



Government of the District of Columbia Department of Behavioral Health

64 New York Avenue, NE - 2nd Floor

Washington, DC 20002

Notice of Grant Award (NOGA) V.5



GRANTEE PROFILE		NOGA STATUS				
<b>Organization:</b>	Sherry's Center	<input type="checkbox"/> New Award <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Modification				
<b>DUNS UEI No.:</b>	18-463-6759	<b>AWARD PROFILE</b>				
<b>SAM UEI No.:</b>	383S9	<b>Current Maximum Award:</b> \$300,000.00				
<b>Tax ID:</b>	52-1594112	<b>New Maximum Award:</b> \$350,000.00				
<b>Address:</b>	2933 Ontario Rd NW	<b>PROJECT PERIOD</b>				
<b>City/State/Zip:</b>	Washington, DC 20009	<b>From:</b> 10/1/2021 <b>To:</b> 9/29/2024				
<b>Agency Head:</b>	Mark Gomez	<b>CURRENT BUDGET</b>				
<b>Phone Number:</b>	202-847-4247	<b>Budget Option:</b>	<b>Year 2</b>	<b>Modification Number:</b>	<b>1</b>	
<b>Email Address:</b>	mgomez@sherryscenter.org	<b>Budget Period 1: \$</b>	<b>From:</b>	<b>To:</b>	<b>9/29/2023</b>	
<b>Primary Contact:</b>	George Seed	<b>*Budget Period 2: \$</b>	<b>From:</b>	<b>To:</b>		
<b>Phone Number:</b>	202-847-4277	<b>*Budget period in Notice of Award MUST cross fiscal years.</b>	<b>Select Fiscal Year:</b>	<b>FY23</b>	<b>FY23</b>	
<b>Email Address:</b>	gsaad@sherryscenter.org		\$	100,000.00		
<b>Fiscal Contact:</b>	Kristian Tunnel			<b>INCREASE</b>	\$	50,000.00
<b>Phone Number:</b>	202-424-2897		<b>Total:</b>	\$	100,000.00	\$ 50,000.00
<b>Email Address:</b>	ktunnel@sherryscenter.org	<b>AUTHORIZATION</b>				
<b>DBH GRANTOR PROFILE</b>		<b>Director of DEH Authority pursuant to the DC Official Code §7-1141.06(?) and Title 22ADC Municipal Regulation, Chapter 44</b>				
<b>Program Contact:</b>	Sharon Hunt	<b>Fund Detail</b>	<b>Agency</b>	<b>Agency Object</b>	<b>PCA</b>	<b>Amount</b>
<b>Title:</b>	SOR Project Director	8200	RM0	0506	6922F	\$ 50,000.00
<b>Division/Administration:</b>	Adult Services	<b>Index</b>	<b>FY</b>	<b>Requisition #</b>	<b>Purchase Order #</b>	
<b>Phone Number:</b>	202-673-4307	19SOR	FY23	RK278435	PO90120-2	
<b>Email Address:</b>	sharon.hunt@dc.gov	<b>Fund Detail</b>	<b>Agency</b>	<b>Agency Object</b>	<b>PCA</b>	<b>Amount</b>
<b>Fiscal Contact:</b>	Lynne Saffell	8200	RM0	0506	6922F	\$ 100,000.00
<b>Title:</b>	Program Monitor	<b>Index</b>	<b>FY</b>	<b>Requisition #</b>	<b>Purchase Order #</b>	
<b>Phone Number:</b>	202-727-8500	19SOR	FY23	RK268435	PO90120-1	
<b>Email Address:</b>	lynne.saffell@dc.gov	<b>Fund Detail</b>	<b>Agency</b>	<b>Agency Object</b>	<b>PCA</b>	<b>Amount</b>
<b>SOURCE OF FUNDS</b>		8200	RM0	0506	6922F	\$ 100,000.00
Department of Health and Human Services, SAMHSA, State Opioid Response		<b>Index</b>	<b>FY</b>	<b>Requisition #</b>	<b>Purchase Order #</b>	
		19SOR	FY22	RK168435	PO90120	
<b>DBH GRANT NUMBER</b>		<b>Fund Detail</b>	<b>Agency</b>	<b>Agency Object</b>	<b>PCA</b>	<b>Amount</b>
21SORO/22						
<b>CFDA NO.</b>		<b>Index</b>	<b>FY</b>	<b>Requisition #</b>	<b>Purchase Order #</b>	
93.788						
<b>SERVICE INFORMATION</b>						
<b>Are funds being utilized for Research and Development (R&amp;D)?</b>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
<b>Project Title:</b>	Winter SUD Services					
<b>Service</b>	<b>Purpose</b>	<b>Ward(s)</b>	<b>Population Focus (check all that apply)</b>		<b>Amount</b>	<b>Notes:</b>
Provide SUD services for adults.	To provide support and services to adults experiencing SUD concerns.	All Wards	Substance Abuse Disorder (SUD)	<input checked="" type="checkbox"/>	\$50,000.00	Additional funding was provided by community donations per Serve DC solicitation project.
			Mental Health (MH)	<input checked="" type="checkbox"/>		
			Children (age 0-6 years)	<input type="checkbox"/>		
			Children/Youth (age 7-15 years)	<input type="checkbox"/>		
			Transition Age Youth (TAY)(age 16-25 yrs)	<input type="checkbox"/>		
			Adults (age 21 & older)	<input checked="" type="checkbox"/>		



