



## COUNTY PROGRAM AGREEMENT AMENDMENT Prevention Services

DSHS Agreement Number  
1563-42487

Amendment No.  
02

This Program Agreement Amendment is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below.

Administration or Division Agreement Number  
Click here to enter text.  
County Agreement Number

DSHS ADMINISTRATION  
Behavioral Health Administration

DSHS DIVISION  
Division of Behavioral Health and Recovery

DSHS INDEX NUMBER  
1231

CCS CONTRACT CODE  
1231

DSHS CONTACT NAME AND TITLE  
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COUNTY NAME  
Pacific County

COUNTY ADDRESS  
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Post Office Box 26  
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COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER

COUNTY CONTACT NAME  
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IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT?  
No

CFDA NUMBERS

AMENDMENT START DATE  
01/01/2016

PROGRAM AGREEMENT END DATE  
06/30/2017

PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT  
\$179,284.00

AMOUNT OF INCREASE OR DECREASE  
\$42,273.00

TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT  
\$221,557.00

REASON FOR AMENDMENT;  
CHANGE OR CORRECT CONTRACT TERMS OR SOW, SEE PAGE TWO

**EXHIBITS.** When the box below is marked with a check (4) or an X, the following Exhibits are attached and are incorporated into this Program Agreement Amendment by reference:

Exhibits (specify): Exhibit G and Exhibit H

This Program Agreement Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Program Agreement. No other understandings or representations, oral or otherwise, regarding the subject matter of this Program Agreement Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Program Agreement remain in full force and effect. The parties signing below warrant that they have read and understand this Program Agreement Amendment, and have authority to enter into this Program Agreement Amendment.

COUNTY SIGNATURE(S)

PRINTED NAME(S) AND TITLE(S)

DATE(S) SIGNED

DSHS SIGNATURE

PRINTED NAME AND TITLE

DATE SIGNED

BHA Contracts

This Program Agreement between the County and the State of Washington Department of Social and Health Services (DSHS) is hereby amended as follows:

1. Amend the maximum contract consideration to add \$42,273, therefore increasing the maximum consideration from \$179,284 to \$221,557. The Awards and Revenues (A&R) is attached as Exhibit B.
2. Amend the Contract by adding Exhibits G through I to Section 19. Applicable Exhibits table.

**19. Applicable Exhibits.**

The following table lists the included exhibits in the Contract and the Counties or Contractors to which they apply.

<b>Exhibit</b>	<b>Title of Exhibit</b>	<b>Applicable to the Following Counties/Contractors</b>
Exhibit A	Data Security Requirements	All Counties/Contractors
Exhibit B	Awards and Revenue (A&R)	All Counties/Contractors
Exhibit C	PFS Community Monitoring and Participatory Evaluation Pilot Project	Asotin County, Cowlitz County, San Juan County, Okanogan County Community Coalition, Skamania County Sherriff's Office, and Monroe School District
Exhibit D	PFS Community Monitoring and Participatory Evaluation Pilot Project; Secure Medicine Take-back	King County and Tekoa School District
Exhibit E	PFS Secure Medicine Take-back	County of Yakima Sunnyside School District
Exhibit F	PFS Community Monitoring and Participatory Evaluation Pilot Project; Sector Sharing Project	Rural Resources
Exhibit G	Community Based Prevention Services Grants – Dedicated Marijuana Account	Pacific County Health and Human Services
Exhibit H	Mental Health Promotion and Suicide Prevention Project Statement of Work – Multi-site	Pacific County Health and Human Services
Exhibit I	Mental Health Promotion and Suicide Prevention Project Statement of Work – Single Site	ESD 112, Monroe School District, Tekoa School District, and Whatcom County

3. Amend the Contract by adding Exhibit G and Exhibit H to the Contract.

## Exhibit G

### Community Based Prevention Services Grants - Dedicated Marijuana Account

Applies to the following Contractor: Pacific County Public Health & Human Services

1. **Definitions.** The following is a definition specific to Exhibit G.
  - a. "Work Plan" means the narrative, action plan and budget documents from the Community-based Prevention Services application.

2. **Purpose.**

The purpose of this contract is to coordinate and implement prevention programs and/or strategies designed to prevent or delay the misuse and abuse of marijuana among youth and families in accordance with RCW 69.540.50.

