



FOR OSEC OFFICE USE ONLY

Tracking #: _____

SIGNATURE REQUEST COVER SHEET*Contracts That Require the Secretary's Signature***DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES, DIVISION OF PREVENTION AND BEHAVIORAL HEALTH / MOU #35-06-26-069****To:** Josette Manning, Esq., Cabinet Secretary**From:** Pamela Murray**Date Sent:** 5/23/2025Please allow at least **5 BUSINESS DAYS** for Secretary's signature.**Why does this require the Cabinet Secretary's attention?**

- ☐ Contract for Management Consulting
☐ Construction Contract
☒ Deviates From Boilerplate
☒ Exceeds \$500,000.00
☐ Exceeds Two Years
☐ MOUs Outside of DHSS
☐ Originally Signed by Secretary
☐ Recently Separated Employee (Within Two Years)
☐ Replacement of Contract Discontinued from Unsatisfactory Performance
☐ Waiver/Result of Waiver
☐ Tech Contract Requiring No IRM Approval

Action Requested:

Cabinet Secretary's Signature

OSEC Office Use Only:

Reviewed by Chief of Staff
Julie Devlin, Esq.

Approved for use of E-Signature by
DHSS Cabinet Secretary:
Josette D. Manning, Esq.



STATE OF DELAWARE
DELAWARE HEALTH AND SOCIAL SERVICES
OFFICE OF THE SECRETARY – ADMINISTRATION

Telephone: (302) 255-9040 | Fax: (302) 255-4429

Contracting Routing Request Form

May 19, 2025

Division Info	
Requestor Name: <u>Amy Herb</u>	Phone #: <u>302-255-9139</u>
Program Manager: <u>Amy Herb</u>	Phone #: <u>302-255-9139</u>
Grants POC: <u>Amy Herb</u>	Phone #: <u>302-255-9139</u>
Contract Information	
<input type="checkbox"/> Amendment # <u>Number</u> ❖ <input type="checkbox"/> MOA ❖ <input type="checkbox"/> MOU ❖ <input type="checkbox"/> PSA ❖ <input type="checkbox"/> OSEC ❖ <input type="checkbox"/> Other <u>Specify</u>	
<u>Amendment Description:</u> <u>N/A</u>	
RFP #: <u>N/A</u>	Waiver #: <u>N/A</u> Contract #: <u>35-06-26-069</u>
Start Date: <u>6/15/2025</u>	End Date: <u>12/31/2025</u> Amount: <u>\$1,598,816.52</u>
Name of Services:	MEMORANDUM OF UNDERSTANDING BETWEEN THE DEPARTMENT OF HEALTH & SOCIAL SERVICES, DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH & DEPARTMENT OF SERVICES FOR CHILDREN YOUTH AND THEIR FAMILIES, DIVISION OF PREVENTION AND BEHAVIORAL HEALTH
Fiscal Information	
CFDA#: <u>93.959 & 93.958</u>	FAIN#: <u>B08TI087077 & B09SM089604</u>
SAI#: <u>%6526 & %6525</u>	UEI#:
Funding Source	
FUNDING SOURCE: FY24 SABG - SUBSTANCE USE PREVENTION, TREATMENT, AND RECOVERY SERVICES BLOCK GRANT CFDA: 93.959 FAIN: 08TI087077 & Community Mental Health Block Grant (CMHBG), CFDA 93.958 FY 24 FAIN: B09SM089604	
Vendor Information	
Vendor Name:	DEPARTMENT OF SERVICES FOR CHILDREN YOUTH AND THEIR FAMILIES, DIVISION OF PREVENTION AND BEHAVIORAL HEALTH
Address: <u>1825 Faulkland Road Wilmington, DE 19805</u>	
POC: <u>Dr. Aileen Fink</u>	POC Email: Aileen.fink@delaware.gov
Authorized Signer: <u>Steven Yeatman & Dr. Aileen Fink</u>	Signer Email: steven.yeatman@delaware.gov & aileen.fink@delaware.gov
Signer Title: <u>Steven Yeatman, Cabinet Secretary & Dr. Aileen Fink, Division Director</u>	



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DSAMH CONTRACT CHECKLIST

Contract Information	
RFP #: <u>N/A</u>	Waiver #: <u>N/A</u>
Contract #: <u>35-06-26-069</u>	
Start Date: <u>6/15/2025</u>	End Date: <u>12/31/2025</u>
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ITEMS FOR REVIEW	INITIAL EACH ITEM YES OR NO
1. Did Michele Twyman-Singletary review this contract prior to CMP review?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ⁱ
2. Did your Deputy Cabinet Secretary review this contract prior to CMP review?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ⁱ
3. At least one Minority, Woman, Veteran-owned business and/or business owned by a disabled person and/or small business must be contacted for this service, if no formal bid is required. Refer to your Division's OSD spreadsheet, the OMB Supplier Diversity databases or the SAM.gov database to assist you in locating eligible businesses. Contact at least one of the business types listed above, explaining your needs, and documenting the outcome of that contact. "No response from vendor" is not a sufficient response. This checklist item does not apply to RFP/ITB procurements.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
4. Ensure that funds are appropriated for this contract. Be sure to verify with the Grants Team for federal funds if scope of services aligns with available grant funding. If not, contact fiscal for state fund appropriation if grant funds are insufficient.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
5. Will this contract have grant funded Personnel? If yes, the Contracts Unit will include Personal Activity Certificate (PAC) Form with the Contract to the Vendor.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6. Is this vendor Sub-recipient? a. Click here to determine if the Vendor is a Subrecipient.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
7. Ensure that Contract/ Amendment start, and end dates are correct. Start dates should not be prior to the date of the request.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NO AFTER THE FACT CONTRACTS WILL BE ACCEPTED	
8. A detailed line-item budget (Appendix C1) or other approved format should be included and should indicate Administrative costs, Overhead costs, Finance and Administration costs of 12% or less of the total contract budget. In addition, a list of budget line items that comprise the above category should be included in the budget narrative.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
9. Provide Scope of Work (Appendix B)	<input type="checkbox"/> YES



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ITEMS FOR REVIEW	INITIAL EACH ITEM YES OR NO
	<input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
10. Will the Contractors/ Vendors have access to Protected Health Information (PHI)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
11. Ensure that vendor provides updated insurance (including workers comp, if applicable) Certificate of Insurance in the name of the Contractor/ Vendor, with appropriate DHSS policy limits and with DHSS listed as the Certificate Holder.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
12. Provide proof of Professional License.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
13. Ensure that you have an updated state of Delaware Business License for all Contractors. 501 c (3) non-profits are exempt from business license requirements. 501 © 3 non-profits should submit an IRS Exemption letter.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
14. Provide proof of valid Unique Entity Identification number (UEI). If you are a recipient of a federal funding source, you are responsible for having a UEI and active listing at SAM.gov	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
15. If vendor is new, provide W-9 and proof of <u>Delaware eSupplier</u> number. The Division will restrict awards, subawards, and contracts with all parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in Federal assistance programs or activities. The determination will be assured by: <ul style="list-style-type: none"> a. Checking SAM (System for Award Management) Exclusions; or b. Collecting a certification from that vendor; or c. Adding a clause or condition to the covered transaction with that vendor. 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
16. Provide proof of A-133 Form.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
17. Ensure that the CFDA Number FAIN is published in Appendix C, also an explanation of the federal requirements of submitting a copy of the Annual Report for a CPA, as well as submitting to random Desk Audits.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A



