for both documents combined.

The MSPI Proposal Template and associated templates for the Timeline Chart, Biographical Sketch, Budget and Budget Narrative, can be located and downloaded at the MSPI Web site: <http://www.ihs.gov/mspi/fundingannouncement>.

3. Submission Dates and Times

Applications must be submitted electronically through Grants.gov by 11:59 p.m. Eastern Daylight Time (EDT) on the application deadline date listed in the Key Dates section on page one of this announcement. Any application received after the application deadline will not be accepted for processing, nor will it be given further consideration for funding. Grants.gov will notify the applicant via email if the application is rejected.

If technical challenges arise and assistance is required with the electronic application process, contact Grants.gov Customer Support via email to support@grants.gov or at (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays). If problems persist, contact Mr. Paul Gettys (Paul.Gettys@ihs.gov), DGM Grant Systems Coordinator, by telephone at (301) 443-2114 or (301) 443-5204. Please be sure to contact Mr. Gettys at least ten (10) days prior to the application deadline. Please do not contact DGM until you have received a Grants.gov tracking number. In the event you are not able to obtain a

tracking number, call DGM as soon as possible.

If the applicant needs to submit a paper application instead of submitting electronically through Grants.gov, a waiver must be requested. Prior approval must be requested and obtained from Ms. Tammy Bagley, Acting Director of DGM, (see section IV.6, Electronic Submission Requirements, below for additional information). The waiver must: (1) Be documented in writing (emails are acceptable) before submitting a paper application, and (2) include clear justification for the need to deviate from the required electronic grants submission process. A written waiver request must be sent to GrantsPolicy@ihs.gov with a copy to Tammy.Bagley@ihs.gov. Once the waiver request has been approved, the applicant will receive a confirmation of approval email containing submission instructions and the mailing address to submit the application. A copy of the written approval must be submitted along with the hardcopy of the application that is mailed to DGM. Paper applications that are submitted without a copy of the signed waiver from the Acting Director of DGM will not be reviewed or considered for funding. The applicant will be notified via email of this decision by the Grants Management Officer of DGM. Paper applications must be received by DGM no later than 5:00 p.m., EDT, on the application deadline date listed in the Key Dates section on page one of this announcement. Late applications will not be accepted for processing or considered for funding.

4. Intergovernmental Review

E.O. 12372 requiring intergovernmental review is not applicable to this program.

5. Funding Restrictions

- Pre-award costs are not allowable.
- The available funds are inclusive of direct and appropriate indirect costs.
- Only one grant/cooperative agreement will be awarded per applicant.

6. Electronic Submission Requirements

All applications must be submitted electronically. Please use the <http://www.Grants.gov> Web site to submit an application electronically and select the "Find Grant Opportunities" link on the homepage. Download a copy of the application package, complete it offline, and then upload and submit the completed application via the <http://www.Grants.gov> Web site. Electronic copies of the application may not be submitted as attachments to email

messages addressed to IHS employees or offices.

If the applicant receives a waiver to submit paper application documents, they must follow the rules and timelines that are noted below. The applicant must seek assistance at least ten (10) days prior to the application deadline date listed in the Key Dates section on page one of this announcement.

Applicants that do not adhere to the timelines for System for Award Management (SAM) and/or <http://www.Grants.gov> registration or that fail to request timely assistance with technical issues will not be considered for a waiver to submit a paper application.

Please be aware of the following:

- Please search for the application package in <http://www.Grants.gov> by entering the CFDA number or the Funding Opportunity Number. Both numbers are located in the header of this announcement.
- If you experience technical challenges while submitting the application electronically, please contact Grants.gov Support directly at: support@grants.gov or (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).
- Upon contacting Grants.gov, obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved and a waiver from the Agency must be obtained.
- If it is determined that a waiver is needed, the applicant must submit a request in writing (emails are acceptable) to GrantsPolicy@ihs.gov with a copy to Tammy.Bagley@ihs.gov. Please include a clear justification for the need to deviate from the standard electronic submission process.
- If the waiver is approved, the application should be sent directly to DGM by the application deadline date listed in the Key Dates section on page one of this announcement.
- Applicants are strongly encouraged not to wait until the deadline date to begin the application process through Grants.gov as the registration process for SAM and Grants.gov could take up to fifteen working days.
- Please use the optional attachment feature in Grants.gov to attach additional documentation that may be requested by DGM.
- All applicants must comply with any page limitation requirements described in this funding announcement.
- After electronically submitting the application, the applicant will receive an automatic acknowledgment from

Grants.gov containing a Grants.gov tracking number. DGM will download the application from Grants.gov and provide necessary copies to the appropriate agency officials. Neither DGM nor the behavioral health program will notify the applicant that the application has been received.

- Email applications will not be accepted under this announcement.
- IHS will not acknowledge receipt of applications.

Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS)

All IHS applicants and grantee organizations are required to obtain a DUNS number and maintain an active registration in the SAM database. The DUNS number is a unique 9-digit identification number provided by D&B which uniquely identifies each entity. The DUNS number is site specific; therefore, each distinct performance site may be assigned a DUNS number. Obtaining a DUNS number is easy, and there is no charge. To obtain a DUNS number, please access it through <http://fedgov.dnb.com/webform>, or to expedite the process, call (866) 705-5711.

All HHS recipients are required by the Federal Funding Accountability and Transparency Act of 2006, as amended (Transparency Act), to report information on subawards. Accordingly, all IHS grantees must notify potential first-tier subrecipients that no entity may receive a first-tier subaward unless the entity has provided its DUNS number to the prime grantee organization. This requirement ensures the use of a universal identifier to enhance the quality of information available to the public pursuant to the Transparency Act.

System for Award Management (SAM)

Organizations that are not registered with Central Contractor Registration and have not registered with SAM will need to obtain a DUNS number first and then access the SAM online registration through the SAM home page at <https://www.sam.gov> (U.S. organizations will also need to provide an Employer Identification Number from the Internal Revenue Service that may take an additional 2–5 weeks to become active). Completing and submitting the registration takes approximately one hour to complete and SAM registration will take 3–5 business days to process. Registration with SAM is free of charge. Applicants may register online at <https://www.sam.gov>.