3. **Performance Statement of Work.**

The Contractor shall ensure services, and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below. Prevention programs and services are limited to coordination and implementation of Prevention Services identified in approved Community-based prevention services Work Plan in response to Community-based Prevention Services Grants request for application.

- a. The Contractor shall ensure

- (1) Submit final Work Plan for approval to DBHR Contract Manager or designee by February 15, 2016.
- (2) Implementation of approved Work Plan.
  - (a) No less than 85% of the funding shall support programs that are either Evidence-based or Research-based from the provided list at <http://www.theathenaforum.org/sites/default/files/DMA%20Expansion%20Services%20list%2012-1-15%20%28rvsd%29.pdf>.
  - (b) No more than 15% of funding shall support Promising Programs from the provided list at <http://www.theathenaforum.org/sites/default/files/DMA%20Expansion%20Services%20list%2012-1-15%20%28rvsd%29.pdf>.
  - (c) Funds shall be used to support program costs for approved Work Plan including staff for program planning, training, implementation, service data entry and evaluation.
  - (d) Enter approved implementation Work Plan into designated prevention reporting system (Performance-Based Prevention System (PBPS)) within fifteen (15) days of notification from DBHR of approval of final Work Plan.
  - (e) Ensure that all of the programs supported by DSHS meet the Center for Substance Abuse Prevention's (CSAP) Principles of Substance Abuse Prevention, found on the Athena Forum Website.  
[http://theathenaforum.org/sites/default/files/CSAP\\_Principles\\_of\\_SA\\_Prevention.pdf](http://theathenaforum.org/sites/default/files/CSAP_Principles_of_SA_Prevention.pdf).
  - (f) Budget adjustments that total ten percent (10%) or more from the approved budget shall be

submitted for approval to CM or designee at least fifteen (15) days prior to expending adjusted budget items.

- (3) Ensure program facilitators are formally trained or certified trainers are used for the approved program(s) selected, if indicated as necessary by the program.
- (4) Ensure program is implemented with full fidelity. Specified adaptations must be submitted in writing to Contract manager for approval no less than twenty (20) days in advance of program implementation. Specified adaptations may not affect the core components of the program.

Community-based mentoring programs must be implementing the 4<sup>th</sup> edition of the Elements of Effective Practice for Mentoring by April 1, 2016. [http://www.mentoring.org/new-site/wp-content/uploads/2016/01/Final\\_Elements\\_Publication\\_Fourth.pdf](http://www.mentoring.org/new-site/wp-content/uploads/2016/01/Final_Elements_Publication_Fourth.pdf)

- (5) Food costs are generally unallowable during program implementation except within the following parameters:

- (a) Light refreshment costs for training events and prevention services lasting longer than two (2) hours in duration are allowable.

Ensure that light refreshment costs do not exceed \$2.50 per person.

- (b) Meals may be provided for participants using DMA funds only if:

- i. The training is four (4) hours or more in duration; or
- ii. The program is a recurring, direct service family domain program and must be approved in strategic plan.

- (c) No more than a total of \$1,000 of funds contracted for prevention services by DBHR may be spent on food or light refreshments per community per year as designated in application and approved Work Plan.

- (6) Participate in monthly DSHS scheduled learning community meetings.

- (7) Participate in monthly check-in phone calls with Contract Manager or designee.

b. Prevention Training.

- (1) Non-Required Training

- (a) Training paid for by DSHS shall be approved by Contract Manager or designee prior to training and meet the approved goals and objectives related to approved programs in PBPS.

The Contractor shall ensure any requests for training that are not in the Work Plan are requested in writing and sent directly to the Contract Manager or designee a minimum of ten (10) working days before the date of the proposed training expenses are to occur.

- (2) The Contractor shall ensure training paid for by DSHS that requires travel follows state travel reimbursement guidelines and rates accessible at <http://www.ofm.wa.gov/policy/10.90.htm>.

- (3) The Contractor shall bill for training events on an A-19 per billing code (BARS) 566.22(7) and record training events in the PBPS in accordance with the monthly reporting requirements described in Section 2.e., Prevention Report Schedule / Due Dates.

c. Media Materials.