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CMP CONTRACT CHECKLIST

Contract Information	
RFP #: <u>N/A</u>	Waiver #: <u>N/A</u>
Start Date: <u>6/15/2025</u>	Contract #: <u>35-06-26-069</u>
End Date: <u>12/31/2025</u>	Amount: <u>\$1,598,816.52</u>
Name of Services: <u>MEMORANDUM OF UNDERSTANDING BETWEEN THE DEPARTMENT OF HEALTH & SOCIAL SERVICES, DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH & DEPARTMENT OF SERVICES FOR CHILDREN YOUTH AND THEIR FAMILIES, DIVISION OF PREVENTION AND BEHAVIORAL HEALTH</u>	
ITEMS FOR REVIEW	INITIAL EACH ITEM YES OR NO
1. Is this contract the result of an RFP or Waiver? If yes, provide the number above. If no, at least one Minority, Woman, Veteran, -owned business and/or business owned by a disabled person and/or small business must be contacted for this service. Refer to your Division's OSD spreadsheet, the OMB Supplier Diversity databases or the SAM.gov database to assist you in locating eligible businesses. Contact at least one of the business types listed above, explaining your needs, and documenting the outcome of that contact. "No response from vendor" is not a sufficient response. This checklist item does not apply to RFP/ITB procurements. <u>Justification</u>	<div style="text-align: center;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO¹ </div> <hr/> <div style="text-align: center;"> MWB checked? <input type="checkbox"/> YES <input type="checkbox"/> NO¹ <input checked="" type="checkbox"/> N/A </div>
2. Does this contract/amendment include ARPA Funding (which includes both SLFRF and Direct Grants)? If yes: <ul style="list-style-type: none"> T's & C's must be included in the contract. Are they included? Andrew Fioravanti must be added as an initialer on the Contract/Amendment Signature page. The Secretary must sign this contract/amendment 	<div style="text-align: center;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div>
3. Are the Contract/ Amendment start and end dates correct on the documents? No AFTER THE FACT contracts will be accepted. Start date of document should not be prior to the date the envelope is created in DocuSign. Contact your CMP Liaison for special instructions. <u>Justification</u>	<div style="text-align: center;"> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO¹ </div>
4. Does your document contain any policy or code deviations such as professional services waivers, insurance waivers, contract language change(s), PIC approval, Vendor contract use, etc.? If yes is marked, is approval documentation included?	<div style="text-align: center;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div>
5. Do you have at least two SAM.gov reports?	<div style="text-align: center;"> <input checked="" type="checkbox"/> YES </div>

¹ Justification Required



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ITEMS FOR REVIEW	INITIAL EACH ITEM YES OR NO
<i>[Division must check all organizations (including other government entities) for federal debarment on the federal System for Award Management (SAM.gov) and/or EDGAR websites. Check at least one (1) individual (a principal of the contractor/vendor organization) through these sites as well. Include a copy of the two (2) clean printouts from these sites in the DocuSign envelope. Perform due diligence for any queries indicating possible debarment or exclusion.]</i> Justification	<input type="checkbox"/> NO ¹ <input type="checkbox"/> N/A
6. Are all special requirements of your funding source (grant makers, federal matches, etc.) documented in Division Requirements, usually found in “Appendix A”. Includes ARPA funding T’s & C’s.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
7. Have funds have been appropriated for this contract? Justification	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ¹ <input type="checkbox"/> N/A
8. Are all clauses of the current boilerplate language intact? Ensure that none of the contract clauses have been removed or modified without approval from a DHSS Deputy Attorney General <u>and</u> CM & P. Such modifications require the Secretary’s signature as required by Delegation Agreement #1.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ¹
9. Is the relevant RFP (name and number) and vendor’s response to the RFP included in the contract and or included by reference in the contract with the proper placeholder page(s). <u>Order of precedence must be accurate.</u> Any modifications to the RFP and vendor’s response to the RFP that come about because of negotiations should be documented in writing and included in the envelope and noted in the order of precedence section of the contract. Justification	<input type="checkbox"/> YES <input type="checkbox"/> NO ¹ <input checked="" type="checkbox"/> N/A
10. Are all acronyms defined upon first use?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11. Is a detailed line-item budget or other approved format included as an Appendix. This Appendix should indicate administrative costs/overhead costs / Finance and Administration costs of 12% or less of the total contract budget. In addition, a list of budget line items that comprise the above category should be included in the budget narrative.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A



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ITEMS FOR REVIEW		INITIAL EACH ITEM YES OR NO
12. Is a BAA required? When Contractors/ Vendors will have access to Protected Health Information (PHI), include a Business Associate Agreement (BAA), designating your Division as the covered entity, signed by the Contractor/ Vendor and the Division Director and included it in the envelope. The BAA is good for the life of the contract. When renewing the contract, a new BAA is required.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
13. Were <u>all</u> necessary Division Director signatures applied prior to sending for the Secretary's signature. <u>Justification</u>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ¹
14. Was OSEC-ADMIN provided at least 10 business days for contract review and signature? <u>Justification</u>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ¹
15. Was the envelope completed in DocuSign and in the Subject line include the following information, in this order, after the colon: <ul style="list-style-type: none"> Division Acronym (e.g., DMS), Contractor/ Vendor name, Contract numerical control #, (e.g., DMS-19-001) In the body of the email include the following information, in this order: <ul style="list-style-type: none"> Contract Start and End Dates Total contract dollar amount Funding source(s) and amounts; e.g. General Funds (GF), Appropriated Special Fund (ASF), Non-state Funds (NSF), or Other. Is the relevant RFP (name and number) included in the envelope? 		<input checked="" type="checkbox"/> YES
16. Were all required documents added to the DocuSign envelope, for example: signed contract/ amendment, all signed supplemental documents, clean SAM.gov queries, any signed, relevant IT-related documents and approvals, etc. before routing the envelope for signature. Cloud Services Agreement (CSA) and Data Usage Agreement (DUA) are good for one (1) year from signature date. If contract is amended after 1-year, new CSA & DUA are required. If renewing the contract, new CSA & DUA are required and should be signed when the contract packet is routed through DocuSign.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ¹

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ITEMS FOR REVIEW	
INITIAL EACH ITEM YES OR NO	
<u>Justification</u>	
17. IF THIS IS AN AMENDMENT, WAS THE ORIGINAL CONTRACT SIGNED BY THE SECRETARY (PROXY)? IF YES, THE SECRETARY (PROXY) MUST SIGN THIS AMENDMENT.	<input type="checkbox"/> YES <input type="checkbox"/> NO ¹ <input checked="" type="checkbox"/> N/A
18. IF THIS IS AN AMENDMENT, WAS THE ORIGINAL CONTRACT APPROVED BY IRM? IF YES, IRM MUST APPROVE THIS AMENDMENT.	<input type="checkbox"/> YES <input type="checkbox"/> NO ¹ <input checked="" type="checkbox"/> N/A
<u>Justification</u>	
19. After all signatures have been obtained, upload all documents to the contract entry in Bonfire. Documents should be uploaded to the “Contracts” tab.	REMINDER
20. Upload the DE Business License (or 501 © 3 IRS Exemption Letter) and the insurance declaration sheet (or insurance letter), individually, to the “Contracts” tab in Bonfire.	REMINDER
21. Annually, ensure that you have an updated state of Delaware Business License for all Contractors. 501 c (3) non-profits are exempt from business license requirements. 501 © 3 non-profits should submit an IRS Exemption letter. A current license or an IRS Exemption letter should be included in your envelope.	REMINDER
22. Annually, ensure that you have an updated insurance declarations page or insurance letter in the name of the Contractor/ Vendor, with appropriate DHSS policy limits and with DHSS listed as the Certificate Holder. Current documents should be included in your envelope.	REMINDER

Signed: DocuSigned by:
Pamela Murray
AC3172B3DB4442... DS
 CMP Initial Review: AM

ⁱ Justification Required.