Additional information on implementing the Transparency Act,

including the specific requirements for DUNS and SAM, can be found on the IHS Grants Management, Grants Policy Web site: https://www.ihs.gov/dgm/index.cfm?module=dsp_dgm_policy_topics.

V. Application Review Information

The instructions for preparing the application statement of need, project narrative, budget and budget narrative also constitute the evaluation criteria for reviewing and scoring the application. Weights assigned to each section are noted in parentheses. The 20 page narrative should include activities for the proposed one-year project. The statement of need, project narrative, budget and budget narrative sections should be written in a manner that is clear to outside reviewers unfamiliar with prior related activities of the applicant. It should be well organized, succinct, and contain all information necessary for reviewers to understand the project fully. Points will be assigned to each evaluation criteria adding up to a total of 100 points. A minimum score of 65 points is required for funding. Points are assigned as follows:

1. Criteria

Applications will be reviewed and scored according to the *quality* of responses to the required application components in sections A–E.

- In developing the Statement of Need, Project Narrative, Budget and Budget Narrative sections of the application, use the instructions provided for each section, which have been tailored to this program.
- The Statement of Need should not exceed two single-spaced pages.
- The Project Narrative (required components, sections A–E, in “Requirements for Project Proposals”) together should not exceed 20 single-spaced pages.
- The Budget and Budget Narrative the applicant provides will be considered by reviewers in assessing the applicant’s response, along with the material in the Project Narrative. The budget and budget narrative must not exceed four single-spaced pages.
- The applicant must use the five sections (sections A–E) listed below in developing the: (1) Statement of Need (section A); (2) Project Narrative (sections B, C and D); and (3) Budget and Budget Narrative (section E). The applicant must place the required information in the correct section, or it will not be considered. The application will be scored according to how well the applicant addresses the requirements for each section of the Statement of Need,

Project Narrative, Budget and Budget Narrative.

- The number of points after each heading is the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall section score.

Section A: Statement of Need (35 Points)

1. For all Purpose Areas: Identify the proposed catchment area and provide demographic information on the population(s) to receive services through the targeted systems or agencies, *e.g.*, race, ethnicity, Federally recognized Tribe, language, age, socioeconomic status, sexual identity (sexual orientation, gender identity), and other relevant factors, such as literacy. Describe the stakeholders and resources in the catchment area that can help implement the needed infrastructure development.

2. For Purpose Area #1 only: Document the need and lack of data currently available. Document the need for an enhanced infrastructure and strategic planning processes to inform the work in the community.

3. For Purpose Areas #2, #3, and #4: Based on the information and/or data currently available, document the prevalence of suicide ideations, attempts and completions, methamphetamine use rates, and alcohol and substance abuse rates. For Purpose Area #4, the data should be geared toward AI/AN children and youth.

4. For Purpose Areas #2, #3, and #4: Based on the information and/or data currently available, document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective substance abuse prevention and/or behavioral health services in the proposed catchment area that is consistent with the purpose of the program and the funding opportunity announcement. Based on available data, describe the service gaps and other problems related to the need for infrastructure development. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data (Tribal Epidemiology Centers, IHS area offices), state data (*e.g.*, from state needs assessments, Substance Abuse and Mental Health Administration’s (SAMHSA) National Survey on Drug Use and Health), and/or national data (*e.g.*, from SAMHSA’s National Survey

on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate for the applicant's program.

5. For all Purpose Areas: Describe the existing behavioral health service gaps, barriers, and other systemic challenges related to the need for planning and infrastructure development and coordination of behavioral health and wellness services.

6. For all Purpose Areas: Describe potential project partners and community resources in the catchment area that can participate in the planning process and infrastructure development.

7. For all Purpose Areas: Affirm the goals of the project are consistent with priorities of the Tribal government or board of directors and that the governing body is in support of this application.

Section B: Project Narrative/Proposed Approach/Project Plan (20 Points)

1. For all Purpose Areas: Describe the purpose of the proposed project, including a clear statement of goals and objectives. Describe how achievement of goals will increase system capacity to support the goals and objectives or activities in the Purpose Area for which the applicant is applying.

2. For all Purpose Areas: Describe how project activities will increase the capacity of the identified community to plan and improve the coordination of a collaborative behavioral health and wellness service systems. Describe anticipated barriers to progress of the project and how these barriers will be addressed.

3. For all Purpose Areas: Discuss how the proposed approach addresses the local language, concepts, attitudes, norms and values about suicide, and/or methamphetamine use.

4. For all Purpose Areas: Describe how the proposed project will address issues of diversity within the population of focus including age, race, gender, ethnicity, culture/cultural identity, language, sexual orientation, disability, and literacy.

5. For all Purpose Areas: Describe how members of the community (including youth and families that may receive services) will be involved in the planning, implementation, and data collection and regional evaluation of the project.

6. For all Purpose Areas: Describe how the efforts of the proposed project will be coordinated with any other related Federal grants, including IHS, SAMHSA, or Bureau of Indian Affairs

(BIA) services provided in the community (if applicable).

7. For all Purpose Areas: Provide a timeline chart depicting a realistic timeline for the entire project period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in the chosen Purpose Area. [Note: The timeline chart should be part of the Project Narrative as specified in the "Requirements for Project Proposals" section. It should not be placed as an attachment.]

8. For all Purpose Areas: If the applicant plans to include an advisory body in the project, describe its membership, roles and functions, and frequency of meetings.

9. For all Purpose Areas: Identify any other organization(s) that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include a list of these organizations as an *attachment* to the project proposal/application. In the attached list, indicate the organizations that the Tribe/Tribal organization or UIHP has worked with or currently works with. [Note: The attachment will not count as part of the 20-page maximum.]

Section C: Organizational Capacity and Staffing/Administration (15 Points)

All Purpose Areas should address all of the components listed below:

1. Describe the management capability and experience of the applicant Tribe, Tribal organization, or UIHP and other participating organizations in administering similar grants and projects.