- (1) Media materials and publications developed with DSHS funds shall be submitted to the Contract Manager or designee for approval prior to publication (DSHS will respond within five (5) working days).
- (2) DSHS must be cited as the funding source in news releases, publications, and advertising messages created with or about DSHS funding. The funding source shall be cited as: Washington State Department of Social and Health Services. The DSHS logo may also be used in place of the above citation.
- (3) Follow the appropriate media guidelines posted on [http://www.theathenaforum.org/media\\_strategies\\_cpwi\\_guidelines\\_and\\_tools](http://www.theathenaforum.org/media_strategies_cpwi_guidelines_and_tools)

Exceptions: The Contractor does not need to submit the following items to Contract Manager or designee:

- (a) Newsletters and fact sheets.
- (b) News coverage resulting from interviews with reporters. This includes online news coverage.
- (c) Newspaper editorials or letters to the editor.
- (d) Posts on Facebook, YouTube, Tumblr, Twitter, Instagram, Snapchat and other social media sites.
- (e) When a statewide media message is developed by DSHS is localized.
- (f) When the current SAMHSA-sponsored media campaign is localized. (As of October 2014, this is the "Talk. They Hear You." campaign. <http://beta.samhsa.gov/underage-drinking>)

d. Reporting Requirements.

(1) Prevention Reporting Requirements

- (a) The Contractor shall report on all requirements as identified in the PBPS. DSHS reserves the right to add reporting requirements based on requirements of funding.
- (b) Ensure any requests for extensions to reporting deadlines or exceptions to reporting are requested in writing and sent via email directly to the Contract Manager or designee at least two days prior to reporting deadline.

(2) Prevention Activity Data Reports

The Contractor shall:

- (a) Ensure that monthly prevention activities are reported in the DSHS PBPS in accordance with the requirements and timelines set forth in Section 2.e.
  - i. Ensure accurate and unduplicated reporting.
  - ii. Ensure proper training of staff and designated staff for back-up PBPS data entry to meet report due dates.

(b) Ensure demographic information is provided for single; mentoring; environmental; and recurring services.

e. Complete Prevention Reports according to the Schedule / Due Dates, below:

Reporting Period	Report(s)	Report Due Dates	Reporting System
One-time	Enter programs listed on approved Work Plan by DSHS into the PBPS.	Within 15 days of approved Work Plan.	PBPS
Monthly	Prevention activity data input for all active services including services, participant information, training, pre-tests, post-tests, and assessments.	15 <sup>th</sup> of each month for activities from the previous month.	PBPS
As requested	GPRA Measures.	As requested.	PBPS

f. Outcome Measures

- (1) The Contractor shall report on all required pre/post-tests in PBPS Program Selection Instruments identified in the PBPS.
- (2) Special situations and exceptions regarding pre/post tests and Program Selection Instruments identified in the PBPS include but are not limited to, the following:
  - (a) The Contractor may negotiate with the Contract Manager or designee to reduce multiple administrations of surveys to individual participants.
  - (b) Participants in recurring program groups in which the majority of the participants are younger than ten (10) years old on the date of that group's first service.
  - (c) Programs that only provide single service events.
  - (d) Environmental and media services.

g. Performance Work Statement / Evaluation.

- (1) The Contractor shall ensure program results show positive outcomes for at least half of the participants in each direct-service program group.
  - (a) "Positive outcomes" means that at least half of the participants in a group report positive improvement or maintenance as determined by the program objective between pre and post-tests.

Mentoring Programs shall administer and enter data for a DSHS assigned pre/post instrument to measure bonding every two months during the contract period while the mentee/mentor match is active.

- (b) Positive outcomes will be determined using the pre-test and post-test data reported in the PBPS.

