

# Block Grant Request For Additional Funding

## **Tribal Regional Behavioral Health Authority (TRBHA)**

The TRBHA would follow the steps listed below to request additional Substance Abuse Block Grant (SABG) or Mental Health Block Grant (MHBG) funding:

1. Submit a detailed letter including the following:
  - Detailed Budget (budget and justification);
  - Program Narrative;
  - How it relates to the priorities of the grant; and
  - Electronically send letter and proposal (including budget and program narrative) to [IGADeliverables@azahcccs.gov](mailto:IGADeliverables@azahcccs.gov) and CC: [GrantsManagement@azahcccs.gov](mailto:GrantsManagement@azahcccs.gov) and [BHSInvoices@azahcccs.gov](mailto:BHSInvoices@azahcccs.gov) mailboxes.

A request can be submitted on an ad-hoc basis and AHCCCS approval is contingent upon funding availability.

## **Regional Behavioral Health Authorities (RBHA)**

The RBHA would follow the steps listed below to request additional Substance Abuse Block Grant (SABG) or Mental Health Block Grant (MHBG) funding:

Submit a detailed letter including the following:

- Detailed Budget (budget and justification);
- Program Narrative;
- How it relates to the priorities of the grant; and
- Electronically send letter and proposal (including budget and program narrative) to [GrantsManagement@azahcccs.gov](mailto:GrantsManagement@azahcccs.gov) and [BHSInvoices@azahcccs.gov](mailto:BHSInvoices@azahcccs.gov) mailboxes.

A request can be submitted on an ad-hoc basis and AHCCCS approval is contingent upon funding availability.

## Budget and Justification

### A. Personnel:

| Position | Name | Annual Salary/Rate | Level of Effort | Cost |
|----------|------|--------------------|-----------------|------|
|          |      |                    |                 |      |
|          |      |                    | <b>TOTAL</b>    |      |

**JUSTIFICATION:**

**REQUEST** **\$0**

### B. Fringe Benefits:

| Component | Rate | Wage         | Cost       |
|-----------|------|--------------|------------|
|           |      |              |            |
|           |      | <b>TOTAL</b> | <b>\$0</b> |

**JUSTIFICATION:**

**REQUEST** **\$0**

### C. Travel:

| Purpose of Travel | Location | Item | Rate         | Cost       |
|-------------------|----------|------|--------------|------------|
|                   |          |      |              |            |
|                   |          |      |              |            |
|                   |          |      |              |            |
|                   |          |      | <b>TOTAL</b> | <b>\$0</b> |

**JUSTIFICATION:**

**REQUEST:** **\$0**

**D. Equipment:** **\$0**

### E. Supplies:

| Item(s) | Rate         | Cost       |
|---------|--------------|------------|
|         |              |            |
|         | <b>TOTAL</b> | <b>\$0</b> |

**JUSTIFICATION:**

**REQUEST:** **\$0**

## Budget and Justification

### **F. Contract**

| Name | Service | Rate | Other        | Cost     |
|------|---------|------|--------------|----------|
|      |         |      |              |          |
|      |         |      | <b>Total</b> | <b>0</b> |

**JUSTIFICATION:**

**REQUEST:** **\$0**

**G. Construction: NOT ALLOWED**

**H. Other:**

### **Other Consultants**

| Name | Service | Rate | Other        | Cost       |
|------|---------|------|--------------|------------|
|      |         |      |              |            |
|      |         |      | <b>Total</b> | <b>\$0</b> |

**JUSTIFICATION:**

**REQUEST:** **\$0**

### **Indirect Cost or Admin**

| Item | Rate         | Cost       |
|------|--------------|------------|
|      |              |            |
|      | <b>TOTAL</b> | <b>\$0</b> |

**JUSTIFICATION:**

**REQUEST:** **\$0**

## Budget and Justification

| Category                       | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--------------------------------|--------|--------|--------|--------|--------|-------|
| Personnel                      |        |        |        |        |        |       |
| Fringe                         |        |        |        |        |        |       |
| Travel                         |        |        |        |        |        |       |
| Equipment                      |        |        |        |        |        |       |
| Supplies                       |        |        |        |        |        |       |
| Contractual                    |        |        |        |        |        |       |
| Other<br>Consultants           |        |        |        |        |        |       |
| Other                          |        |        |        |        |        |       |
| Total Direct<br>Costs*         |        |        |        |        |        |       |
| Indirect or<br>Admin Costs     |        |        |        |        |        |       |
| <b>Total Project<br/>Costs</b> |        |        |        |        |        |       |

**BUDGET SUMMARY:**

**\* TOTAL DIRECT COSTS:**

**REQUEST** **\$0**

**TOTAL PROJECT COSTS:** Sum of Total Direct Costs and Indirect (or Admin) Costs

**REQUEST** **\$0**