2. Discuss the applicant Tribe, Tribal organization, or UIHP experience and capacity to provide culturally appropriate/competent services to the community and specific populations of focus.

3. Describe the resources available for the proposed project (e.g., facilities, equipment, information technology systems, and financial management systems).

4. Describe how project continuity will be maintained if/when there is a change in the operational environment (e.g., staff turnover, change in project leadership, change in elected officials) to ensure project stability over the life of the grant.

5. Provide a complete list of staff positions for the project, including the Project Director, Project Coordinator, and other key personnel, showing the role of each and their level of effort and qualifications.

6. Include position descriptions as *attachments* to the project proposal/application for the Project Director, Project Coordinator, and all key personnel. Position descriptions should not exceed one page each. [Note: Attachments will not count against the 20 page maximum].

7. For staff that are identified and currently on staff, include a biographical sketch (not to include personally identifiable information) for the Project Director, Project Coordinator, and other key positions as *attachments* to the project proposal/application. Each biographical sketch should not exceed one page. Reviewers will not consider information past page one. [Note: Attachments will not count against the 20 page maximum]. Do not include any of the following:

- i. Personally Identifiable Information;
- ii. Resumes; or
- iii. Curriculum Vitae.

Section D: Local Plan for Data Collection (20 Points)

Describe the applicant's plan for gathering local data, submitting data requirements, and document the applicant's ability to ensure accurate data tracking and reporting.

Funded projects are required to coordinate data collection efforts with a regional (IHS Area) evaluator. The regional evaluators will be identified and funded by IHS and coordinated with each local project and will feed the regional and national evaluation for MSPI. Awardees will work with the regional evaluator(s) to evaluate the core processes, outcomes, impacts, and benefits associated with the MSPI. Awardees shall collect local data related to the project and submit it in semi-annual progress reports. The data collected and submitted through the progress reports will be made available to the regional and national evaluator(s) for MSPI. The purpose of the regional and national evaluation is to assess the extent to which the projects are successful in achieving project goals and objectives and to determine the impact of MSPI-related activities on individuals and the larger community.

Progress reporting will be required on national and regionally selected data elements related to program outcomes and financial reporting for all awardees. Progress reports will be collected semi-annually throughout the project on a web-based portal. Progress reports include the compilation of quantitative (numerical) data (e.g., number served; screenings completed, etc.) and of qualitative or narrative (text) data. The regional and national evaluators will also coordinate the narrative data

collection and provide an analysis of the funded project's responses to open-ended questions about "program accomplishments," "barriers to implementation," and description of partnership and coalition work.

The reporting portal will be open to project staff on a 24 hour/7 day week basis for the duration of each reporting period. Reporting form formats allow awardees to report outcomes and include open-ended questions about current accomplishments and barriers during the reporting period. In addition, financial report forms (SF-425), which document funds received and expended during the semi-annual reporting period, will be available. All materials will be provided on the portal and are to be submitted online. Technical assistance for web-based data entry and for the completion of required fiscal documents will be timely and readily available to awardees by assigned IHS Project Officers.

Section E: Budget and Budget Narrative (10 Points)

The applicant is required to include a line item budget for all expenditures identifying reasonable and allowable costs necessary to accomplish the goals and objectives as outlined in the project narrative for *Project Year 1 only*. The budget should match the scope of work described in the project narrative for the first project year expenses only. The page limitation should not exceed four single-spaced pages.

The applicant must provide a narrative justification of the items included in the proposed line item budget supporting the mission and goals of MSPI, as well as a description of existing resources and other support the applicant expects to receive for the proposed project. 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. (This should correspond to Item #18 on the applicant's SF-424, Estimated Funding.) Provide a narrative justification supporting the development or continued collaboration with other partners regarding the proposed activities to be implemented.

Additional documents can be uploaded as Appendix Items in Grants.gov

- Work plan, logic model and/or time line for proposed objectives.
- Position descriptions for key staff.
- Consultant or contractor proposed scope of work and letter of commitment (if applicable).
- Current Indirect Cost Agreement.

- Organizational chart.
- Map of area identifying project location(s).
- Additional documents to support narrative (i.e. data tables, key news articles, etc.).

2. Review and Selection

Each application will be prescreened by DGM staff for eligibility and completeness as outlined in the funding announcement. Applications that meet the eligibility criteria shall be reviewed for merit by the ORC based on evaluation criteria in this funding announcement. The ORC could be composed of Tribal, urban and Federal reviewers appointed by the IHS program to review and make recommendations on these applications. The technical review process ensures selection of quality projects in a national competition for limited funding. Incomplete applications and applications that are non-responsive to the eligibility criteria will not be referred to the ORC. The applicant will be notified via email of this decision by the Grants Management Officer of DGM. Applicants will be notified by DGM, via email, to outline minor missing components (i.e., budget narratives, audit documentation, key contact form) needed for an otherwise complete application. All missing documents must be sent to DGM on or before the due date listed in the email of notification of missing documents required. To obtain a minimum score for funding by the ORC, applicants must address all program requirements and provide all required documentation.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NoA) is a legally binding document signed by the Grants Management Officer and serves as the official notification of the grant award. The NoA will be initiated by DGM in our grant system, GrantSolutions (<https://www.grantsolutions.gov>). Each entity that is approved for funding under this announcement will need to request or have a user account in GrantSolutions in order to retrieve their NoA. The NoA is the authorizing document for which funds are dispersed to the approved entities and reflects the amount of Federal funds awarded, the purpose of the grant, the terms and conditions of the award, the effective date of the award, and the budget/project period.

Disapproved Applicants

Applicants who received a score less than the recommended funding level for

approval, 65 points, and were deemed to be disapproved by the ORC, will receive an Executive Summary Statement from the IHS program office within 30 days of the conclusion of the ORC outlining the strengths and weaknesses of their application submitted. The IHS program office will also provide additional contact information as needed to address questions and concerns as well as provide technical assistance if desired.

