

Grant Application Package

Opportunity Title:	SAMHSA 2015 Continuations DFC Regular
Offering Agency:	Substance Abuse & Mental Health Services Adminis.
CFDA Number:	93.276
CFDA Description:	Drug-Free Communities Support Program Grants
Opportunity Number:	SAMHSADFCREGULARCONT
Competition ID:	CFDA93276
Opportunity Open Date:	12/11/2014
Opportunity Close Date:	01/26/2015
Agency Contact:	Virginia Simmons Grants Management Officer E-mail: Virginia.Simmons@samhsa.hhs.gov Phone: 240-276-1422

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:

Select Forms to Complete

Mandatory

Application for Federal Assistance (SF-424)	Complete
Project/Performance Site Location(s)	Complete
Project Narrative Attachment Form	Complete
HHS Checklist (08-2007)	Complete
Budget Narrative Attachment Form	Complete
Budget Information for Non-Construction Programs (SF-424A)	Complete

Optional

<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)	
<input type="checkbox"/> Faith Based EEO Survey	
<input checked="" type="checkbox"/> Other Attachments Form	Complete

Instructions

[Show Instructions >>](#)

This electronic 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 at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its 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:

5H79SP018374-05

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Town of New Paltz

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

14-6002334

*** c. Organizational DUNS:**

0220142940000

d. Address:

*** Street1:**

1 Clearwater Road

Street2:

Post Office Box 550

*** City:**

New Paltz

County/Parish:

*** State:**

NY: New York

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

12561-0550

e. Organizational Unit:

Department Name:

Supervisor

Division Name:

Bookkeeper

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

Prefix:

Ms.

*** First Name:**

Phoenix

Middle Name:

R.

*** Last Name:**

Kawamoto

Suffix:

Title:

Project Director

Organizational Affiliation:

Town of New Paltz

*** Telephone Number:**

(845) 419-3678

Fax Number:

(845) 255-4084

*** Email:**

pkawamoto@gnncp.org

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Substance Abuse & Mental Health Services Adminis.

11. Catalog of Federal Domestic Assistance Number:

93.276

CFDA Title:

Drug-Free Communities Support Program Grants

*** 12. Funding Opportunity Number:**

SAMHSADFCREGULARCONT

* Title:

SAMHSA 2015 Continuations DFC Regular

13. Competition Identification Number:

CFDA93276

Title:

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

Zip Codes Served.docx

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Greater New Paltz Community Partnership (GNPCP) Drug-Free Communities Grant Project

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="125,000.00"/>
* 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="126,983.00"/>
* g. TOTAL	<input type="text" value="251,983.00"/>

*** 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:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

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:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

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

CHECKLIST

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.

Type of Application: New Noncompeting Continuation Competing Continuation Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- | | Included | NOT Applicable |
|--|-------------------------------------|-------------------------------------|
| 1. Proper Signature and Date on the SF 424 (FACE PAGE) | <input checked="" type="checkbox"/> | |
| 2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690) | | |
| <input checked="" type="checkbox"/> Civil Rights Assurance (45 CFR 80) | | 03/16/2011 |
| <input type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) | | |
| <input type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) | | |
| <input type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) | | |
| 3. Human Subjects Certification, when applicable (45 CFR 46) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- | | YES | NOT Applicable |
|--|-------------------------------------|-------------------------------------|
| 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) | <input checked="" type="checkbox"/> | |
| 3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?..... | <input checked="" type="checkbox"/> | |
| 4. Have biographical sketch(es) with job description(s) been provided, when required?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? | <input checked="" type="checkbox"/> | |
| 6. Has the 12 month narrative budget justification been provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. For a Supplemental application, does the narrative budget justification address only the additional funds requested? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Prefix: Ms. First Name: Susan Middle Name: [Redacted]
 Last Name: Zimet Suffix: [Redacted]
 Title: Town Supervisor
 Organization: Town of New Paltz
 Street1: 1 Clearwater Road
 Street2: Post Office Box 550
 City: New Paltz
 State: NY: New York ZIP / Postal Code: 12561 ZIP / Postal Code4: 0550
 E-mail Address: supervisorzimet@townofnewpaltz.org
 Telephone Number: (845) 255-060 Fax Number: (845) 255-4084