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- ☐ All Words 
- ☐ Exact Phrase 

e.g. 123456789, Smith Corp

Entity

Entity Name

Department of Services for Children, Youth and Families

X

Unique Entity ID

e.g. HTYR9YJHK65L

CAGE / NCAGE

Location

Zip Code

e.g. 20001

19805

State / Territory

Select State / Territory

City

Select State (Optional)

Select City

Country

Select Country

Status

☒ Active

☒ Inactive

Reset

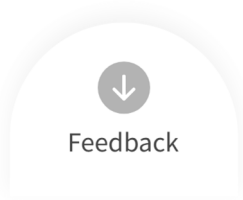
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e.g. 1606N020Q02

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Search Editor

- ☐ Any Words 
- ☐ All Words 
- ☐ Exact Phrase 

Search results will contain one, some, or all keywords entered.

e.g. 123456789, Smith Corp

"Steven Yeatman"



Entity



Location



Status



- ☒ Active
- ☒ Inactive

Reset 

Entity Information ^



All Entity Information

Entities

Disaster Response Registry

Responsibility / Q&A

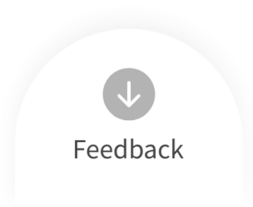


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**STATE OF DELAWARE
MEMORANDUM OF UNDERSTANDING**

**BETWEEN THE
DEPARTMENT OF HEALTH & SOCIAL SERVICES,
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH**

AND THE

**DEPARTMENT OF SERVICES FOR CHILDREN YOUTH AND THEIR FAMILIES,
DIVISION OF PREVENTION AND BEHAVIORAL HEALTH**

**TO OUTLINE THE USE AND REPORTING RESPONSIBILITIES FOR FUNDING FROM
THE COMMUNITY MENTAL HEALTH SERVICES AND SUBSTANCE USE
PREVENTION, TREATMENT AND RECOVERY SERVICES BLOCK GRANTS**

A. Introduction:

1. Whereas, the Delaware Department of Health and Social Services (DHSS), Division of Substance Abuse and Mental Health (DSAMH) is the Single State Agency charged with administering federal funds awarded under the Substance Use, Prevention, Treatment and Recovery Services and Community Mental Health Services Block Grants;
2. Whereas, DHSS/DSAMH is responsible for the annual application submission and reporting of the Substance Use, Prevention, Treatment and Recovery Services (SUPTRS) and Community Mental Health Services (CMHS) Block Grants;
3. Whereas, and DHSS/DSAMH and the Department of Services for Children, Youth, and their Families (DSCYF), Division of Prevention and Behavioral Health Services (DPBHS) will work collaboratively on the two-year, state-wide Behavioral Health Assessment and Plan required by SAMHSA that outlines the key priorities for services and initiatives to address substance use and mental health (to include primary prevention, intervention through treatment and recovery services) for consumers of all ages;
4. Whereas, DSCYF/DPBHS is responsible for providing substance abuse prevention, early intervention, and treatment services for those 17 years of age and younger;
5. Whereas, DHSS/DSAMH recognizes that DSCYF/DPBHS have the expertise and capacity to provide substance abuse prevention, early intervention, and treatment services to those 17 years of age and younger;
6. Whereas, DSCYF/DPBHS will execute all contracts and be responsible for service development and implementation for all primary, early intervention, and treatment services to youth aged 17 and under in accordance with grant requirements;
7. Whereas, DSCYF/DPBHS will work collaboratively with DSAMH to ensure services are aligned with the two-year, state-wide Behavioral Health Assessment and Plan; and
8. Whereas, DSCYF/DPBHS may offer services to adult caregivers of youth aged 17 and under as they relate to youth substance use prevention or intervention and treatment services for youth with serious emotional disturbances which may include caregiver education, parent support groups and/or family support services.

B. Purpose:

1. This Memorandum of Understanding ("MOU") is entered into by and between DHSS/DSAMH and DSCYF/DPBHS, each a "Party," and collectively referred to as the "Parties."

2. As the Single State Agency (SSA), DHSS/DSAMH is charged with administering federal funds awarded under the SUPTRS Block Grant, CFDA 93.959, from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment and the Block Grants for Community Mental Health Services (CMHS), CFDA 93.958 from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services.
3. This MOU shall commence on June 15, 2025 and end on December 30, 2025. The MOU may be terminated as referenced in Section C.1., or may be modified by mutual agreement of both parties as referenced in Section C.3.
4. For the period October 1, 2024 - September 30, 2025, the not to exceed amount for SUPTRS Primary Prevention shall be \$1,173,816.52, and CMHBG shall be \$425,000, making the total not to exceed \$1,598,816.52.

C. Mutual Agreements:

DSCYF/DPBHS and DHSS/DSAMH mutually agree that:

1. This MOU may be terminated in whole or part upon sixty (60) calendar days' written notice to the other party, with or without cause, by either DHSS/DSAMH or DSCYF/DPBHS.
2. In the event of amendments to current Federal or State laws which invalidate, void or otherwise render unenforceable any term(s) or provision(s) of this MOU, the remainder of this MOU will remain in full force and effect.
3. This MOU shall not be altered, changed, modified or amended except by written consent of both Parties.
4. Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver of breach of any provision of this MOU shall not be deemed to be a waiver of any other or subsequent breach. Any waiver or breach of a provision of this MOU shall not be construed to be a modification of the terms of this MOU, unless stated to be such in a writing signed by an authorized representative of both Parties and attached to the original MOU.
5. This MOU, together with any Appendices, constitutes the entire agreement between DSCYF/DPBHS and DHSS/DSAMH.
6. This MOU shall be governed by and construed in accordance with the laws of the State of Delaware, except where Federal Law has precedence. Both Parties consent to jurisdiction and venue in the State of Delaware.
7. Notices: All notices, requests or demands to be given by either party to the other under the provisions of this MOU shall be in writing and sent by Email and Certified Mail and properly addressed to the respective Parties below:

DPBHS:

1825 Faulkland Road
 Wilmington, DE 19805
 Attn: Aileen.Fink@delaware.gov

DSAMH:

1901 North Du Pont Highway
 New Castle, DE 19720
 Attn: Joanna.Chapney@delaware.gov

8. Both parties will ensure that in connection with this MOU no person shall; on the basis of race, color, creed, sex, national origin, age or disability, be subjected to any discrimination prohibited by the Civil Rights Act of 1964, as amended, the Age Discrimination in Employment Act, as amended, American with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, Title IX of the Educational Amendments of 1972, and other applicable laws, regulations and Executive Orders.
9. Nothing in this MOU shall be deemed a waiver of the doctrine of sovereign immunity on the part of the State of Delaware.

D. DSCYF/DPBHS agrees to:

1. Comply with all State and Federal licensing standards as required to provide services under this MOU to assure the quality of services provided under this MOU. DSCYF/DPBHS shall notify DHSS/DSAMH in writing within 72 business hours, or earlier, of any change in the status of any accreditations, licenses, or certifications in any jurisdiction in which they provide services or conduct business. If this change in status regards the fact that its accreditation, licensure, or certification is suspended, revoked, or otherwise impaired in any jurisdiction, DSCYF/DPBHS understands that such action may be grounds for termination of this MOU.
2. Provide to the DHSS/DSAMH Block Grant Manager, Amy Herb or their successor, information regarding its client population served by age, race, ethnicity, and national origin on an annual basis.
3. No information obtained pursuant to this MOU may be released in any form except in compliance with applicable laws and policies on the confidentiality of such information and except as necessary for the proper discharge of DSCYF/DPBHS's obligations under this MOU.
4. Have on file the proof of state registration, current licensure, certification, and appropriate credentials of any participants requiring those licenses, certifications, or credentials.
5. Be solely responsible for any wages paid to staff participating under the terms of this MOU and ensure staff are covered by appropriate health and liability insurance and worker's compensation.
6. Convene and facilitate regular meetings with DSCYF/DPBHS providers separately, and in addition to the required Delaware Prevention Partners meetings and other required meetings relating to the SUPTRS facilitated by DSAMH.
7. Utilize funding from the SUPTRS Block Grant, as well as the CMHS Block Grant, to support the goals, objectives, and activities outlined in the two-year Behavioral Health Assessment and Plan, as approved by SAMHSA.