Approved But Unfunded Applicants

Approved but unfunded applicants that met the minimum score of 65 points and were deemed by the ORC to be "Approved," but were not funded due to lack of funding, will have their applications held by DGM for a period of one year. If additional funding becomes available during the course of FY 2015, the approved but unfunded application may be re-considered by the awarding program office for possible funding. The applicant will also receive an Executive Summary Statement from the IHS program office within 30 days of the conclusion of the ORC.

Note: Any correspondence other than the official NoA signed by an IHS Grants Management Official announcing to the Project Director that an award has been made to their organization is not an authorization to implement their program on behalf of IHS.

2. Administrative Requirements

Grants are administered in accordance with the following regulations, policies, and OMB cost principles:

- A. The criteria as outlined in this program announcement.
- B. Administrative Regulations for Grants:
 - Uniform Administrative Requirements HHS Awards, located at 45 CFR part 75.
- C. Grants Policy:
 - HHS Grants Policy Statement, Revised 01/07.
- D. Cost Principles:
 - Uniform Administrative Requirements for HHS Awards, "Cost Principles," located at 45 CFR part 75, subpart E.
- E. Audit Requirements:
 - Uniform Administrative Requirements for HHS Awards, "Audit Requirements," located at 45 CFR part 75, subpart F.

3. Indirect Costs

This section applies to all grant recipients that request reimbursement of IDC in their grant application. In accordance with HHS Grants Policy Statement, Part II-27, IHS requires applicants to obtain a current IDC rate agreement prior to award. The rate

agreement must be prepared in accordance with the applicable cost principles and guidance as provided by the cognizant agency or office. A current rate covers the applicable grant activities under the current award's budget period. If the current rate is not on file with DGM at the time of award, the IDC portion of the budget will be restricted. The restrictions remain in place until the current rate is provided to DGM.

Generally, IDC rates for IHS grantees are negotiated with the Division of Cost Allocation (DCA) <https://rates.psc.gov/> and the Department of Interior (Interior Business Center) http://www.doi.gov/ibc/services/Indirect_Cost_Services/index.cfm. For questions regarding the indirect cost policy, please call the Grants Management Specialist listed under "Agency Contacts" or the main DGM office at (301) 443-5204.

4. Reporting Requirements

The grantee must submit required reports consistent with the applicable deadlines. Failure to submit required reports within the time allowed may result in suspension or termination of an active grant, withholding of additional awards for the project, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment. Continued failure to submit required reports may result in one or both of the following: (1) The imposition of special award provisions; and (2) the non-funding or non-award of other eligible projects or activities. This requirement applies whether the delinquency is attributable to the failure of the grantee organization or the individual responsible for preparation of the reports. Reports must be submitted electronically via GrantSolutions. Personnel responsible for submitting reports will be required to obtain a login and password for GrantSolutions. Please see the Agency contacts list in section VII for the systems contact information.

The reporting requirements for this program are noted below.

A. Progress Reports

Progress reports are required semi-annually/annually through the national MSPI online progress report data portal, within thirty (30) days after the budget period ends. These reports must include a brief comparison of actual accomplishments to the goals established for the reporting period, or, if applicable, provide sound justification for the lack of progress, and other pertinent information as required. A final report must be submitted within

ninety (90) days of expiration of the budget/project period.

B. Financial Reports

Federal Financial Report FFR (SF-425), Cash Transaction Reports are due thirty (30) days after the close of every calendar quarter to the Payment Management Services, HHS at: <http://www.dpm.psc.gov>. It is recommended that the applicant also send a copy of the FFR (SF-425) report to the Grants Management Specialist. Failure to submit timely reports may cause a disruption in timely payments to the organization.

Grantees are responsible and accountable for accurate information being reported on all required reports: The Progress Reports and Federal Financial Report (SF-425).

C. Federal Subaward Reporting System (FSRS)

This award may be subject to the Transparency Act subaward and executive compensation reporting requirements of 2 CFR part 170.

The Transparency Act requires OMB to establish a single searchable database, accessible to the public, with information on financial assistance awards made by Federal agencies. The Transparency Act also includes a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards.

IHS has implemented a Term of Award into all IHS Standard Terms and Conditions, NoAs and funding announcements regarding the FSRS reporting requirement. This IHS Term of Award is applicable to all IHS grant and cooperative agreements issued on or after October 1, 2010, with a \$25,000 subaward obligation dollar threshold met for any specific reporting period. Additionally, all new (discretionary) IHS awards (where the project period is made up of more than one budget period) and where: (1) The project period start date was October 1, 2010 or after and (2) the primary awardee will have a \$25,000 subaward obligation dollar threshold during any specific reporting period will be required to address the FSRS reporting. For the full IHS award term implementing this requirement and additional award applicability information, visit DGM Grants Policy Web site at: https://www.ihs.gov/dgm/index.cfm?module=dsp_dgm_policy_topics.

Telecommunication for the hearing impaired is available at: TTY (301) 443-6394.

VII. Agency Contacts

1. Questions on the programmatic issues may be directed to: Audrey Solimon, Health System Specialist, 5300 Homestead Rd. NE., Albuquerque, NM 87110, Phone: (505) 248-4330, Fax: (505) 248-4257, Email: Audrey.Solimon@ihs.gov.

2. Questions on grants management and fiscal matters may be directed to: Cherron Smith, GMS, IHS Division of Grants Management, 801 Thompson Avenue, TMP Suite 360, Rockville, MD 20874, Phone: (301) 443-2192, Fax: (301) 443-9602, Email: Cherron.Smith@ihs.gov.

3. Questions on systems matters may be directed to: Paul Gettys, Grant Systems Coordinator, 801 Thompson Avenue, TMP Suite 360, Rockville, MD 20852, Phone: (301) 443-2114; or the DGM main line (301) 443-5204, Fax: (301) 443-9602, E-Mail: Paul.Gettys@ihs.gov.

VIII. Other Information

The Public Health Service strongly encourages all cooperative agreement and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of the facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

Dated: June 30, 2015.

Robert G. McSwain,
Acting Director, Indian Health Service.

