SAMHSA Division of Grants Management TOR No-Cost Extension Webinar June 25, 2020

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NCE Resources

- https://www.samhsa.gov/grants/grants-management/postaward-amendments#no-cost-extension: SAMHSA Post Award Amendment Page
- Video: a video on how to submit a Post Award Amendment request.
- Reference Sheet (PDF | 261 MB): a quick guide on how to initiate post award amendment applications and access in-progress post award amendment applications from inside the eRA system.





NCE Overview

- ✓ NCE is requested if additional time is needed to ensure completion of the originally approved project/program, and to permit an orderly phase-out of a project/program objectives.
- ✓ NCE is a one-time extension of up to 12 months (may not exceed 12 months).
- ✓ NCE must be submitted no later than 60 days prior to the Project Period end date. By no later than 7/31/2020.
- ✓ Requests for additional funding or changes to the project scope /objectives will not be approved as part of the NCE.
- ✓ We will NOT approve any extension request if the primary purpose of the extension is to permit the use of unobligated funds.
- ✓ Request must be submitted through eRA Commons.
- ✓ If no NCE is submitted, the Project Period end date is 9/29/2020, and grantee should prepare for closeout.





Required Documents

Basic Required Documents:

- ✓ Cover Letter
- ✓ SF424 Form
- ✓ SF 424A Form (Budget Summary Information)
- √ HHS Checklist Form
- ✓ Budget Narrative Justification (Detailed line-item)
- ✓ Project Narrative

IMPORTANT: All post award amendments must be submitted through the eRA system. You must have an eRA Commons account to submit your request.





Cover Letter

Cover Letter Requirements:

- ✓ Must be on letterhead.
- ✓ Must include the grant award number.
- ✓ Must be signed by the authorized representative and program director.
- ✓ Must include an explanation as to why project goals were not completed during the award project period.
- ✓ Must include the amount of additional time needed for the NCE, not to exceed 12 months.
- ✓ Must identify the remaining program goals to be accomplished during the NCE period.
- ✓ Must identify the estimated amount of remaining funding that will be used during the NCE.





SF-424 Form

- ✓ Box 2: Select "Revision" and select "No-Cost Extension" from dropdown on fill into the "Other" option.
- ✓ Box 4: Enter the Commons ID for the PI role affiliated with your organization. This account must match the Project Director information listed on your HHS Checklist.
- ✓ Box 5b: Enter your federal award identifier: (i.e. H79TI022222-01)
- ✓ Box 18a: Enter the total amount of Federal funds being requested for use during the NCE period. Complete the other sections in box 18 accordingly.





SF-424A Budget Summary Form

- √ The SF 424 Budget Summary Form is the budget information for the NCE requested amount.
- ✓ Section A Budget Summary Federal Requested NCE amount only. Match not required.
- ✓ Section B -Budget Categories: k. TOTALS Total (5) MUST equal SECTION A -Budget Summary: 5.Totals Total (g).





SF-424A Budget Summary Form – Section B

SECTION B - BUDGET CATEGORIES

| C. Ohiost Olass Ostanavias | F-02-100-00-00-00-00-00-00-00-00-00-00-00-00 | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | Total | |
|--|--|-------------------------------------|----|-----|--------------------------------|--|
| 6. Object Class Categories | (1) | (2) | | (4) | (5) | |
| | Stop Act Grant | | | | | |
| a. Personnel | \$ 7,040.00 | \$ | \$ | \$ | \$ 7,040.00 | |
| b. Fringe Benefits | 1,570.00 | o | | | 1,570.00 | |
| c. Travel | 932.00 | o | | | 932.00 | |
| d. Equipment | 0.00 | 0 | | | 0.00 | |
| e. Supplies | 662.00 | | | | 662.00 | |
| f. Contractual | 2,000.00 | D | | | 2,000.00 | |
| g. Construction | 0.00 | 0 | | | 0.00 | |
| h. Other | 14,876.00 | | | | 14,876.00 | |
| i. Total Direct Charges (sum of 6a-6h) | 27,080.00 | o | | | \$ 27,080.00 | |
| j. Indirect Charges | 1,625.00 | 0 | | | \$ 1,625.00 | |
| k. TOTALS (sum of 6i and 6j) | \$ 28,705.00 | s | \$ | \$ | \$ 28,705.00 | |
| 7. Program Income | \$ | \$ | \$ | | \$ dard Form 424A (Rev. 7, 97) | |