8. Use funding in accordance with grant guidance, the approved two-year Behavioral Health Assessment and Plan (<https://bgas.samhsa.gov>; Login: citizende; Password: citizen). Participate in planning meetings to compose and prepare all narrative, statistical, intended use, spending reports, and forms, as needed to complete the state-wide Behavioral Health Assessment and Plan (due no later than September 1st of each year, and annual reporting requirements (due no later than December 1st of each year), within the specified timeframe as developed by the respective DSAMH Block Grant personnel.
9. Submit an intended use spending plan based on the approved amount provided by DHSS/DSAMH for both SUPTRS Primary Prevention not to exceed \$1,173,816.52 and CMHBG not to exceed \$425,000, with justification for each expenditure identified in the budget, at least thirty (30) days prior to the beginning of each project period. The intended use spending plan will be submitted to the DSAMH SUPTRS/CMHS Grant Manager. Any modifications proposed during the project period of said spending plan where funds will be adjusted between SAMSHA reporting categories must be reported to the DSAMH SUPTRS/CMHS Grant Manager prior to expenditure. Any budget modification greater than ten percent of said spending plan within the SAMSHA reporting categories must be approved by the DSAMH SUPTRS/CMHS Grant Manager prior to expenditure. Additionally, any position vacancies that may create a surplus of funding must be reported to the DSAMH SUPTRS/CMHS Grant Manager, with a plan to redirect the surplus of funds within thirty days of the vacancy.
10. Submit a separate detailed spending plan for primary prevention supplies, travel, and training costs (PBH SUPTRS Primary Prevention Resource Development Spending Plan) to the DSAMH SUPTRS/CMHS Grant Manager for approval within thirty (30) days of the effective date of this MOU. The PBH SUPTRS Primary Prevention Resource Development Spending Plan is not to exceed \$70,000 and must be for allowable SUPTRS primary prevention-related activities that will occur between January 1, 2025 and September 30, 2025. The PBH SUPTRS Primary Prevention Resource Development Spending Plan will include justification of each identified cost, for supplies and materials, travel, and training for DSCYF/DPBHS SUPTRS prevention staff, and DSCYF/DPBHS sponsored training and conference activities specific to the primary prevention workforce. DSCYF/DPBHS will coordinate with DSAMH SUPTRS/CMHS Grant Manager for invoicing purposes for contractual agreements, requisitions and supply purchases. Training and travel expenses will be outlined on the state travel authorization request and sent to the DSAMH SUPTRS/CMHS Grant Manager for approval and payment of all costs that can be prepaid prior to the travel and/or training. For expenses that can't be prepaid such as food costs, DSAMH will transfer the funding to DSCYF/DPBHS in advance of the event.
11. Submit a quarterly report in accordance with the template in Appendix A (SUPTRS) and Appendix B (CMHBG) reflecting the expenditures and progress for PBH administrative and/or resource development activities for both SUPTRS (primary prevention) and CMHBG (community mental health treatment services) to the DSAMH SUPTRS/CMHS Grant Manager, with forty-five (45) days of the close of the previous quarter. The first report is to be submitted no later than February 14, 2025, for the period of Oct. 1, 2024 through Dec. 31, 2024, and every quarter thereafter. Submit a quarterly report in accordance with the template in Appendix C (SUPTRS) and Appendix D (CMHBG) reflecting expenditures, monitoring, and program activities of SUPTRS (primary

- prevention) and CMHBG (community mental health treatment services) subrecipients to the DSAMH SUPTRS/CMHS Grant Manager with forty-five (45) days of the close of the previous quarter. The first report is to be submitted no later than February 14, 2025, for the period of Oct. 1, 2024 through Dec. 31, 2024, and every quarter thereafter.
12. Participate in quarterly meetings (at minimum) with DHSS/DSAMH to review programmatic and fiscal activities toward meeting the goals and objectives of the state-wide Behavioral Health Assessment and Plan.
 13. Ensure collection of programmatic, evaluation, and outcome data from subrecipients is accurate and in accordance with SAMHSA reporting requirements. DHSS/DSAMH will provide DSCYF/DPBHS a copy of SAMHSA reporting requirements by August 31st of each federal fiscal year, or when modified.
 14. Relating solely to the CMHS Block Grant: For the purpose of allowing DHSS/DSAMH to calculate the state's required Maintenance of Effort (MOE), provide an annual information of DSCYF/DPBHS state expenditures for mental health services to the DHSS/DSAMH SUPTRS CMH Block Grant Manager as backup documentation. DHSS/DSAMH will work collaboratively with DSCYF/DPBHS on required reporting data information to be submitted quarterly that will satisfy the federal reporting requirements for SAMHSA.
 15. Provide copies of executed contracts for service providers receiving funds through the Block Grants, including all amendments, and appendices once executed, and any new contracts developed throughout the spending period, to the DSAMH SUPTRS/CMHS Grant Manager within ten (10) business days of execution.
 16. Provide copies of all transaction documents including purchase orders, purchase vouchers, intergovernmental vouchers, with corresponding invoices to the DHSS/DSAMH Senior Fiscal Administrative Officer within 45 days of the end of the quarter, with the first submission to be no later than February 14, 2025, for the period of Oct. 1, 2024 through Dec. 31, 2024, and every quarter thereafter.
 17. Provide copies of executed contracts for service providers receiving funds through the Block Grants, including all amendments, and appendices once executed, and any new contracts developed throughout the spending period, to the DSAMH SUPTRS/CMHS Grant Manager within ten (10) business days of execution.
 18. Provide copies of all transaction documents including purchase orders, purchase vouchers, intergovernmental vouchers, with corresponding invoices to the DHSS/DSAMH Senior Fiscal Administrative Officer within forty-five (45) days of the end of the quarter, with the first submission no later than February 14, 2025, for the period of Oct. 1, 2024 through Dec. 31, 2024, and every quarter thereafter.
 19. Provide time and effort reporting semi-annually for all positions funded by the Block Grant funds. All positions funded 100% by Block Grant funds, or accounted as MOE, will provide a semi-annual statement. All split-funded positions require a monthly statement, identifying the percentage of block grant funds supporting each position and the percentage of time committed to Block Grant activities.
 20. Identify individual(s) liaison(s) from DSCYF/DPBHS who will communicate with DHSS/DSAMH and will be responsible for following through with the provisions set forth within this Agreement.
 21. DSCYF/DPBHS block grant staff and their subrecipients will participate in technical assistance activities, trainings, and meetings (facilitated by DHSS/DSAMH) related to data collection and evaluation of primary prevention services funded with SUPTRS grant funds. This will include updates regarding national and state trends and priorities and state plan alignment with the Strategic Prevention Framework.