[FR Doc. 2015-16744 Filed 7-7-15; 8:45 am]

BILLING CODE 4160-16-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Alcohol Abuse and Alcoholism; Notice of Presentation

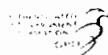
SUMMARY: The National Institute on Alcohol Abuse and Alcoholism (NIAAA) will host an online presentation to enable public discussion of the Institute's proposal to create a new division; Division of Medications Development. The proposal seeks to better reflect the NIAAA priorities by increasing the emphasis on medications development efforts on treating alcohol use disorders (AUD). The change is budget neutral and will use existing

Tribal Resolution

Signed Tribal Resolution—A signed Tribal resolution *from each of* the Indian Tribes served by the project *must accompany the electronic application submission*. An Indian Tribe that is proposing a project affecting another Indian Tribe must include *resolutions from all affected Tribes to be served*. Applications by Tribal organizations will not require a specific Tribal resolution if the current Tribal resolution(s) under which they operate would encompass the proposed grant activities. Show citation box.

Draft Tribal resolutions are acceptable in lieu of an official signed resolution and *must* be submitted along with the electronic application submission prior to the official application deadline date or prior to the start of the Objective Review Committee (ORC) date. However, an official signed Tribal resolution must be received by DGM prior to the beginning of the objective review. If an official signed resolution is not received by the review date listed under the Key Dates section on page one of this announcement, the application will be considered incomplete and ineligible.

Official signed Tribal resolutions can be mailed to DGM, Attn: Cherron Smith, 801 Thompson Avenue, TMP Suite 360, Rockville, Maryland 20852. Applicants submitting Tribal resolutions after or aside from the required online electronic application submission must ensure that the information is received by IHS/DGM. It is highly recommended that the documentation be sent by a delivery method that includes delivery confirmation and tracking. Please contact Ms. Cherron Smith by telephone at (301) 443-2192 prior to the review date regarding submission questions.



hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Summary progress on the following activities	Number of respondents	Number of responses per respondent	Total responses	Hours per response	Total burden hours
Home Visiting Competitive Grant Progress Report—FY 2012, FY 2013, FY 2014	37	1	37	25	925
Home Visiting Competitive Grant Progress Report—FY 2015	32	1	32	25	800
Home Visiting Competitive Grant Progress Report—FY2016 and FY 2017	47	2	94	25	2350
Total	116		166	25	4075

Jackie Painter,

Director, Division of the Executive Secretariat.

[FR Doc. 2015-17873 Filed 7-21-15; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Meeting on American Indian/Alaska Native Lesbian, Gay, Bisexual, and Transgender Health Issues

AGENCY: Indian Health Service, HHS.

ACTION: Notice of meeting.

SUMMARY: The Indian Health Service (IHS) is seeking broad public input as it begins efforts to advance and promote the health needs of the American Indian/Alaska Native (AI/AN) Lesbian, Gay, Bisexual, and Transgender (LGBT) community.

DATES: The meeting will be held as shown below:

1. July 27, 2015 from 9:00 a.m. EST to 4:30 p.m. EST.

ADDRESSES: The meeting location is:

1. Rockville, MD—801 Thompson Avenue, Rockville, MD 20852.

Written statements may be submitted to Lisa Neel, MPH, Program Coordinator, Office of Clinical and Preventive Services, Indian Health Service, 801 Thompson Avenue, Suite 300, Rockville, MD 20852.

FOR FURTHER INFORMATION CONTACT: Lisa Neel, MPH, Program Coordinator, Office of Clinical and Preventive Services, Indian Health Service, 801 Thompson Avenue, Suite 300, Rockville, MD 20852, Telephone 301-443-4305. (This is not a toll-free number.)

SUPPLEMENTARY INFORMATION: The meeting will be open to the public. To facilitate the building security process, those who plan to attend should RSVP to Lisa Neel at lisa.neel@ihs.gov or by telephone at 301-443-4305. (This is not

a toll-free number.) Public attendance may be limited to the space available. Members of the public may make statements during the meeting to the extent time permits and file written statements with the agency for its consideration. Written statements should be submitted to the address listed above. Summaries of the meeting will be available for public inspection and copying ten days following the meeting at the same address.

Dated: July 15, 2015.

Elizabeth A. Fowler,

Deputy Director for Management Operations, Indian Health Service.

[FR Doc. 2015-17962 Filed 7-21-15; 8:45 am]

BILLING CODE 4165-16-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Division of Behavioral Health, Office of Clinical and Preventive Services; Methamphetamine and Suicide Prevention Initiative; Correction

AGENCY: Indian Health Service, HHS.

ACTION: Notice; correction.

SUMMARY: The Indian Health Service published a document in the **Federal Register** on July 8, 2015, for the FY 2015 Methamphetamine and Suicide Prevention Initiative. The notice contained four incorrect broad objectives for Purpose Area #2.

FOR FURTHER INFORMATION CONTACT: Mr. Paul Gettys, Grant Systems Coordinator, Division of Grants Management (DGM), Indian Health Service, 801 Thompson Avenue, Suite TMP 360, Rockville, MD 20852, Telephone direct (301) 443-2114, or the DGM main number (301) 443-5204. (This is not a toll-free number.)

Corrections

In the **Federal Register** of July 8, 2015, in FR Doc. 2015-16744, on page 39132, in the second column, under the heading Purpose Area 2: Suicide Prevention, Intervention, and Postvention, all the bullet points with corrections should read as follows:

- Expand available behavioral health care treatment services;
- Foster coalitions and networks to improve care coordination;
- Educate and train providers in the care of suicide screening and evidence-based suicide care;
- Promote community education to recognize the signs of suicide, and prevent and intervene in suicides and suicide ideations;
- Improve health system organizational practices to provide evidence-based suicide care;
- Establish local health system policies for suicide prevention, intervention, and postvention;
- Integrate culturally appropriate treatment services; and
- Implement trauma informed care services and programs.

Dated: July 15, 2015.

Elizabeth A. Fowler,

Deputy Director for Management Operations, Indian Health Service.