**NOGA Certification Form**

**Cursor Here for Instructions**

<b>Grantee:</b>	Sherry's Center		
<b>Requisition No:</b>	RK278435		
<b>Project Title:</b>	Winter SUD Services		
<b>FY23 Award Amount:</b>	\$		50,000.00
<b>Award Type:</b>			
<input type="checkbox"/>	<b>New Award</b>	<input type="checkbox"/>	<b>Continuation</b>
		<input checked="" type="checkbox"/>	<b>Modification</b>

FISCAL YEAR ALLOCATION	
FY	AMOUNT
Y1	\$ 100,000.00
Y2	\$ 150,000.00
Y3	\$ 100,000.00
Y4	
Y5	
<b>TOTAL:</b>	<b>\$ 350,000.00</b>

**\*See NOGA Modification for details.**

**New Award - Competitive**

The requirements have been met, certifying a fair and competitive RFA process upon which the award is based: **RFA No:**

*Please check all that apply.*

- Notice of Funding Availability published in the DC Register.
- Notice of Funding Availability and Request for Application released on the Serve DC and Department of Behavioral Health websites.
- The applications were reviewed by an independent panel of at least three (3) qualified reviewers.
- The sub-grant or grant award is in agreement with the results of the review panel and authorized by the agency director.
- The sub-grant or grant award is in agreement with the written justification of the agency director.

**New Award - Non-Competitive**

*Please check all applicable justification criteria that has been met for this sole source award.*

- The authorization for the award designates the grantee (i.e. earmark).
- The applicable law defines eligibility in such a way that there is only one eligible applicant.
- There is a recognized coalition of service providers through which the broadest community participation may be obtained in serving targeted clientele.

*Attach narrative justification to certification form.*

**NOGA Certification Form**

Cursor Here for Instructions

<b>Project Title:</b>	Winter SUD Services		
<b>FY23 Award Amount:</b>	\$		50,000.00
<b>Award Type:</b>			
<input type="checkbox"/> New Award	<input type="checkbox"/> Continuation	<input checked="" type="checkbox"/> Modification	

**Continuation**

*Please check all applicable justification criteria that has been met for this continuation request:*

- The funds are awarded as part of an extension of the original grant.
- The unobligated funds are available from the original grant to apply to this continuation.
- The terms of the grant allow the Agency to add or modify the grant award.

*Initial this section indicating that the criteria for authorizing this transaction has been met.*

**Certification - The following criteria have been met for continuation of this NOGA:**

- The continuation is authorized by the Request For Applications listed: **RFA No: SOR062820**
- The continuation is authorized by a valid grant agreement with sub-grantee.
- The grantee submitted all required financial and programmatic reports under the terms of the existing NOGA.
- The grantee satisfactorily met all performance objectives, **OR**
- The grantee did not meet performance objectives but has submitted a corrective action plan, which the program has approved.