22. Comply with federal grant requirements outlines in Section F.

DHSS/DSAMHS agrees to:

1. Complete all reporting requirements as set forth by the Block Grant guidance, Health and Human Service grant spending guidelines, and applicable Office of Management and Budget Circulars.
2. Provide DSCYF/DPBHS annually with a list of SAMHSA application and reporting requirements, with reporting periods, due dates and direction for completing the documents with at least thirty (30) days prior to the due date for PBH to complete said documents.
3. Provide DSCYF/DPBHS with SAMSHA related grant guidelines, webinars, training, and reporting requirements.
4. Provide DPBHS with a fiscal contact separate from the DSAMH SUPTRS/CMHS Grant Manager.
5. Provide a copy of the final State Behavioral Health Prevention Strategy and Plan within thirty (30) days of approval by SAMSHA, and within thirty (30) days after any changes to plan are made.
6. Review and provide written approval of DSCYF/DPBHS SUPTRS and CMHBG intended use spending plans, any budget modification request(s), and PBH SUPTRS Primary Prevention Resource Development Spending Plan within ten (10) business days of receipt.
7. Obligate funds under the FY24 DSAMH SUPTRS Block Grant for the approved PBH SUPTRS Primary Prevention Resource Development Spending Plan.
8. Provide at minimum thirty (30) days' notice to DPBHS of quarterly meetings to review programmatic and fiscal activities towards meeting the goals and objectives of the state-wide Behavioral Health Assessment and Plan.
9. Review and provide written request for modification, or approval of DPBHS quarterly reports outlined in Section D (Appendices A, B, C, D) within ten (10) business days of receipt.
10. Maintain all copies of documents submitted by the DSCYF/DPBHS as a record of funding payment, which may be used for audit and reconciliation purposes.
11. Communicate directly with the designated DPBHS contact to resolve questions/concerns regarding programmatic and fiscal issues and wherever possible utilize existing meetings to resolve concerns.
12. Relating solely to the PBH SUPTRS Primary Prevention Resource Development Spending Plan, DSAMH will coordinate with designated DPBH contact(s) to establish purchase orders, procure services, and process invoice payments for associated expenditures of primary prevention supplies, travel, and training costs.

E. Funding:

Substance Use Prevention, Treatment, and Recovery Services Block Grant

1. To support carrying out the two-year, state-wide Behavioral Health Assessment and Plan that encompasses a comprehensive continuum of substance use primary prevention services to individuals under the age of 17, funding from the prevention set aside of the FY24 SUPTRS Block Grant will be distributed to DPBHS as outlined in DPBHS SUPTRS Intended Use Spending Plan. (See, Appendix E).
2. Funding shall be used in accordance with grant guidance, the approved two-year Behavioral Health Assessment and Plan, the Office of Management and Budgets Circulars, and the DHHS guidelines for grant funding.

3. Funding will be distributed in quarterly installments by DSAMH to DPBHS based on the DPBHS SUPTRS Intended Use Spending Plan.
 - a. The first quarterly (October 1, 2024 – December 31, 2024) installment of funding to support services as outlined in the DPBHS SUPTRS Intended Use Spending Plan will be distributed in advance within 30 days of the execution of this Agreement.
 - b. Subsequent quarterly installment amounts (January 1, 2025 – March 31, 2025; April 1, 2025 – June 30, 2025) will be disbursed within forty-five (45) days of the previous quarter, and based on the previous quarter actual expenditures/obligations, projected spending needs for the next quarter activities, and DPBHS compliance with agreements outlined in this agreement, including timely and accurate submission of fiscal documents, and quarterly reporting requirements as outlined in Section E. Quarterly installment funds will be disbursed concurrent with the DSAMH approval of quarterly reports outlined in Section D.
 - c. The final quarterly installment amount (July 1, 2025 – Sept 2025) will be disbursed by DSAMH by June 1, 2025, based on PBH reconciliation of expenditures, and projected spending needs provided to DSAMH by May 1, 2025.
2. Relating solely to the SUPTRS Funded 2.0 DPBHS FTEs (BP62985 and BP63401): Funds will be distributed in advance, at the beginning of the grant funding period, to support the total 12-month costs of salaries, OCEs, Indirect and DHR as outlined on the DPBHS SUPTRS Intended Use Spending Plan. (See, Appendix E).

Community Mental Health Services Block Grant

1. To support carrying out the two-year, state-wide Behavioral Health Assessment and Plan that encompasses a comprehensive continuum of community-based mental health services for individuals under the age of 17 with serious emotional disturbance and/or experiencing a first episode of psychosis, funding from the FY24 Block Grants for Community Mental Health Services will be distributed to the Division of Prevention and Behavioral Health Services as outlined in DPBHS CMHGB Intended Use Spending Plan. (See, Appendix F).
2. Funding shall be used in accordance with grant guidance, the approved two-year Behavioral Health Assessment and Plan, the Office of Management and Budgets Circulars, and the Department of Health and Human Services guidelines for grant funding.
3. Funding will be distributed in quarterly installments by the Division of Substance Abuse and Mental Health based on the DPBHS CMHGB Intended Use Spending Plan.
 - a. The first quarterly (October 1, 2024 – December 31, 2024) installment of funding to support services as outlined in the DPBHS CMHGB Intended Use Spending Plan will be distributed in advance within thirty (30) days of the execution of this MOU.
 - b. Subsequent quarterly installment amounts (January 1, 2025 – March 31, 2025; April 1, 2025 – June 30, 2025) will be disbursed forty-five (45) days end of the previous quarter and based on previous quarter actual expenditures/obligations, projected spending needs for the next quarter activities, and DPBHS compliance with agreements outlined in this agreement including timely and accurate submission of fiscal documents, and quarterly program reporting requirements as outlined in Section D. Quarterly installment funds will be disbursed concurrent with the DSAMH approval of quarterly reports outlined in Section D

- c. The final quarterly installment amount (July 1, 2025 – Sept 2025) will be disbursed by DSAMH by June 1, 2025, based on PBH reconciliation of expenditures, and projected spending needs provided to DSAMH by May 1, 2025.

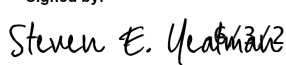
E. Federal Grant Requirements

1. STANDARD TERMS OF AWARD: The following SAMHSA website provides access to the Standard Terms applicable to the grant award: Standard Terms and Conditions | SAMHSA. Recipients must comply with standard terms and conditions for the fiscal year in which the grant was originally awarded.
 - a) The grant program legislation and program regulation cited the Notice of Award.
 - b) The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
 - c) 45 CFR Part 75 as applicable.
 - d) The HHS Grants Policy Statement.
 - e) The award notice, INCLUDING THE TERMS AND CONDITIONS the Federal Office of Management and Budgets Circulars SUPTRS & CMHBG (<https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-96/subpart-L>);(<https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-96/subpart-I>); and the Federal Department of Health and Human Services (HHS) guidelines for grant funding (<https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html>)

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be executed by their officials thereunto duly authorized.

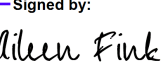
**Delaware Department of
Services for Children Youth
and Their Families (DSCYF)**


**Department of Health & Social Services
DIVISION OF SUBSTANCE ABUSE AND
MENTAL HEALTH**

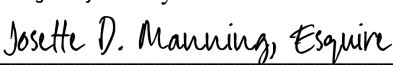
Signed by:

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Steven Yeatman
Secretary
Date

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Joanna Champney
Division Director
Date


Signed by:

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Dr. Aileen Fink
Director
Date

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Dava Newnam
Deputy Cabinet Secretary
Date

Signed by:

C50E9CCC24954BD...
Josette Manning, Esq.
Cabinet Secretary
Date

N/A
ARPA

N/A
IRM

N/A
Training
DS

CMP

DSCYF/DPBHS SUPTRS Block Grant

Adminstrative and Resource Developement Quarterly Report

Person Responsible for Report	Click or tap here to enter text.
Date of Report	Click or tap here to enter text.
Reporting Period Covered	Click or tap here to enter text.
Total Pass-Thru Amount	Click or tap here to enter text.
Reporting Period Allotment	Click or tap here to enter text.
Reporting Period Expenditures	Click or tap here to enter text.
Reporting Period Obligations	Click or tap here to enter text.
Reporting Period Balance	Click or tap here to enter text.