[FR Doc. 2015-17960 Filed 7-21-15; 8:45 am]

BILLING CODE 4160-16-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request Process and Outcomes Evaluation of NCI Physical Sciences in Oncology Centers (PS-OC) Initiative (NCI)

SUMMARY: Under the provisions of section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National



JUN 22 2015

Dear Tribal Leader:

On February 6, the Indian Health Service (IHS) sent a letter to Tribal Leaders requesting tribal input on the next phase of the Methamphetamine and Suicide Prevention Initiative (MSPI) and the Domestic Violence Prevention Initiative (DVPI), a five-year competitive award cycle set to begin after the completion of the demonstration project phase. I am writing to provide you with an update on how the IHS will move forward with MSPI and DVPI over the next five years.

National Funding Distribution Formula

Based on the majority of feedback received in response to the February 6 letter and other opportunities for consultation, IHS will continue to use the current national funding distribution formula to allocate funding for both MSPI and DVPI among the IHS Areas. This formula was originally developed in consultation with Tribes and the IHS National Tribal Advisory Committee (NTAC) on Behavioral Health with the goal of concentrating the limited MSPI and DVPI funding in locations with the greatest need. The MSPI and DVPI national funding distribution formula is based on population, poverty, and disease burden.

Overall Funding Amounts

The DVPI funding for Fiscal Year (FY) 2015 will remain at the same level as FY 2014 for all IHS Areas. An additional amount of \$600,000 will be allocated for Urban Indian Health Program (UIHP) DVPI projects. This allocation supports the NTAC recommendation to restore the UIHP DVPI grants without reducing funding to other DVPI programs. Previously, in FY 2010–2012, DVPI funded Urban Indian Health Program (UIHP) grantees in the amount of \$524,000.

In FY 2015, IHS will adopt the NTAC recommendations to provide additional guidance and support for MSPI projects and improved support for local evaluation, since community-level program information can promote sustainability. This support will take the form of regional representatives in at least seven IHS Area Offices with the largest numbers of funded projects to provide consistent guidance and administration. Regional evaluators will provide technical assistance on data collection and program evaluation to all 12 IHS Areas.

With this new evaluation resource, individual projects will not be required to set aside up to 20 percent of their budget for local evaluation. Instead, the regional evaluators will work with funded projects to ensure efforts are coordinated to demonstrate the impact locally, regionally and nationally, supporting evidence that program efforts are making an impact within the community. To support these resources, MSPI funding available for project awards will be reduced from \$13,100,000 for IHS and Tribal projects and \$1,188,000 for UIHPs to \$12,500,000 for IHS and Tribal projects and \$1,000,000 for UIHPs in FY 2015.

In addition, the February 6 letter requested feedback on varying award amounts versus using a standardized award amount. In response to feedback favoring the variable amounts, IHS will award varying amounts ranging from \$50,000 to no more than \$300,000.

Funding Mechanism

The distribution of funds for MSPI and DVPI projects has previously involved a number of different funding mechanisms. In order to provide consistency and prevent confusion in the new funding cycle, IHS will fund all MSPI and DVPI projects through a grant mechanism for Tribal and UIHP MSPI and DVPI awardees. The new MSPI/DVPI grant program will prevent confusion regarding the allowable costs, including indirect costs, to be included in the budget, a standard requirement for all federal financial assistance. IHS facilities will continue to receive funding through program awards.

Eligibility and Selection Criteria

In the demonstration project phase, MSPI and DVPI project sites included Tribes, IHS facilities, Area Offices, Tribal organizations, Indian health boards, Youth Regional Treatment Centers (YRTC), and UIHPs. The variety of types of awardees was due to the original manner in which the MSPI and DVPI recipients were selected based in part on input gathered from Tribes in each IHS Area. Recommendations on eligibility received following the February 6 letter varied greatly, and there was no consensus recommendation. The IHS has determined that eligibility for the new MSPI/DVPI award cycle will be limited to federally recognized Tribes, IHS facilities, Tribal organizations, YRTCs, and UIHPs. The selection criteria will be standardized across all IHS Areas and applicants will not compete for funding with applicants from other IHS Areas. Selection criteria will be based on the following factors:

1. Statement of Need – 35 points
2. Proposed Approach/Project Plan – 20 points
3. Organizational Capacity – 15 points
4. Plan for Collecting Local Data – 20 points
5. Budget and Justification – 10 points

The highest amount of points for MSPI and DVPI applications will be given in the category of “Statement of Need.” Given the limited amount of funding for MSPI and DVPI, IHS requested input on how to determine greatest need among applicants. The majority of responses were in favor of using community data to demonstrate level of need.

I am aware of the challenges many AI/AN communities face surrounding data being readily available to demonstrate the level of need. In light of the consultation feedback and in consideration of the challenges around available data, IHS will accept data sources such as IHS Trends in Indian Health, epidemiological data from Tribal Epidemiology Centers and IHS Area Offices or Service Units, State data, or national data (e.g., the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health, National Center for Health Statistics, Centers for Disease Control and Prevention reports, and U.S. Census data). This list is not comprehensive, and applicants may submit other data, as appropriate to their program.

Program Components and Reporting Requirements

The IHS plans to allow funding for four purpose areas in MSPI and two purpose areas in DVPI. Reporting requirements will move to an annual report and will be according to the purpose area selected in the application. In certain circumstances, eligible applicants may wish to apply to more than one purpose area.

The MSPI, purpose areas are:

- 1) Purpose Area 1: Conduct community and organizational needs assessments to develop a strategic plan and data sharing system
- 2) Purpose Area 2: Provide suicide prevention, intervention, and postvention services
- 3) Purpose Area 3: Provide methamphetamine prevention, treatment, and aftercare services
- 4) Purpose Area 4: Provide youth interventions and positive development activities to support the Generation Indigenous Initiative

The DVPI purpose areas are:

- 1) Purpose Area 1: Provide domestic and sexual violence prevention, advocacy, and coordinated community response activities
- 2) Purpose Area 2: Provide forensic healthcare treatment services for victims of domestic and sexual violence

The IHS anticipates the announcement requesting new applications for FY 2015 to be published in a Federal Register notice on or around June 26. Applications will be due 60 days after the Federal Register notice is issued. For additional information, please visit our websites at www.ihs.gov/mspi or www.ihs.gov/dvpi. If you have any questions, please contact Dr. Beverly Cotton, Director, IHS Division of Behavioral Health, by e-mail at beverly.cotton@ihs.gov or by telephone at (301) 443-2038. Thank you for your continued work to address these serious issues in our communities.