Authorized for Local Reproduction

Standard Form 424A (Rev. 7- 97) Prescribed by OMB (Circular A -102) Page 1A

SF-424A Budget Summary Form – Section C

| | SECTION | C - | NON-FEDERAL RESO | UR | CES | | | | |
|---|---------------------|-----|---------------------------------|-----|-----------------------|-----|------------------|-----|--|
| (a) Grant Program | | | (b) Applicant | | (c) State | (0 | d) Other Sources | | (e)TOTALS |
| 8. Stop Act Grant | | \$ | | \$ | | \$ | | \$ | |
| 9. | | | | | | | | | |
| 10. | | | | | | | | | |
| 11. | | | | | | | | | |
| 12. TOTAL (sum of lines 8-11) | | \$ | | \$ | | \$ | | \$ | |
| | | D - | FORECASTED CASH | NE | | | | | |
| | Total for 1st Year | | 1st Quarter | | 2nd Quarter | | 3rd Quarter | | 4th Quarter |
| 13. Federal | \$ | \$ | | \$ | | \$ | | \$ | |
| 14. Non-Federal | \$ | | | | | | | | |
| 15. TOTAL (sum of lines 13 and 14) | \$ | \$ | | \$ | | \$ | | \$ | |
| SECTION E - BUD | GET ESTIMATES OF FE | DE | RAL FUNDS NEEDED | FOI | R BALANCE OF THE | PRO | DJECT | | |
| (a) Grant Program | | | | | FUTURE FUNDING | PEF | | | |
| | | | (b)First | | (c) Second | | (d) Third | | (e) Fourth |
| 16. Stop Act Grant | | \$ | | \$ | | \$ | | \$ | |
| 17. | | | | | | | | | |
| 18. | | | | | | | | | |
| 19. | | | | | | | | | |
| 20. TOTAL (sum of lines 16 - 19) | | \$ | | \$ | | \$ | | \$ | |
| | SECTION F | - 0 | THER BUDGET INFOR | MA | ATION | | | | |
| 21. Direct Charges: 22. Indirect Charges: | | | | | | | | | |
| 23. Remarks: | - | | | | | | | | |
| | 29 222400 0 | | 00020 020 000 <u>—00</u> 20 020 | | | | S-047 | 200 | AND SECURITY OF THE PROPERTY O |

HHS Checklist

- √ The HHS Checklist ensures that you have obtained the proper signatures, assurances, and certifications.
- ✓ Complete the Business Official and Program Director/Project Director/Principal Investigator contact information (Part C).
- ✓ Complete your organization's nonprofit status, if applicable (Part D).





Budget Narrative/Justification

Sample budgets

Sample Budget with Non-matching Funds (DOC | 47 KB)

All sections of the sample budget are applicable, except for the "Budget Summary" Please use the summary template provided below:





Budget Narrative/Justification

BUDGET SUMMARY:

| Category | Estimated Unobligated Year 2 Funds | Estimated Unobligated Carryover Funds | Estimated Unobligated Supplement Funds | Estimated NCE Budget |
|--------------------|---------------------------------------|--|---|-------------------------|
| Personnel | \$ 8,793 | | \$2,000 | \$ 10,793 |
| Fringe | \$ 1,814 | | | \$ 1,814 |
| Travel | \$ 1,140 | \$ 1,000 | | \$ 2,140 |
| Equipment | \$0 | | | \$0 |
| Supplies | \$ 374 | \$ 1,322 | | \$1,696 |
| Contractual | \$ 45,107 | \$ 7,700 | \$10,000 | \$ 62,807 |
| Other | \$ 6,050 | \$ 800 | | \$ 6,850 |
| Total Direct Costs | \$ 63,278 | \$10,822 | | \$ 86,100 |
| Indirect Costs | \$703 | | | \$703 |
| Total: | \$63,981 | \$21,644 | \$12,000 | \$86,803 |





Project Narrative

Project Narrative is a summary of the project (amended version of the original project narrative). The project narrative should include:

- ✓ The strategies/interventions, project goals and measurable objectives, including the number of people to be served in the no-cost extension period.
- ✓ Explanation of program status to date.
- ✓ Elaborate on how the extension will allow for the completion of the originally approved project/program, and permit an orderly phase-out of a project/program objectives.
- ✓ May include incomplete activities from approved supplemental and carryover award funding.





Thank You!

Questions?







Contact Us

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Contact Us

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