DPBHS SUPTRS Personnel

Provide a detailed summary of any planning, meetings, activities, training, and/or services conducted during the reporting period for each of the SUPTRS Block Grant DPBH FTEs by each planned CSAP Strategy and Resource Development Activities.

BP62985	Family Services Support Administrator	Click or tap here to enter text.
Information Dissemination	Click or tap here to enter text.	
Education	Click or tap here to enter text.	
Community-Based Processes	Click or tap here to enter text.	
Partnerships, Community Outreach and Need Assessment	Click or tap here to enter text.	
Quality Assurance and Improvement	Click or tap here to enter text.	
BP63401	Family Services Program Analyst	Click or tap here to enter text.
Information Dissemination	Click or tap here to enter text.	
Education	Click or tap here to enter text.	
Community-Based Processes	Click or tap here to enter text.	
Partnerships, Community Outreach, and Need Assessment	Click or tap here to enter text.	
Quality Assurance and Improvement	Click or tap here to enter text.	

DSCYF/DPBHS SUPTRS Block Grant

Adminstrative and Resource Developement Quarterly Report

DPBHS Resource Development Activities

Provide a detailed summary of any planning, meetings, activities, training, and/or services conducted during the reporting period for each DPBHS SUPTRS Block Grant Resource Development Activity.

Provider Name	Click or tap here to enter text.
Resource Development Activity	Click or tap here to enter text.
Contract Amount	Click or tap here to enter text.
Reporting Period Expenditures	Click or tap here to enter text.
Reporting Period Obligations	Click or tap here to enter text.
Summary of Services/Activities	Click or tap here to enter text.

Provider Name	Click or tap here to enter text.
Resource Development Activity	Click or tap here to enter text.
Contract Amount	Click or tap here to enter text.
Reporting Period Expenditures	Click or tap here to enter text.
Reporting Period Obligations	Click or tap here to enter text.
Summary of Services/Activities	Click or tap here to enter text.

Provider Name	Click or tap here to enter text.
Resource Development Activity	Click or tap here to enter text.
Contract Amount	Click or tap here to enter text.
Reporting Period Expenditures	Click or tap here to enter text.
Reporting Period Obligations	Click or tap here to enter text.
Summary of Services/Activities	Click or tap here to enter text.

DSCYF/DPBHS SUPTRS Block Grant Subrecipient Monitoring Quarterly Report

DPBHS Subrecipient Direct Primary Prevention Activities

Complete a form for each subrecipient providing direct primary prevention activities.

Subrecipient	Click or tap here to enter text.	
Contract Number	Click or tap here to enter text.	
DPBH Program Administrator	Click or tap here to enter text.	
Contract Dates	Click or tap here to enter text.	
Contract Amount	Click or tap here to enter text.	
Reporting Period Expenditures	Click or tap here to enter text.	
Reporting Period Obligations	Click or tap here to enter text.	
Balance Remaining	Click or tap here to enter text.	
Provide the requested for items 1 – 13 to support subrecipient monitoring for services or activities that occurred during the reporting period		
1. Has the Subrecipient submitted monthly invoices with budget summary as outlined in the approved budget workbook, with supporting documentation of expenses and receipts for all months during the reporting period? (Y/N)	Click or tap here to enter text.	
2. Provide the month and amounts of each invoice approved and processed.	MONTH	AMOUNT
	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap here to enter text.	Click or tap here to enter text.
3. If the answer to item 2. is “No”: Provide a summary of invoice(s) rejected during the reporting period with justification of rejection and the corrective action plan.	Click or tap here to enter text.	
4. Have the subrecipient monthly invoice expenditures been verified to be within 10% or \$250.00 (whichever is greater) of the approved budget line items? (Y/N)	Click or tap here to enter text.	
5. If the answer to item 4. is “No”: Provide a justification and summary of the corrective action plan to address compliance.	Click or tap here to enter text.	
6. Has the subrecipient provided a monthly narrative report of activities per CSAP Strategy/ IOM Target for the reporting period? (Y/N)	Click or tap here to enter text.	
7. If the answer to item 6. is “No”: Provide justification and a summary for the corrective action plan.	Click or tap here to enter text.	

DSCYF/DPBHS SUPTRS Block Grant Subrecipient Monitoring Quarterly Report

8. Provide a summary to support the DPBH monitoring of the subrecipient compliance with Federal Reporting requirements during the quarter. (Verification of UEI, compliance with OMB Uniform Grant Guidance, Personnel Activity Certification, Planned Expenditures and Reporting, Mosaix Data Entry, etc....) for the reporting period.	Click or tap here to enter text.
9. Provide a summary to support the DPBH monitoring of the subrecipient compliance with mandatory meetings related to the SUPTRS Requirements during the reporting period.	Click or tap here to enter text.
10. Provide a summary to support the DPBH monitoring of the subrecipient compliance with Contract Monitoring, and Performance and Outcome Measures during the reporting period.	Click or tap here to enter text.
11. Provide a summary to support the DPBH monitoring of the subrecipient progress toward meeting goals/targets for each CSAP/IOM as outlined in the approved workplan. (Include PBH staff in attendance, dates of meetings, documents verified, challenges and barriers, and/or corrective action plans.	Click or tap here to enter text.
a. Information Dissemination	Click or tap here to enter text.
b. Education	Click or tap here to enter text.
c. Alternative Activities	Click or tap here to enter text.
d. Community-based Process	Click or tap here to enter text.
e. Environmental	Click or tap here to enter text.
f. Problem Identification and Referral	Click or tap here to enter text.
12. Provide a summary to support the DPBH monitoring of the subrecipient Resource Development Activities during the reporting period.	Click or tap here to enter text.
13. Provide a summary of other related information if applicable.	Click or tap here to enter text.

DSCYF/DPBHS Community Mental Health Block Grant Administrative and Resource Development Quarterly Report

Person Responsible for Report	Click or tap here to enter text.
Date of Report	Click or tap here to enter text.
Reporting Period Covered	Click or tap here to enter text.

Total Pass-Thru Amount	Click or tap here to enter text.
Reporting Period Allotment	Click or tap here to enter text.
Reporting Period Expenditures	Click or tap here to enter text.
Reporting Period Obligations	Click or tap here to enter text.
Reporting Period Balance	Click or tap here to enter text.

DPBHS MHBG Non-Direct Activities

Provide a detailed summary of any planning, meetings, activities, training, and/or services conducted during the reporting period for each DPBHS MHBG Administrative and/or Resource Development Activity.

Provider Name	Click or tap here to enter text.
Resource Development Activity	Click or tap here to enter text.
Contract Amount	Click or tap here to enter text.
Reporting Period Expenditures	Click or tap here to enter text.
Reporting Period Obligations	Click or tap here to enter text.
Summary of Services/Activities	Click or tap here to enter text.

Provider Name	Click or tap here to enter text.
Resource Development Activity	Click or tap here to enter text.
Contract Amount	Click or tap here to enter text.
Reporting Period Expenditures	Click or tap here to enter text.
Reporting Period Obligations	Click or tap here to enter text.
Summary of Services/Activities	Click or tap here to enter text.

DSCYF/DPBHS MHBG Subrecipient Monitoring Quarterly Report

DPBHS Subrecipient Direct MHBG Activities

Complete a form for each subrecipient providing direct community mental health activities.

