OMB No.: 0915-0285. Expiration Date: 1/30/2020

| **DEPARTMENT OF HEALTH AND HUMAN SERVICES****Health Resources and Services Administration** **Federal Budget Information Table** | **FOR HRSA USE ONLY** |
| --- | --- |
| **Grant Number** | **Application Tracking Number** |
|  |  |
| *You must propose to increase direct hire staff and/or contractors to expand access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse. Funding must be requested equally for mental health and substance abuse service expansion (i.e., the same amount in the identified rows below).* *If desired, you may also request one-time funding to leverage health information technology (IT) and/or training to support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, and their integration into primary care.* |
| Federal Budget Information |
|

| **Use of Funds** | **Federal Funds Requested** |
| --- | --- |
| **Ongoing Service Expansion Funding for Increasing Access** |
| **Mental Health Service Expansion Personnel (Required)** | [enter request amount up to $37,500] |
| **Substance Abuse Service Expansion Personnel (Required)** | [enter request amount up to $37,500] |
| **One-Time Funding to Support Expanded Services** |
| **Health IT and/or Training Investments** | [enter request amount up to $75,000] |
| **TOTAL** | [Total calculated by EHB] |

 |

|  |
| --- |
| One-Time Funding Focus Areas |
| *If one-time funding is requested for health IT and/or training to support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, and their integration into primary care, indicate which of the following focus areas the one-time funding will address. Select all that apply. If Other Training and/or Other Health IT are selected, describe the proposed activities related to the selected focus area(s) in the Response section of the Project Narrative.* |
| **Focus Areas** | **Select All That Apply** |
| Medication-Assisted Treatment |  |
| Telehealth |  |
| Prescription Drug Monitoring Program |  |
| Clinical Decision Support |  |
| Electronic Health Record Interoperability |  |
| Quality Improvement |  |
| Cybersecurity |  |
| Other Training (describe in the Response section of the Project Narrative) |  |
| Other Health IT(describe in the Response section of the Project Narrative) |  |

| Scope of Services |
| --- |
| **Review the currently approved Form 5A: Services Provided for your organization by clicking this link: Current Approved Form 5A [accessible in EHB].****Indicate below whether a Scope Adjustment or Change in Scope request will be necessary to ensure that all planned changes to mental health and substance abuse services are on your Form 5A (e.g., to move mental health services from formal referral (Column III) to direct provision (Column I), to add substance abuse services for the first time).** **Access the technical assistance materials on the** [**Scope of Project resource website**](https://bphc.hrsa.gov/programrequirements/scope.html) **for guidance in determining whether a Scope Adjustment or Change in Scope will be necessary (click on the “Services” header in the Resources section to access the Form 5A information).****Note the following before selecting “yes” or “no” below:** * AIMS funding may support the expansion of existing services in scope as well as new mental health and substance abuse services that are not currently in your scope of project if they align with the AIMS purpose.
* You must separately submit a Scope Adjustment or Change in Scope request to HRSA to add new services to your scope of project or to move one or more services currently provided only in Form 5A Column III to Column I and/or Column II. You may not modify your approved Form 5A through this application.
* You do not need to submit a Scope Adjustment or Change in Scope request if AIMS funding will expand services that you are already providing in the same modes of provision (i.e., Form 5A Column I, Column II).
* AIMS funded services must be listed in Column I and/or II on Form 5A, either currently or after you submit and are approved for a Scope Adjustment or Change in Scope. AIMS funded services are limited to: Mental Health, HCH Required Substance Abuse, Substance Abuse, Case Management, and/or Health Education.
* All services supported by AIMS funding, including those to be added to or changed on Form 5A, must be implemented within 120 days of award.
 |
| **[\_] Yes, I have reviewed my Form 5A and have determined that my proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A.** **[\_] No, I have reviewed my Form 5A and determined that my proposed activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A.** |
| **If yes, describe the proposed changes and a timeline for requesting necessary modifications to your Form 5A through a Scope Adjustment or Change in Scope request. You must receive HRSA approval prior to implementation, which must occur within 120 days of award.** |

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.