Sincerely,

/Robert G. McSwain/

Robert G. McSwain
Acting Director

CJN-35-05

RESOLUTION OF THE
NAVAJO NATION COUNCIL20th NAVAJO NATION COUNCIL - Third Year, 2005

AN ACTION

RELATING TO HEALTH, AND INTERGOVERNMENTAL RELATIONS;
AMENDING RESOLUTION CAP-35-02, APPROVING THE
REAUTHORIZATION OF THE EXISTING HEALTH CARE 638
CONTRACTORS, AND ESTABLISHING A PROCEDURE FOR THE EXPANSION
OF HEALTH CARE 638 CONTRACTS AND AUTHORIZATION OF
ADDITIONAL HEALTH CARE 638 CONTRACTORS, BEGINNING OCTOBER
1, 2005 AND ENDING SEPTEMBER 30, 2020

BE IT ENACTED:

1. The Navajo Nation Council hereby amends Resolution CAP-35-02, attached hereto as Exhibit "A", by removing the "pilot project" status of the Utah Navajo Health Systems, Inc., the Tuba City Regional Health Care Corporation, and the Winslow Indian Health Care Center, Inc., and reauthorizing each of these corporations as tribal organizations for the purpose of managing and operating contracts with the Indian Health Service under Public Law 93-638 for a fifteen-year period beginning October 1, 2005 and ending September 30, 2020, for all programs, functions, services and activities (PFSAs) which those tribal organizations currently contract under Public Law 93-638.
2. The Navajo Nation Council hereby authorizes the Sage Memorial Hospital, Inc. as a tribal organization for the purpose of managing and operating contracts with the Indian Health Service under Public Law 93-638 for a fifteen-year period beginning October 1, 2005 and ending September 30, 2020, for all programs, functions, services and activities (PFSAs) which those tribal organizations currently contracts under Public Law 93-638.

3. The Navajo Nation Council hereby specifically delegates to the Intergovernmental Relations Committee the authority to consider the expansion of the PFSAs which each of the above-referenced tribal organizations manage and operate under a Public Law 93-638 contract, upon a recommendation for approval by the Health and Social Services Committee, and each of the Navajo Nation chapters which will be served by the existing and expanded PFSAs; provided, that no expansion of the PFSAs which the above-referenced tribal organizations manage and operate under a Public Law 93-638 contract shall be approved in the absence of a recommendation for approval by the Health and Social Services Committee, and each of the Navajo Nation chapters which will be served by the existing and expanded PFSAs.
4. The Navajo Nation Council hereby specifically approves the authorization by the Intergovernmental Relations Committee of additional tribal organizations to manage and operate Public Law 93-638 contracts with the Indian Health Service for the provision of health care and related services to Navajos and other eligible recipients, upon a recommendation for approval by the Health and Social Services Committee, and each of the Navajo Nation chapters which will be served by the additional tribal organizations; provided, that no additional tribal organizations shall be authorized to manage and operate Public Law 93-638 contracts for the provision of health care and related services to Navajos and other eligible recipients in the absence of a recommendation for approval by the Health and Social Services Committee, and each of the Navajo Nation chapters which will be served under such Public Law 93-638 contract.
5. The Navajo Nation Council further conditions the reauthorizations, authorization, authorities for expansion of PFSAs, and additional of tribal organizations herein set forth upon the complete and continuing compliance of the tribal organizations with all conditions set forth on Exhibit - "A", hereto attached.

CERTIFICATION

I heraby certify that the foregoing resolution was duly considered by the Navajo Nation Council at a duly called meeting in Window Rock, Navajo Nation (Arizona) at which a quorum was present and that the same was passed by a vote of 65 in favor and 13 opposed, this 3rd day of June 2005.

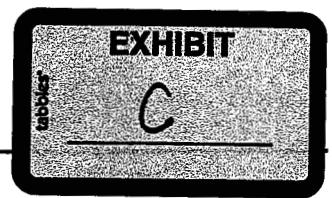

Lawrence T. Morgan, Speaker
Navajo Nation Council

05 June 05
Date

Motion: Larry Noble
Second: Mel R. Begay

Conditions for Health Care 638 Contractors

- The Health Care 638 Contractor shall maintain its eligibility for third party payments under CMS.
- The Health Care 638 Contractor shall maintain continued certification by a nationally recognized accreditation organization.
- The Health Care 638 Contractor shall maintain compliance with all monitoring and reporting requirements established by the Navajo Nation.
- The Health Care 638 Contractor shall provide copies of all final Federal Single Audit Act audit reports and final audit reports issued by its nationally recognized accreditation organization(s) and all associated corrective action plans to the Navajo Nation Division of Health.
- The Health Care 638 Contractor shall provide copies of all Public Law 93-638 contracts and all Public Law 93-638 annual funding agreements to the Navajo Nation Division of Health.
- The Health Care 638 Contractor shall provide copies of its annual reports to the Navajo Nation Division of Health.
- The Health Care 638 Contractor shall maintain continued compliance with all applicable Navajo Nation laws, including the Navajo Preference in Employment Act.



Opportunity Title:	Methamphetamine and Suicide Prevention Initiative
Offering Agency:	Indian Health Service
CFDA Number:	93.933
CFDA Description:	Demonstration Projects for Indian Health
Opportunity Number:	HHS-2015-IHS-MSPI-0001
Competition ID:	HS-BH16-15-001-054493
Opportunity Open Date:	07/14/2015
Opportunity Close Date:	09/08/2015
Agency Contact:	Paul Gettys Grant Systems Coordinator E-mail: paul.gettys@ihs.gov Phone: 301-443-2114

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: Tuba City Methamphetamine and Suicide Prevention Initiative Project

Select Forms to Complete

Mandatory

[Application for Federal Assistance \(SF-424\)](#)

[Project/Performance Site Location\(s\)](#)

[Budget Information for Non-Construction Programs \(SF-424A\)](#)

[Assurances for Non-Construction Programs \(SF-424B\)](#)

[Project Narrative Attachment Form](#)

[Budget Narrative Attachment Form](#)

[Grants.gov Lobbying Form](#)

Optional

☒ [Other Attachments Form](#)

☐ [Key Contacts](#)

☐ [Faith Based EEO Survey](#)

☐ [Disclosure of Lobbying Activities \(SF-LLL\)](#)

Instructions

[Show Instructions >>](#)

This search tool grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button on the top of this screen. You will then need to locate the correct Federal funding opportunity, download the application and then apply.