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix: Ms. First Name: Phoenix Middle Name: R.
 Last Name: Kawamoto Suffix: [Redacted]
 Title: Project Director
 Organization: Greater New Paltz Community Partnership
 Street1: 1 Vertans Drive
 Street2: Post Office Box 550
 City: New Paltz
 State: NY: New York ZIP / Postal Code: 12561 ZIP / Postal Code4: 0550
 E-mail Address: pkawamoto@gnpccp.org
 Telephone Number: (845) 419-3678 Fax Number: (845) 255-4084

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of HHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: (Agency)

on (Date)

Department of Health and Human Services

03/16/2011

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the Federal Register on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding HHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

BY SIGNING THE FACE PAGE OF THIS APPLICATION, THE APPLICANT ORGANIZATION CERTIFIES THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF THE SIGNER'S KNOWLEDGE, AND THE ORGANIZATION ACCEPTS THE OBLIGATION TO COMPLY WITH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' TERMS AND CONDITIONS IF AN AWARD IS MADE AS A RESULT OF THE APPLICATION. THE SIGNER IS ALSO AWARE THAT ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS OR CLAIMS MAY SUBJECT THE SIGNER TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.

THE FOLLOWING ASSURANCES/CERTIFICATIONS ARE MADE AND VERIFIED BY THE SIGNATURE OF THE OFFICIAL SIGNING FOR THE APPLICANT ORGANIZATION ON THE FACE PAGE OF THE APPLICATION:

Civil Rights – Title VI of the Civil Rights Act of 1964 (P.L. 88-352), as amended, and all the requirements imposed by or pursuant to the HHS regulation (45 CFR part 80).

Handicapped Individuals – Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 84).

Sex Discrimination – Title IX of the Educational Amendments of 1972 (P.L. 92-318), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 86).

Age Discrimination – The Age Discrimination Act of 1975 (P.L. 94-135), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 91).

Debarment and Suspension – Title 2 CFR part 376.

Certification Regarding Drug-Free Workplace Requirements – Title 45 CFR part 82.

Certification Regarding Lobbying – Title 32, United States Code, Section 1352 and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 93).

Environmental Tobacco Smoke – Public Law 103-227.

Program Fraud Civil Remedies Act (PFCRA)

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

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

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2014

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. DFCSP	93.276	\$	\$	\$ 125,000.00	\$ 126,983.00	\$ 251,983.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 125,000.00	\$ 126,983.00	\$ 251,983.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) DFCSP	(2)	(3)	(4)	
a. Personnel	\$ 60,980.00	\$ 107,324.00	\$	\$	\$ 168,304.00
b. Fringe Benefits	16,845.00				16,845.00
c. Travel	4,840.00				4,840.00
d. Equipment	0.00				
e. Supplies	5,192.00				5,192.00
f. Contractual	37,143.00	13,683.00			50,826.00
g. Construction	0.00				
h. Other	0.00	5,976.00			5,976.00
i. Total Direct Charges (sum of 6a-6h)	125,000.00	126,983.00			\$ 251,983.00
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$ 125,000.00	\$ 126,983.00	\$	\$	\$ 251,983.00
7. Program Income	\$ 0.00	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. <input style="width: 95%;" type="text"/>	\$ <input style="width: 80%;" type="text" value="0.00"/>	\$ <input style="width: 80%;" type="text" value="0.00"/>	\$ <input style="width: 80%;" type="text" value="126,983.00"/>	\$ <input style="width: 80%;" type="text" value="126,983.00"/>	
9. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
10. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
11. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
12. TOTAL (sum of lines 8-11)	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text" value="126,983.00"/>	\$ <input style="width: 80%;" type="text" value="126,983.00"/>	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
14. Non-Federal	\$ <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
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. <input style="width: 95%;" type="text"/>	\$ <input style="width: 80%;" type="text" value="125,000.00"/>	\$ <input style="width: 80%;" type="text" value="125,000.00"/>	\$ <input style="width: 80%;" type="text" value="125,000.00"/>	\$ <input style="width: 80%;" type="text" value="125,000.00"/>	
17. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
18. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
19. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
20. TOTAL (sum of lines 16 - 19)	\$ <input style="width: 80%;" type="text" value="125,000.00"/>	\$ <input style="width: 80%;" type="text" value="125,000.00"/>	\$ <input style="width: 80%;" type="text" value="125,000.00"/>	\$ <input style="width: 80%;" type="text" value="125,000.00"/>	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: <input style="width: 90%;" type="text"/>		22. Indirect Charges: <input style="width: 90%;" type="text"/>			
23. Remarks: <input style="width: 95%;" type="text"/>					

Other Attachment File(s)

* **Mandatory Other Attachment Filename:**

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