



Attachment 4: Budget Template, Instructions, and Allowable Cost Information

The Substance Abuse and Mental Health Services Administration (SAMHSA) 2020 State Opioid Response (SOR) Grants aim to address the opioid crisis by increasing access to medication assisted treatment (MAT) using the three U.S. Food and Drug Administration (FDA)–approved medications for the treatment of opioid use disorder (OUD), reducing unmet treatment need, and reducing opioid overdose–related deaths through the provision of prevention, treatment, and recovery activities for OUD (OUD including illicit use of prescription opioids, heroin, fentanyl, and fentanyl analogs). This program also supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders (StUDs), including for cocaine and methamphetamine. These grants are awarded to states and territories via formula funding.

YOR California addresses all these aims by expanding access to MAT and other youth-specific treatment and recovery support services to address opioid and stimulant misuse and use disorders for California’s youth ages 12–24.

Funding Availability

The California Department of Health Care Services (DHCS) has made a total of \$11 million available in award funding through YOR California. These funds are allocated in three state fiscal years. There is no minimum or maximum amount for the grants. Implementation grantees will likely be awarded funds in the range of \$375,000–\$700,000 for the 18-month period. Most capacity-building only grants will be \$50,000.

All funding awarded under this Request for Applications (RFA) process is subject to the availability of funds from DHCS supporting YOR California. Depending upon the availability of funds, this RFA may be restructured or withdrawn.

Standard Funding Restrictions

The U.S. Department of Health and Human Services (HHS) codified the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR Part 75. All components of 45 CFR Part 75 are applicable to all grantees. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. The text of 45 CFR Part 75 is available at www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the SAMHSA SOR funding guidance. All funding restrictions are applicable to this funding opportunity and all resulting contracts.

DHCS Allowable and Unallowable Expenses

DHCS has developed guidance on allowable expenses for the California Medication Assisted Treatment Expansion Project 2.0, including YOR California (<https://www.californiamat.org/wp-content/uploads/2020/11/Allowable-Costs-Fact-Sheet-ahpFINAL-1.pdf>).



Grantees are responsible for complying with all federal and state financial requirements, including allowable and unallowable expenditures.

Budget Instructions

Applicants are required to attach a completed budget using the Excel template provided and include a budget narrative (justification). The budget template can be downloaded from www.cibhs.org/yorcalifornia. Applicants may add categories to the budget, if needed. The template includes a tab for the budget and a tab to insert the budget justification. Applicants may also include additional tabs for subcontractor budgets (required as part of the budget justification).

Please review allowable funding guidelines and only propose allowable costs. Applications do not need to expend funds under every category. The budget and budget justification must be consistent with the project narrative and proposed scope of work. Provide additional details in the narrative budget justification.

Proposed budgets will be reviewed and scored as part of the Budget and Sustainability section of the application. The review will examine the extent to which the budget links to the program narrative, costs are allowable and reasonable, and the program is cost-effective. YOR California may accept the budget as proposed or request revisions.

Costs for individual direct patient services are only reimbursable for uninsured or underinsured patients.

Individual direct patient services include office visit or a medication.



YOR California
Requested Budget

Organization:			
Proposed Start Date:		End Date:	
	Monthly	Number of Months	Total Project 18 Month Budget
I. Personnel			
Salaries (Job title, and name if identified in staffing)		FTE	Cost
1			\$ -
2			\$ -
3			\$ -
4			\$ -
5			\$ -
6			\$ -
7			\$ -
Subtotal Salaries		\$ -	\$ -
Payroll Taxes & Benefits rate/cost		\$ -	\$ -
Subtotal Personnel		\$ -	\$ -
II. Subcontractor Partners (list/add lines)		Monthly	Total Budget
1			\$ -
2			\$ -
3			\$ -
Subtotal Subcontractors		\$ -	\$ -
III. Consultant Fees (list/add lines)		Monthly	Total Budget
1			\$ -
2			\$ -
3			\$ -
4			\$ -
Subtotal Consultant Fees		\$ -	\$ -
IV. Other Direct Expenses		Monthly	Total Budget
Outreach Materials			\$ -
Rent			\$ -
Buprenorphine			\$ -
Contingency Management Incentives			\$ -
Travel (Learning Collaborative)			\$ -
Workforce EBP training			\$ -
Miscellaneous (List, add lines as needed)			\$ -
1			\$ -
2			\$ -
3			\$ -
Subtotal Other Direct Expenses		\$ -	\$ -
V. Indirect Expenses rate/cost			\$ -



Personnel:

- All personnel must work directly on the YOR California project. Personnel may include the project director (PD) and clinical and other staff (including peer specialists) salaries, as well as related payroll taxes and benefits.
- Include the job title, estimated full-time equivalent (FTE), and salary for each position. Provide specific information for all staff described in the program capacity. For staff not yet identified, indicate “to be determined” and estimate their salary levels. Include their roles and responsibilities as they relate to the program objectives and implementation plan in the budget justification.
- Up to 5 percent of requested funds can be used to cover the costs associated with collecting Government Performance and Results Act (GPRA) data for patients/clients receiving direct treatment services.
- Provide the rate for all payroll taxes and employee benefits (e.g., health insurance). In the budget justification, include a clear description of how the fringe benefit rate was computed.

Subcontractors/partners: Provide the total amount for each subcontractor/partner on the master budget form. Include a detailed budget for each subcontractor/partner with the roles and responsibilities as they relate to the program objectives and implementation plan as a part of the budget justification.

Consultants: Include all clinical and nonclinical consultants working directly on the project. Provide a description of their roles and responsibilities as they relate to the program objectives and implementation plan in the budget justification. If you anticipate needing consultation for workforce development/training or expanded training for physicians and do not yet know the source of these consultation services, a general line item and description in the justification will suffice.

Other expenses: Provide estimated costs for other treatment and operating expenses. All costs must align with SAMHSA and DHCS allowable funding guidelines. For example:

- *Outreach materials*—allowable costs for meetings, events, and advertisements dedicated to the YOR California program
- *Rent*—the portion of the rent dedicated to the YOR California program only (Provide rationale in the budget justification.)
- *Contingency management incentives*—up to \$15 per incentive and up to \$75 in incentives for an individual patient per year (Do not combine contingency management and GPRA incentives.)
- *GPRA incentives*—up to \$30 non-cash incentives per patient for completion of the GPRA forms
- *Travel*—must use the California travel guidelines for all travel (<http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx>)
 - There are four learning collaboratives. For planning purposes, anticipate sending four team members for 2 days. Plan for two (2) virtual and two (2) in-person in Sacramento.

Miscellaneous (add line items for additional program costs): Costs may include direct patient services for uninsured/underinsured youth, treatment, and patient/participant costs, including transportation, FDA-approved medications, recovery support service expenses, limited telehealth infrastructure, curricula, limited infrastructure improvements, and other allowable expenses. Provide a rationale for costs, demonstrating how these costs are related to the project narrative, as well as the methods for ensuring the costs are allowable.



Indirect expense: Agencies with a federally approved indirect rate may use these rates for indirect costs and provide a description in the budget narrative. (Documentation will be required at the time of award.) Agencies without a federal indirect rate may use an indirect rate of up to 10 percent of direct costs.

For more information or questions on the budget, please email YORCalifornia@ahpnet.com.