- (c) Evaluation of PBPS data will occur on the 15th of the month following the final date of service for each group.
- (2) DSHS shall use the following protocol for evaluation:
- (a) Matched pre-test and post-test pairs will be used in the analysis.
  - (b) To allow for normal attendance drop-off, a twenty percent (20%) leeway will be given for missing post-tests.
  - (c) If there are missing post-tests for entered pre-tests in excess of twenty percent (20%) of pre-tests, missing post-test will be counted as a negative outcome.
  - (d) Example: there are ten (10) pre-tests and seven (7) post-tests. The denominator would be eight (8) and the maximum numerator would be seven (7).
- (3) Different groups receiving the same program will be clustered by school district.
- (a) In cases where multiple providers are serving the same school district, groups will be clustered by school district and provider.
  - (b) The results of one (1) provider in a given school district will not impact another provider in the same district.
    - i. In cases where the survey instrument selected for a given program includes more than one scale, the scale that is most closely aligned with the outcome linked to the program in PBPS will be used.
    - ii. Results for groups with services that span two (2) contracting periods will be analyzed in the contracting period that the post-test was administered.
  - (c) If fewer than half of the participants in a group, within a given school district, report positive change in the intended outcome:
    - i. The Contractor shall submit a Performance Improvement Plan (PIP) for the non-compliant program to the Contract Manager or designee or designee within forty-five (45) days of notice by DSHS.
    - ii. Reimbursement on the A-19 for that program will be held until the PIP is approved by the Contract Manager or designee or their designee.
    - iii. If a second group within that same school district has fewer than half of the participants report positive change in the intended outcome, then the following steps will be taken:
      - (A) In cases where there is no active non-compliant program, the Contractor shall discontinue implementation of that program within the specified geography.
      - (B) In cases where the same programs as the non-compliant program are active and continuing in the same school district, those groups will be allowed to complete the expected number of sessions. No new groups will be started.
      - (C) Following the conclusion of all groups completing the program, results will be reviewed for those groups.

(D) If the results do not show positive change for each group, the Contractor shall take the following action:

- In cases where the program is being delivered by a single provider in the specified geography, the Contractor shall discontinue implementation of that program in the specified geography.
- In cases where the program is being delivered by multiple providers in the specified geography, the Contractor shall discontinue implementation of that program by the underperforming provider in the specified geography.

(4) Records for programs with Performance Improvements Plans may be carried over to future possible contracts.

(5) Implement and monitor prevention programs and reporting to assure compliance with these guidelines.

#### 4. Consideration.

Total consideration payable to the Contractor for satisfactory performance of Exhibit G under this Contract is, up to a maximum of \$32,273 including any and all expenses for services provided between January 1, 2016 and June 30, 2016, and shall be based on the following:

##### a. Reimbursable Costs.

(1) The Contractor shall ensure all expenditures for services and activities under this Contract are submitted on the A-19 invoice appropriate for PBPS entry.

(2) The Contractor shall use no more than eight percent (8%) of the Dedicated Marijuana Account Funds for administrative costs.

(a) Administrative costs shall be billed separately from direct prevention services as indicated on the A-19 invoice.

(b) Administrative costs are defined in the Fiscal/Program Requirements.

<https://www.dshs.wa.gov/sites/default/files/BHA/dbh/Substance%20Use/FY14%20Fiscal%20Program%20Requirements%20for%20SUD.pdf>.

(3) Funding Allocation.

The Contractor shall manage the Contract to ensure that services are provided in a manner that allocates the available resources over the life of the Contract.

(4) Period of Performance Service Costs.

The Contractor shall ensure that service costs incurred are within the period of performance of this Contract.

(5) DSHS reserves the right to reduce the Prevention funds awarded in the Contract if the Contractor does not implement services within thirty (30) days of the services start date in the approved Work Plan.

(6) The source of funds in this Contract Exhibit G is State Dedicated Marijuana Account Funds.

**5. Claims for Payment.**

The Contractor shall:

- a. Submit invoices for costs due and payable under this Exhibit G that were incurred prior to the expiration date within sixty (60) days of the date services were provided.
- b. Submit final billing under this Exhibit G for services provided during fiscal year 2016 within sixty (60) days after the end of fiscal year 2016.