Application for Federal Assistance SF-424*** 1. Type of Submission:**

- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
- ☐ Continuation
- ☐ Revision

*** If Revision, select appropriate letter(s):***** Other (Specify):***** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:**5a. Federal Entity Identifier:****5b. Federal Award Identifier:****State Use Only:****6. Date Received by State:****7. State Application Identifier:****8. APPLICANT INFORMATION:***** a. Legal Name:**

Tuba City Regional Health Care Corporation

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

04-3651640

*** c. Organizational DUNS:**

1455869340000

d. Address:*** Street1:**

PO Box 600/167 N. Main Street

Street2:*** City:**

Tuba City

County/Parish:

Coconino

*** State:**

AZ: Arizona

Province:*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

86045/0600

e. Organizational Unit:**Department Name:**

Mental Health

Division Name:

Tuba City MSPI Project

f. Name and contact information of person to be contacted on matters involving this application:**Prefix:***** First Name:**

Mitze

Middle Name:*** Last Name:**

Lee

Suffix:**Title:**

MSPI Project Coordinator

Organizational Affiliation:

Tuba City Regional Health Care Corporation

*** Telephone Number:**

928-283-2816

Fax Number:

928-283-2832

*** Email:**

Mitze.Lee@tchealth.org

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

K: Indian/Native American Tribally Designated Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Indian Health Service

11. Catalog of Federal Domestic Assistance Number:

93.933

CFDA Title:

Demonstration Projects for Indian Health

* 12. Funding Opportunity Number:

HHS-2015-IHS-MSPI-0001

* Title:

Methamphetamine and Suicide Prevention Initiative

13. Competition Identification Number:

HS-BH16-15-001-054493

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Promote early intervention strategies and implement positive youth development programming to reduce risk factors for suicidal behaviors and substance abuse in Tuba City and surrounding areas.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="226,550.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="226,550.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Project/Performance Site Location(s)

Project/Performance Site Primary Location

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Tuba City Regional Health Care Corporation

DUNS Number: 1455869340000

* Street1: PO Box 600/167 N. Main Street

Street2:

* City: Tuba City

County: Coconino

* State: AZ: Arizona

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 86045/0600

* Project/ Performance Site Congressional District: AZ-001

Project/Performance Site Location 1

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Tuba City Regional Health Care Corporation

DUNS Number: 1455869340000

* Street1: PO Box 600/167 N. Main Street

Street2:

* City: Tuba City

County: coconino

* State: AZ: Arizona

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 86045/0600

* Project/ Performance Site Congressional District: AZ-001

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Methamphetamine and Suicide Prevention Initiative	93.933	\$	\$	\$	226,550.00	226,550.00
2.						
3.						
4.						
5. Totals		\$	\$	\$	226,550.00	226,550.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Methamphetamine and Suicide Prevention Initiative				
a. Personnel	\$ 30,500.00	\$ 30,500.00	\$ 30,500.00	\$ 30,500.00	\$ 122,000.00
b. Fringe Benefits	9,150.00	9,150.00	9,150.00	9,150.00	36,600.00
c. Travel	2,198.25	2,198.25	2,198.25	2,198.25	8,793.00
d. Equipment	665.00	665.00	665.00	665.00	2,660.00
e. Supplies	5,280.00	5,280.00	5,280.00	5,280.00	21,120.00
f. Contractual	5,809.50	5,809.50	5,809.50	5,809.50	23,238.00
g. Construction					
h. Other	3,034.75	3,034.75	3,034.75	3,034.75	12,139.00
i. Total Direct Charges (sum of 6a-6h)	56,637.50	56,637.50	56,637.50	56,637.50	226,550.00
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	\$ 56,637.50	\$ 56,637.50	\$ 56,637.50	\$ 56,637.50	226,550.00
7. Program Income	\$	\$	\$	\$	

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Methamphetamine and Suicide Prevention Initiative	\$	\$	\$	\$	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	
SECTION D - FORECASTED CASH NEEDS					
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13. Federal \$ 226,550.00	\$ 56,637.50	\$ 56,637.50	\$ 56,637.50	\$ 56,637.50	
14. Non-Federal \$					
15. TOTAL (sum of lines 13 and 14)	\$ 226,550.00	\$ 56,637.50	\$ 56,637.50	\$ 56,637.50	
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. Methamphetamine and Suicide Prevention Initiative	\$ 226,550.00	\$ 226,550.00	\$ 226,550.00	\$ 226,550.00	
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$ 226,550.00	\$ 226,550.00	\$ 226,550.00	\$ 226,550.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
Completed on submission to Grants.gov	Chief Executive Officer
APPLICANT ORGANIZATION	DATE SUBMITTED
Tuba City Regional Health Care Corporation	Completed on submission to Grants.gov

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

To add more Project Narrative File attachments, please use the attachment buttons below.

Budget Narrative File(s)

* **Mandatory Budget Narrative Filename:**

To add more Budget Narrative attachments, please use the attachment buttons below.

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION

Tuba City Regional Health Care Corporation

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: Mr. * First Name: Joseph Middle Name:

* Last Name: Engelken Suffix:

* Title: Chief Executive Officer

* SIGNATURE: Completed on submission to Grants.gov

* DATE: Completed on submission to Grants.gov

Other Attachment File(s)

* **Mandatory Other Attachment Filename:**

To add more "Other Attachment" attachments, please use the attachment buttons below.