SH  
**Program Director**  
 (initials)

LS  
**Fiscal Monitor**  
 (initials)

**Modification**

The modification request is for a(n):       Increase       Decrease       Cost Extension       No-Cost Extension       Termination

*Please check all applicable justification criteria that has been met for this modification request:*

- The grantee has submitted new deliverables and budget for the additional award amount.
- The grantee is on track to meet the performance deliverables agreed to in the governing sub-grant agreement.
- The grantees grant period has been shortened or terminated.
- The grantee is behind in meeting performance deliverables agreed to in the governing sub-grant agreement.

*Include completed NOGA Modification Tab to create the NOGA Modification Notice.*



## ARTICLE I - AGREEMENT INTRODUCTION

This Agreement is entered into between **Sherry's Center** (hereinafter referred to as the "Grantee" or "Recipient") and the District of Columbia Department of Behavioral Health (hereinafter referred to as "DBH" or the "Grantor") to provide financial assistance for the provision of services, as described in the DBH Notice of Grant Award (NOGA), Article II Award Profile, and Appendix A - Scope of Work/Schedule of Deliverables. All modifications of the budget, spending plan, work plan, table/schedule of deliverables require prior approval by assigned DBH personnel. The funds awarded must be used for the purpose stated herein.

WHEREAS, DBH is the prime recipient of financial assistance from the federal or local source stated on the NOGA, and acting as a pass-through for financial assistance is authorized to issue this award; and

WHEREAS, as a result of the applicant for funding, the Grantee has been determined to be a sub-recipient of federal financial assistance or recipient of local District Appropriated funds from DBH; and

WHEREAS, DBH and the Grantee are responsible for complying with the appropriate federal and/or District of Columbia statutes, regulations policies and procedures in the performance of its activities pursuant to this Agreement; and

WHEREAS, the Director of the Department of Behavioral Health has assigned the administration of funds and sub-granting oversight to: Sharon Hunt.

NOW THEREFORE, in consideration of the premises and mutual benefits to be derived therefrom, DBH and the Grantee do hereby mutually agree to the terms, conditions, requirements and schedules outlined in this Agreements and the documents attached hereto or hereafter incorporated by reference.

## ARTICLE II - AWARD PROFILE

### A. Scope of Services

1. Under the terms of this Agreement, the Grantee shall provide the services identified in Appendices A and B, which contain the scope of work, service areas and annual targets for services.

### B. Funding, Budget and Spending Plan

1. The Project Period, Budget Period and allocations of funding in each period are outlined in the Notice of Grant Award (NOGA). The funding source is also stated in the NOGA.

2. The total obligation by DBH under this grant shall not exceed \$ 350,000.00 during the planned Project Period.

3. The total amount shall be apportioned by the budget period as follows: \$ 50,000.00.

4. The Grantee shall not exceed the amount of the total award that is apportioned to the budget period. The Grantee's spending plan must reflect the funding obligations and approved apportionments for the Budget Period, unless Grantee submits a written request for a modification from the spending and such request has received approval from the assigned Program and Fiscal agents.

5. Option years beyond the planned Project Period may be considered for the award based on the availability of source funding, additional funding and the satisfactory performance of the Grantee.

### C. Fund Disbursement

1. DBH shall establish a fund disbursement plan based on requirements outlined in the DBH Terms and Conditions, and as described in Appendix C.

2. The sum of monies paid to the Grantee for performance pursuant to this Grant Agreement shall not exceed the total amount contained in Article II or any revision thereto.

3. The Grantee shall account for and reimburse the District Government any interest earned on advance grant award payments no later than twenty (20) business days from the end of each DC Government Fiscal Year (September 30) and no later than thirty (30) business days after the expiration of this Agreement. All payments shall be made by check or money order made payable to the “D.C. Treasurer.”