## Exhibit H

### Mental Health Promotion and Suicide Prevention Project Statement of Work February 1, 2016 – June 30, 2016

1. **Definitions Specific to this Exhibit.** The words and phrases listed below, as used in this Contract, shall each have the following definitions:
  - a. "Coalition Coordinator" means persons paid to facilitate the work of a Community Prevention and Wellness Initiative (CPWI) coalition.
  - b. "Coalition" means a formal arrangement for cooperation and collaboration between groups or sectors of a community. Each member group retains its individual identity, but all agree to work together toward a common goal of building a safe, health, and drug-free-community.
  - c. "Community-based organization" or "CBO" means a licensed and bonded entity that has the potential to successfully serve youth and their families with selected program services. It may be a no-profit or faith-based organization.
  - d. "Educational Service District (ESD)" means one of nine organizations responsible for providing support services to the individual school districts within their service areas. Support services provided by ESDs include provision of training and implementation guidance for substance abuse prevention and intervention, mental health promotion and suicide prevention.
  - e. "Effective Implementation Date" means the date that the local school district commits to in a Memorandum of Agreement for the start of instruction for the selected evidence-based program.
  - f. "Implementation" applies to all phases of installing or expanding a curriculum for delivery through a local school district. This shall include consultation with program developers on effective implementation of the selected curriculum, training of educational staff and other providers to deliver the curriculum, purchase of materials necessary for delivery of the curriculum and other preparatory work.
  - g. "Multi-site" means two or more (up to five) community coalitions or community-based organizations applying together to implement the same program(s). For multi-site applications that do not involve school-based curriculum instruction work, the participating coalitions or community-based organizations will need to select one fiscal agent and that fiscal agent will need to demonstrate its support for the application. For projects involving school-based curriculum instruction work, the Educational Service District (ESD) will be the applicant agency and will serve as fiscal agent for the project.
  - h. "Promising Practices" means the list of programs identified in the application.
  - i. "Research-based Programs" means the list of programs identified in the application.
  - j. "Youth Mental Health First Aid" means a trademarked 8-hour curriculum that provides individuals who are not trained in behavioral health issues to understand basic information about behavioral health issues for youth including how to refer individuals for help.
2. **Purpose.** The purpose of the Contract is to provide Mental Health Promotion and Suicide Prevention Services, as described in Exhibit B from February 1, 2016 – June 30, 2016.

Increase the capacity for delivery of effective mental health promotion and suicide prevention efforts in communities served by community coalitions and community-based organizations. Eligible applicants

include community substance abuse prevention, suicide prevention or health promotion coalitions (including Community Prevention and Wellness Initiative coalitions) or community based organizations providing services to support youth or communities.

- 3. Consideration.** The maximum consideration for the Contract is \$5,000 for each community coalition or community-based organization (CBO) participating in the multi-site applications. The funding comes from the SFY 2016 Dedicated Marijuana Account.

Performance based consideration: The actual amount available for programming for each community coalition or community-based organization is \$4,500. Each community coalition or community-based organization shall receive \$500 if more than twenty (20) people receive Youth Mental Health First Aid training during the contract period. The total value of the contract, including the performance-based consideration, shall not exceed \$10,000.

**4. Youth Mental Health First Aid training.**

The Contractor shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

- a. A minimum of one Youth Mental Health First Aid training will be delivered within 90 days of signing the contract:
- b. The training must be delivered by certified Youth Mental Health First Aid instructors;
- c. A minimum of fifteen (15) people – including a minimum of five (5) coalition members if coalitions are involved – need to participate in the training. Participation in training means completing 95% of the training hours, including training required to implement the program and any associated accreditation processes.
- d. Training must take place in the community identified in the application.
- e. The training must utilize the training curriculum and instructional materials associated with Youth Mental Health First Aid, a trademarked program marketed by the National Council for Behavioral Health, <http://www.thenationalcouncil.org/about/mental-health-first-aid>.
- f. Up to \$2,000 from this award can be used to support implementation of the required training. Eligible expenses include trainer costs, materials, facility rental and all other expenses associated with the training.
- g. Additional resources from this award can be used to support additional Youth Mental Health First Aid trainings in the community provided that a minimum of fifteen (15) people participate in each subsequent training.
- h. The training must be delivered in one of the following formats:
  - (1) One (1) session with eight (8) hours of instruction; or,
  - (2) Two (2) sessions with a total of eight (8) hours of instruction.
- i. These funds can be used to train individuals to participate in Youth Mental Health First Aid Training of Trainers.

**5. Program Coordination and Planning.**

- a. Plan to Plan: By February 12, 2016 submit, on formats provided by DBHR, the contractor shall submit a plan-to-plan that provides timelines and processes for how the multi-site application members will develop their individual detailed implementation plan and budgets.
- b. By March 31, 2016, contractors shall submit, on formats provided by DBHR, a detailed implementation plan and final project budget – including the date that instruction of the selected programs is scheduled to start in local schools (if applicable) - is due. Each multi-site member will develop and submit a separate implementation plan and budget.

