



STATE OF ARKANSAS
**Department of Finance
 and Administration**

OFFICE OF INTERGOVERNMENTAL SERVICES

1515 West Seventh Street, Suite 400
 Post Office Box 8031
 Little Rock, Arkansas 72203-8031
 Phone: (501) 682-1074
 Fax: (501) 682-5206
<http://www.dfa.arkansas.gov>

Authorized Official (AO) Initials	GENERAL TERMS AND SPECIAL SUBGRANT CONDITIONS
	<p>1. The applicant assures that federal funds made available under the Comprehensive Opioid Abuse Site-based Program (COAP) will not be used to supplant state and local funds, but will be used to increase the amount of funds that would, in the absence of federal funds, be made available for the activities of this project.</p>
	<p>2. The subrecipient shall ensure that federal and/or state matching funds are used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. Federal and/or state matching funds made available under this grant will be used to increase the amount of funds that would, in the absence of federal and/or state matching funds, be made available for law enforcement activities. If there is a potential presence of supplanting, the subrecipient will supply documentation demonstrating that the reduction in non-Federal resources occurred for reasons other than the receipt or expected receipt of Federal funds.</p> <p>For example, no maintenance and operation costs previously funded by a state, city or county government may be supported with Drug Crime Fund and/or state matching funds. Any federal and/or state matching funds budgeted to supplement existing state and/or local funds due to increased maintenance and operation costs (e.g. fuel, utilities, etc.) shall not be used until all state and/or local funds budgeted for those costs are exhausted.</p>
	<p>3. The applicant assures that fund accounting, auditing, monitoring, and evaluation procedures as may be necessary to keep such records as the Department of Justice and the Department of Finance and Administration shall be provided to assure fiscal control, proper management, and effective disbursement/reimbursement of funds received under this sub award.</p>
	<p>4. The applicant assures that it will maintain an appropriate grant administration system to ensure that all terms, conditions and specifications of the grant, including these assurances, are met.</p>
	<p>5. The applicant assures that it will comply with the OJP Financial Guide in its administration of the grant. The OJP Financial Guide can be accessed online at https://www.justice.gov/ovw/page/file/1228061/download .</p>
	<p>6. The applicant assures that it shall maintain such data and information and submit such reports in such form, at such times, and containing such data and information as the as the Department of Justice and the Department of Finance and Administration may require.</p>
	<p>7. The applicant agrees to use the grant and/or matching funds only for the purposes stated in this application and approved budget. Additionally, the applicant agrees that any grant and</p>



STATE OF ARKANSAS
**Department of Finance
 and Administration**

OFFICE OF INTERGOVERNMENTAL SERVICES

1515 West Seventh Street, Suite 400
 Post Office Box 8031
 Little Rock, Arkansas 72203-8031
 Phone: (501) 682-1074
 Fax: (501) 682-5206
<http://www.dfa.arkansas.gov>

Authorized Official (AO) Initials	GENERAL TERMS AND SPECIAL SUBGRANT CONDITIONS
	<p>matching funds approved for personnel for this project will be based on the percent of time the personnel actually devote to the project.</p>
	<p>8. The applicant assures that in the event a federal/state court or federal/state administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office of Justice Programs, Office of Civil Rights Compliance (OCRC) and the Arkansas Department of Finance and Administration, Office of Intergovernmental Services.</p>
	<p>9. The applicant assures that if it is required to formulate an Equal Employment Opportunity Program (EEO) in accordance with 28 CFR 42.301, et. seq., it should submit a certification to the state that it has a current EEO on file which meets the requirements therein.</p>
	<p>10. The applicant assures that it will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, OJP Hearing and Appeals Procedures; Part 20, Criminal Justice Information Systems; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 23, Criminal Intelligence Systems Operating Policies; Part 30, Department of Justice Programs and Activities; Part 42, Nondiscrimination Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; and Part 63, Floodplain Management and Wetland Protection Procedures.</p>
	<p>11. The applicant assures that in addition to all other audit requirements, it will allow the Division of Legislative Audit or any other independent or internal auditors of the Department of Finance and Administration to have access to the applicant's records and financial statements;</p> <p>(A) as may be necessary for the Department of Finance and Administration to comply with 2 C.F.R. 200 and other rules and/or regulations governing financial accounting and auditing guidelines, principles, and procedures; and</p> <p>(B) as may be requested by the Department of Finance and Administration to comply with any State or local government rules and/or regulations.</p>
	<p>12. The applicant assures that it will fully participate in the compilation of statistical information as required by state agencies, i.e., providing complete fingerprint arrest information.</p>
	<p>13. The applicant assures that all proposals for out of state travel for conference and training will be submitted for approval prior to any expense being incurred.</p>