4. The Grantee shall account for any gross income that is earned by and directly generated by a supported activity, or, earned as a result of the Federal award during the period of performance. This further certifies that the Grantee is a:

**Non-Profit Organization, reporting program income using the additive alternative.**

5. DBH reserves the right to withhold any payments if the Grantee is found in non-compliance with the DBH NOGA or this Grant Agreement and fails to correct any deficiencies within a reasonable time frame as determined by DBH. DBH shall determine the amount of the payment to be withheld under this provision.

6. The grant agreement shall be subject to the availability of funding and appropriations of the program or grant funding which is the subject of the grant. This grant shall be subject to termination at any time, in whole or in part, if adequate funds are not made available or appropriated for the program in question. This grant shall be subject to termination at any time, in whole or in part, for the convenience of the government should DBH determine that such a termination is in the best interest of the public or the government.

## APPENDICIES AND ATTACHMENTS

The District of Columbia Department of Behavioral Health incorporates by reference into this Notice of Grant Award, the following items, as approved by the assigned DBH personnel:

Appendix A – Scope of Work/Schedule of Deliverables

Appendix B – Grantee Submissions

1. Budget & Justification
2. Work Plan
3. Staffing Plan

Appendix C – Funds Disbursement and Payment Terms

Appendix D – Special Program Provisions (As applicable)

1. Data reporting schedule
2. Programmatic and Financial Reporting Schedule
3. Risk Assessment

Appendix E - Federal Notice of Award

Attachment 1 - General Terms and Conditions

Attachment 2 - Assurances, Certifications and Disclosures

Attachment 3 - Program Income and Financial Disclosure

Attachment 4 - DC Contribution and Solicitation Certification

Attachment 5 - Federal Assurances and Certifications

Attachment 6 - DC Tax Affidavit Certification

Attachment 7 - Sub-Grantee Single Audit Exemption Certification

Attachment 8 - DBH Grant Terms and Conditions



Department of Behavioral Health

**NOGA MODIFICATION NOTICE**

<b>Grantee:</b> Sherry's Center <b>Requisition No:</b> RK278435 <b>Project Title:</b> Winter SUD Services <b>FY23 Award Amount:</b> \$50,000.00 <b>Modification No.:</b> 1	
<b>Modification Type:</b>	
Award Increase <input checked="" type="checkbox"/> Award Decrease <input type="checkbox"/> Cost Extension <input type="checkbox"/> No-Cost Extension <input type="checkbox"/> Termination <input type="checkbox"/>	

The following modification is subject to the terms and conditions as described in the original grant agreement executed on 10/01/2021 and any approved modification of the terms of that agreement. No additional notification of this modification is forthcoming. Please submit to your Project Director and Fiscal Monitor for review and approval of all applicable revision documents.

		Current Maximum Award	This Adjustment	New Maximum Award
<b>Total Award Amount:</b>		\$ 300,000.00	\$ 50,000.00	\$ 350,000.00
<b>Start Date:</b>		10/01/21	6/23/2023	10/1/2021
<b>End Date:</b>		9/29/2024	9/29/2023	9/29/2024
<b>Description:</b>	<b>Original Requisition Number:</b>	RK168435		
	<i>Per the Mayor's Serve DC initiatives, DBH has a profile that collects community donations as allowable under the Mayor's Volunteerism Act 2020. As a result, \$50,000 was collected on behalf of mental health support and will be applied to this open SOR initiative.</i>			
<b>Special instructions, limits or conditions:</b>	<i>Additional activities covered by funding must be completed by the close of the FY23 budget period of 09/29/2023.</i>			
<b>Effective Date of Modification:</b>	6/23/2023			

**Acknowledgment**

The grant agreement shall be subject to the availability of funding and appropriations of the program or grant funding which is the subject of the grant. This grant shall be subject to termination at any time, in whole or in part, if adequate funds are not made available or appropriated for the program in question. This grant shall be subject to termination at any time, in whole or in part, for the convenience of the government should DBH determine that such a termination is in the best interest of the public or the government.

By signing below, both parties agree to and accept the terms of this modification of the NOGA described herein:

\_\_\_\_\_  
 Authorized Official, Grantee Organization

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Director or Authorized Official, Department of Behavioral Health

\_\_\_\_\_  
 Date