In submitting the materials to the DBHR Contract Manager for review, the applicant can either:

- (1) Submit all individual plans and budgets at once; or,
  - (2) Develop a combined implementation plan and budget that incorporates the information from the individual plans. It must be clear in the combined plan which services are being provided by which coalition or community-based organization.
- c. Within seven (7) working days of acceptance of the detailed implementation plan and final project budget, the contractor shall ensure that all necessary information from the implementation plans is entered into the Performance Based Prevention System (PBPS); and,
  - d. Where applicable, coalition strategic plans, logic models and budgets shall be updated to reflect the additional mental health promotion and suicide prevention work, as necessary.

#### **6. Program implementation and reporting.**

- a. Each community coalition or community-based organization (CBO) that is a member of the multi-site shall begin implementation, with fidelity, of the selected mental health promotion and suicide prevention programs identified in the implementation plan, as accepted by DBHR, no later than May 13, 2016.
- b. Each community coalition or community-based organization (CBO) that is a member of the multi-site shall work to increase community awareness of behavioral health issues and mental health promotion during the contract period through use of media releases, news conferences, events, etc. A minimum of three (3) community awareness activities shall be implemented.

#### **7. Revised Implementation Plan.**

- a. The Contractor may submit a request for an extension or revised work plan, for review and approval by DBHR Contract Manager, to establish a revised work plan. Expenditures for proposed revisions will not be authorized until the request for extension has been reviewed and approved by the DBHR Contract Manager.
- b. Revisions must be approved in writing and will then become the approved work plan referenced within this contract.

#### **8. Project meetings.**

The Coalition Coordinator shall participate in GoTo meetings every other month, beginning in March 2016, to discuss and identify barriers to implementation and solutions to those barriers and to increase sharing of program implementation information among participants in the Mental Health Promotion project.

#### **9. Reporting.**

Reporting of program activities shall be entered, using formats or processes provided by DBHR, according to the following schedule:

Reporting Period	Report Due
February 1 – 28, 2016	March 15, 2016
March 1 – 31, 2016	April 15, 2016
April 1 – 30, 2016	May 15, 2016
May 1 – 31, 2016	June 15, 2016
June 1 – 30, 2016	July 15, 2016

All other terms and conditions of this Program Agreement remain in full force and effect.

**AWARD AND REVENUES  
2015-2017 Biennium**

**CONTRACTOR NAME Pacific County  
CONTRACT NUMBER 1563-42487  
COUNTY Pacific**

The above named Contractor is hereby awarded the following amounts for the purposes listed.

<u>REVENUE SOURCE CODE:</u>	<u>TYPE OF SERVICE</u>	<u>AWARD AMOUNTS</u>			
		<u>SFY 16</u>	<u>SFY 17</u>	<u>Biennial Funds</u>	<u>Total 15-17 Biennium</u>
333.99.59	SABG Prevention	\$29,742	\$29,742		\$59,484
334.04.6X	GF-State- Admin (for SABG Prevention)	\$2,586	\$2,586		\$5,172
334.04.6X	Dedicated Marijuana Account-Fund 315-State	\$65,657	\$23,384		\$89,041
333.92.43	PFS-Total	\$54,288	\$13,572	\$0	\$67,860
	Year 2 FFY14 (7.1.15-9.29.15)	\$13,572			\$13,572
	Year 3 FFY15 (9.30.15-9.29.16)	\$40,716	\$13,572		\$54,288
	Year 4 FFY16 (9.30.16-6.30.17)				
<b>Total Federal Funds</b>		<b>\$84,030</b>	<b>\$43,314</b>	<b>\$0</b>	<b>\$127,344</b>
<b>Total State Funds</b>		<b>\$68,243</b>	<b>\$25,970</b>	<b>\$0</b>	<b>\$94,213</b>
<b>TOTAL ALL AWARDS</b>		<b>\$152,273</b>	<b>\$69,284</b>	<b>\$0</b>	<b>\$221,557</b>

**Federal CFDA:**

SABG-Substance Abuse Block Grant -CFDA 93.959 Substance Abuse and Mental Health Services Administration (SAMHSA)

PFS-Partnership for Success-CFDA 93.243 Substance Abuse and Mental Health Services Administration (SAMHSA)