Subrecipient	Click or tap here to enter text.	
Contract Number	Click or tap here to enter text.	
DPBH Program Administrator	Click or tap here to enter text.	
Contract Dates	Click or tap here to enter text.	
Contract Amount	Click or tap here to enter text.	
Reporting Period Expenditures	Click or tap here to enter text.	
Reporting Period Obligations	Click or tap here to enter text.	
Balance Remaining	Click or tap here to enter text.	
Provide the requested for items 1 – 13 to support subrecipient monitoring for services or activities that occurred during the reporting period		
1. Provide Subrecipient contract payment type – Unit Cost or Cost-Reimbursement	Click or tap here to enter text.	
2. Has the Subrecipient submitted monthly invoices in compliance with contract requirements for all months of service during the reporting period? (Y/N)	Click or tap here to enter text.	
3. Provide the month and amounts of each invoice approved and processed.	MONTH	AMOUNT
	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap here to enter text.	Click or tap here to enter text.
4. If the answer to item 2. is “No”: Provide a summary of invoice(s) rejected during the reporting period with justification of rejection and the corrective action plan.	Click or tap here to enter text.	
5. If applicable: Has the subrecipient reported expenditures on the monthly invoice been verified to be within 10% or \$250.00 (whichever is greater) of the approved budget line items? (Y/N)	Click or tap here to enter text.	
6. If the answer to item 4. is “No”: Provide a justification and summary of the corrective action plan to address compliance.	Click or tap here to enter text.	
7. Has the Subrecipient provided a monthly report of activities in compliance with contract guidelines for the reporting period? (Y/N)	Click or tap here to enter text.	

DSCYF/DPBHS MHBG Subrecipient Monitoring Quarterly Report

8. If the answer to item 6. is “No”: Provide justification and a summary for the corrective action plan.	Click or tap here to enter text.
9. Provide a summary to support the DPBH monitoring of the subrecipient compliance with Federal Reporting requirements during the quarter. (Verification of UEI, compliance with OMB Uniform Grant Guidance, Personnel Activity Certification, etc....) for the reporting period.	Click or tap here to enter text.
10. List the training, deliverables, activities and/or services the Subrecipient is contracted to provide.	Click or tap here to enter text.
11. Provide a summary of the training, deliverables, activities and/or services provided by the subrecipient during the reporting period.	Click or tap here to enter text.
12. Provide a summary to support the DPBH monitoring of the subrecipient training, deliverable, activity and/or service during the reporting period. (Include staff in attendance for monitoring meetings, dates of meetings, documents verified, challenges and barriers, and/or corrective action plans).	Click or tap here to enter text.
13. Provide a summary of other related information if applicable.	Click or tap here to enter text.

FY24 DPBHS Intended Use Spending Plan (Appendix F)

FY24 COMMUNITY MENTAL HEALTH BLOCK GRANT - DSCYF Spending Plan

10/1/2024 - 9/30/2025

SAI - 6425

FAIN# 1B09SM089604

DEPT ID: 37000 IPU 370430

APPR 40394 Bud Ref 2024

Allocation \$ 425,000.00

PROJECT/PO	DESCRIPTION	DEPT	FY	APPR	ACCOUNT	ACTIVITY	BUDGETED	ALLOCATED (SPENT)	REMAINING	PROJECTED SPENDING	POTENTIAL UNALLOCATED	PROJECT TOTAL
KIDS - MH												
FY 24 CMHBG PREVENTION												
%23044	CMHBG Kids Prevention											\$74,410.00
PO	Contract / Program / Project	DEPT	FY	APPR	ACCOUNT	ACTIVITY	BUDGET	ALLOCATED				
	Courageous Hearts	370430	2023	40394	5500	MH_SERV	\$74,410.00					
KIDS - MHBG												
FY 24 CMHBG DIRECT												
%23036	FY24 DPBHS Youth Mental Health Services											\$173,604.00
PO	Contract / Program / Project	DEPT	FY	APPR	ACCOUNT	ACTIVITY	BUDGET	ALLOCATED				
	JFS	370430	2023	40394	5500	MH_SERV	\$24,640.00					
	Summer Camps	370430	2023	40394	5500	MH_SERV	\$148,964.00					
KIDS - MHBG												
FY 24 MHBG FEP/ESMI-SETASIDE												
% 23043	FY24 DPBHS Youth ESMI/FEP											\$150,486.00
PO	Contract / Program / Project	DEPT	FY	APPR	ACCOUNT	ACTIVITY	BUDGET	ALLOCATED				
	FEP RFP--Catholic Charities	370430	2023	40394	5500	MH_REG	\$150,486.00					
KIDS Resource												
FY 24 CMHBG NON-DIRECT												
%23038	FY 24 MHBG Non-Direct Services Youth											\$26,500.00
PO	Contract / Program / Project	DEPT	FY	APPR	ACCOUNT	ACTIVITY	BUDGET	ALLOCATED				
	INFORMATION SYSTEMS	370430	2023	40394	5500	MH_SERV						
	INFRASTRUCTURE SUPPORT	370430	2023	40394	5500	MH_SERV						
	PARTNERSHIPS	370430	2023	40394	5500	MH_SERV						
	PLANNING COUNCIL	370430	2023	40394	5500	MH_SERV						
	QUALITY ASSURANCE	370430	2023	40394	5500	MH_SERV						
	RESEARCH EVALUATION	370430	2023	40394	5500	MH_SERV						
	TRAINING AND EDUCATION											
	TRAINING AND EDUCATION - TF -CBT- Training	370430	2023	40394	5500	MH_SERV	\$1,500.00					
	TRAINING AND EDUCATION - MST Training	370430	2023	40394	5500	MH_SERV	\$25,000.00					
TOTAL DSCYF												

Variance

\$0.00

TOTAL CMHBG CATERGORY
\$74,410.00
\$173,604.00
\$150,486.00
\$26,500.00
\$425,000.00

Qrt 1 Installment (10/01/24 - 12/31/24)

\$18,602.50

\$43,401.00

\$37,621.50

\$26,500.00

\$126,125.00

10/01/2024 - 09/30/2025

FY24 SABG PRIMARY PREVENTION										
FY24 YOUTH (DSCYF) PRIMARY PREVENTION TOTAL (Direct and Resource Development)										\$1,173,816.52
Project ID	FY24 KIDS PRIMARY PREVENTION (DIRECT)								Project Total	\$1,136,216.77
% 23049	Program / Project	DEPT	FY	APPR	ACCOUNT	ACTIVITY	BUDGET	ALLOCATED	TOTAL Program	
PO	KIDS PREVENTION - SALARY	DEPT	FY	APPR	ACCOUNT	ACTIVITY	BUDGET		\$102,869.00	
	FSS Admin BP 62985	370420	2024	40401	5100	PREV_KIDS	\$58,631			
	FSP Analyst BP 63401	370420	2024	40401	5100	PREV_KIDS	\$44,238			
PO	KIDS PREVENTION - FRINGE	DEPT	FY	APPR	ACCOUNT	ACTIVITY	BUDGET	ALLOCATED	\$71,861.00	
	FSS Admin BP 62985	370420	2024	40401	5120	PREV_KIDS	\$38,089			
	FSP Analyst BP 63401	370420	2024	40401	5120	PREV_KIDS	\$33,772			
PO	KIDS PREVENTION - INDIRECT	DEPT	FY	APPR	ACCOUNT	ACTIVITY	BUDGET	ALLOCATED	\$3,622.00	
	Indirect Cost	370420	2024	40401	5500	PREV_KIDS	\$3,622			
PO	Kids Prevention Contracts	DEPT	FY	APPR	ACCOUNT	ACTIVITY	BUDGET	ALLOCATED	\$957,864.77	
	Green Beret	370420	2024	40401	55361	PREV_KIDS	\$95,042.78			
	Boys and Girls Club- Express Art/Sussex	370420	2024	40401	55361	PREV_KIDS	\$72,786.66			
	Boys and Girls Club- Maverick/Bear	370420	2024	40401	55361	PREV_KIDS	\$229,500.00			
	DEMCO	370420	2024	40401	55361	PREV_KIDS	\$126,536.00			
	UD 4H	370420	2024	40401	55361	PREV_KIDS	\$60,816.00			
	West End Neighborhood House	370420	2024	40401	55361	PREV_KIDS	\$200,523.33			
	Holcomb	370420	2024	40401	55361	PREV_KIDS	\$122,760.00			
	Gloves Against Drugs	370420	2024	40401	55361	PREV_KIDS	\$49,900.00			
PO	Kids Information Dissemination	DEPT	FY	APPR	ACCOUNT	ACTIVITY	BUDGET	ALLOCATED	\$0.00	
Project ID	FFY 2024 KIDS Primary Prevention (Non-Direct) Resource Development								Project Total	\$37,599.75
% 23677	Program / Project	DEPT	FY	APPR	ACCOUNT	ACTIVITY	BUDGET	ALLOCATED		
PO	INFORMATION SYSTEMS	DEPT	FY	APPR	ACCOUNT	ACTIVITY	BUDGET	ALLOCATED	\$15,600.00	
	Mosiax Platform (One Quarter of contract year of \$6	370420	2024	40401	5500	PREV_KIDS	\$15,600.00			
PO	TRAINING AND EDUCATION	DEPT	FY	APPR	ACCOUNT	ACTIVITY	BUDGET	ALLOCATED	\$0.00	
							\$0.00			
PO	RESEARCH AND EVALUATION	DEPT	FY	APPR	ACCOUNT	ACTIVITY	BUDGET	ALLOCATED	\$9,500.00	
	UDEL School Survey	370420	2024	40401	5500	PREV_KIDS	\$9,500			
PO	PTRSP, CMTY OTRCH, & NDS ASMT	DEPT	FY	APPR	ACCOUNT	ACTIVITY	BUDGET	ALLOCATED	\$12,499.75	
	Cause the World (One Quarter of contract year of \$49,999.00)	370420	2024	40401	5500	PREV_KIDS	\$12,499.75			
DSCYF TOTAL										\$1,173,816.52

