**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 and CC: GrantsManagement@azahcccs.gov and 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 and BHSInvoices@azahcccs.gov mailboxes.

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

**A. Personnel:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Name** | **Annual Salary/Rate** | **Level of Effort** | **Cost** |
|  |  |  |  |  |
|  |  |  | **TOTAL** |  |

**JUSTIFICATION:**

**REQUEST $0**

**B. Fringe Benefits:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Component** | **Rate** | **Wage** | **Cost** |
|  |  |  |  |
|  |  | **TOTAL** | **$0** |

**JUSTIFICATION:**

**REQUEST $0**

**C. Travel:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Purpose of Travel** | **Location** | **Item** | **Rate** | **Cost** |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  | **TOTAL** | **$0** |

**JUSTIFICATION:**

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

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

**E. Supplies**:

|  |  |  |
| --- | --- | --- |
| **Item(s)** | **Rate** | **Cost** |
|  |  |  |
|  | **TOTAL** | **$0** |

**JUSTIFICATION:**

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

**F. Contract**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Service** | **Rate** | **Other** | **Cost** |
|  |  |  |  |  |
|  |  |  | **Total** | **0** |

**JUSTIFICATION:**

**REQUEST: $0**

**G. Construction**: **NOT ALLOWED**

**H. Other**:

**Other Consultants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Service** | **Rate** | **Other** | **Cost** |
|  |  |  |  |  |
|  |  |  | **Total** | **$0** |

**JUSTIFICATION:**

**REQUEST: $0**

**Indirect Cost or Admin**

|  |  |  |
| --- | --- | --- |
|  **Item** | **Rate** | **Cost** |
|  |  |  |
|  | **TOTAL** | **$0** |

**JUSTIFICATION:**

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

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

**BUDGET SUMMARY:**

**\* TOTAL DIRECT COSTS:**

 **REQUEST**  **$0**

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

**REQUEST** **$0**