Quarter 1
Oct 1, 24 - Dec 31, 24

Salaries (5100)	\$25,717.25
Fringe (5120)	\$17,965.25
Indirect	\$3,622.00
Contract (5500)	\$239,466.19

Contract (5500)	\$30,474.75
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TOTAL	\$ 317,245.44
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New Castle, DE 19720

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Signer Events

Signature

Timestamp

Anham Mohammed

DS
AM

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Anham.Mohammed@delaware.gov

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Fiscal Manager - CMP

Signed: 6/3/2025 4:27:58 PM

DHSS-DMS-CMP

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Pamela Murray

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AC3172B3DB4442...

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pamela.murray@delaware.gov

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Community Mental Health Contract Manager

Signed: 6/3/2025 4:42:26 PM

DHSS - DSAMH

Signature Adoption: Pre-selected Style

Security Level: Email, Account Authentication (None)

Using IP Address: 167.21.141.38

Electronic Record and Signature Disclosure:

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Aileen Fink

Signed by:
Aileen Fink
EA695D7C3A304D6...

Sent: 6/3/2025 4:42:29 PM

Aileen.Fink@delaware.gov

Viewed: 6/3/2025 4:42:53 PM

Division Director

Signed: 6/3/2025 4:43:29 PM

Security Level: Email, Account Authentication (None)

Signature Adoption: Pre-selected Style

Using IP Address: 167.21.141.30

Electronic Record and Signature Disclosure:

Accepted: 6/3/2025 4:42:53 PM

ID: cd1a6d56-fa8d-48d7-8262-eef600652e7d

Steven E. Yeatman

Signed by:
Steven E. Yeatman
49D1ECE15752476...

Sent: 6/3/2025 4:43:36 PM

Steven.Yeatman@delaware.gov

Viewed: 6/3/2025 4:56:21 PM

Cabinet Secretary

Signed: 6/3/2025 5:00:55 PM

Security Level: Email, Account Authentication (None)


Signature Adoption: Pre-selected Style

Using IP Address: 167.21.141.31

Electronic Record and Signature Disclosure:

Accepted: 6/3/2025 4:56:21 PM

ID: eed918cb-ed76-4163-90fa-f87d2fce5fe8

Signer Events	Signature	Timestamp
<p>Joanna R Champney Joanna.Champney@delaware.gov Director, DSAMH Security Level: Email, Account Authentication (None)</p>	<p>DocuSigned by:  1B71C05196B24CA...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 167.21.141.34</p>	<p>Sent: 6/3/2025 5:00:59 PM Viewed: 6/4/2025 5:01:11 PM Signed: 6/4/2025 5:02:30 PM</p>

Electronic Record and Signature Disclosure:
Accepted: 6/4/2025 5:01:11 PM
ID: d840a187-ab10-4392-9bd1-cf9a7749e8a9

Anham Mohammed
Anham.Mohammed@delaware.gov
Fiscal Manager - CMP
DHSS-DMS-CMP

Security Level: Email, Account Authentication (None)


DS


Signature Adoption: Pre-selected Style
Using IP Address: 100.14.139.215
Signed using mobile

Sent: 6/4/2025 5:02:35 PM
Viewed: 6/5/2025 4:50:46 AM
Signed: 6/5/2025 4:51:20 AM

Electronic Record and Signature Disclosure:
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Dava Newnam
Dava.Newnam@delaware.gov
Deputy Cabinet Secretary
DHSS - SECTY DMS
Security Level: Email, Account Authentication (None)

DocuSigned by:

49A347A1B7AC4F7...

Signature Adoption: Pre-selected Style
Using IP Address: 167.21.141.39

Sent: 6/5/2025 4:51:25 AM
Viewed: 6/9/2025 9:17:39 AM
Signed: 6/9/2025 9:19:27 AM

Electronic Record and Signature Disclosure:
Not Offered via Docusign

Josette D. Manning, Esquire
Josette.Manning@delaware.gov
Cabinet Secretary
DHSS
Security Level: Email, Account Authentication (None)

Signed by:

C50E9CCC24954BD...

Signature Adoption: Pre-selected Style
Using IP Address: 167.21.141.36

Sent: 6/9/2025 9:19:32 AM
Viewed: 6/9/2025 4:31:41 PM
Signed: 6/9/2025 4:32:33 PM

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Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

Keandra Thompson
Keandra.Thompson@delaware.gov
Management Analyst III, DSAMH
DHSS

Security Level: Email, Account Authentication (None)

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Carbon Copy Events	Status	Timestamp
Trasjohn Whye trasjohn.why@delaware.gov Fiscal Management Analyst DHSS Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/9/2025 4:32:39 PM
Lisa Hendrickson Lisa.Hendrickson@delaware.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 6/12/2024 8:07:07 AM ID: 398070ed-8dc2-4b77-b6da-a9ea0b237119	COPIED	Sent: 6/9/2025 4:32:40 PM
Amy Herb Amy.Herb@delaware.gov Planner IV DHSS Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/9/2025 4:32:42 PM
OSEC Signature Request DHSS_OSEC_Signature_Requests@delaware.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 4/23/2025 2:42:53 PM ID: 473698bb-66d0-4e95-a0e9-a17b5b14039f	COPIED	Sent: 6/9/2025 4:32:43 PM
Business Operations DSAMHbusinessoperations@delaware.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/9/2025 4:32:44 PM
DSAMH Grants DHSS_DSAMH_GRANTS@delaware.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/9/2025 4:32:46 PM

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/3/2025 4:11:45 PM
Certified Delivered	Security Checked	6/9/2025 4:31:41 PM
Signing Complete	Security Checked	6/9/2025 4:32:33 PM
Completed	Security Checked	6/9/2025 4:32:46 PM
Payment Events	Status	Timestamps
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