STATE OF ARKANSAS
**Department of Finance
 and Administration**

OFFICE OF INTERGOVERNMENTAL SERVICES

1515 West Seventh Street, Suite 400
 Post Office Box 8031
 Little Rock, Arkansas 72203-8031
 Phone: (501) 682-1074
 Fax: (501) 682-5206
<http://www.dfa.arkansas.gov>

Authorized Official (AO) Initials	GENERAL TERMS AND SPECIAL SUBGRANT CONDITIONS
NA	<p>14. The sub-recipient agrees to the following COAP implementation requirements:</p> <ul style="list-style-type: none"> • Participant in a project planning session conducted by the TTA team • Complete and submit a Strategic Grant Action Framework Plan with Outcome Measures • Participate in cross-site training with the Department of Justice/Bureau of Justice Association (BJA) as well as peer-to-peer learning with other COAP subrecipients locally and nationally • Commit to the primary focus of investigating non-fatal overdoses incidents and overdoses deaths/fatalities • Commit to the primary focus of leading people to recovery and providing support to families and victims of fatal and non-fatal incidences of overdose(s) • Commit to data sharing at the local, state, and national levels • Register and report in ODMAP • Hire full-time investigator (for field operations of fatal/non-fatal overdose incidents investigations) • Hire/Contract a Peer Recovery Specialist(s) for family and victim support services. • Use the Tru-Narc analyzer that will be provided by the State Drug Director Office and DFA-IGS and report data accordingly
	<p>15. The sub-recipient agrees to prepare and submit an <i>Inventory Report</i> for equipment purchased with federal, state, and/or local matching funds with the <i>1st Quarterly Report</i>. (<i>Updates to Inventory Reporting shall be submitted with quarterly reports.</i>)</p>
	<p>16. The sub-recipient agrees to prepare and submit a <i>Monthly Request for Reimbursement Form</i> (with copies of invoices, cancelled checks, and other documentation of expenditures by line item) by the 15th day of each month following the month for which subgrant expenditures were paid. A supporting document(s) (Excel Spreadsheet) reporting the allocation of subgrant expenditures between federal, state and/or local funds shall accompany each Request for Reimbursement. Reimbursement requests must be timely. Documentation must be appropriate, legible, and accurate. Sub-recipients are required to submit requests monthly, even if the request is zero. Failure to submit monthly reimbursement requests in a timely manner may impose additional special conditions or contingencies. Please note and acknowledge the additional items below.</p> <ol style="list-style-type: none"> a. Grant funds will be used only in accordance with the approved budget. Expenditures incurred or made outside the approved budget line items/categories will be disallowed. b. If equipment items are not identified in the budget as an individual line item, the proposed item(s) to be purchased must be justified and project related before approval from DFA-IGS and/or State Drug Director’s Office. DFA-IGS may require quotes/bids for approval.



STATE OF ARKANSAS
**Department of Finance
 and Administration**

OFFICE OF INTERGOVERNMENTAL SERVICES

1515 West Seventh Street, Suite 400
 Post Office Box 8031
 Little Rock, Arkansas 72203-8031
 Phone: (501) 682-1074
 Fax: (501) 682-5206
<http://www.dfa.arkansas.gov>

Authorized Official (AO) Initials	GENERAL TERMS AND SPECIAL SUBGRANT CONDITIONS
	<p>c. All lease agreements (i.e. vehicle, storage, office space, and/or rental) must be submitted to DFA-IGS for the file within 60 days of the award date.</p> <p>d. Preapproval is required for out of state travel. Prior to travel, sub-recipient must submit an out-of-state travel request form to IGS for approval no later than 30 days before the travel. IGS will provide the standard form to use. Expense incurred for out of state travel that is not pre-approved by IGS will be disallowed.</p> <p>e. Before unique purchases, review federal/state solicitations and be aware of other unallowable items or items that require special conditions for approval.</p>
	<p>17. The sub-recipient agrees to prepare and submit <i>Quarterly Reports</i> by the 10th of the month following the end of a quarter. Report due dates are October 10th, January 10th, April 10th, and July 10th. Sub-recipient must utilize the Accountability Measures Quarterly Report Tool when submitting quarterly reports. Failure to submit quarterly reports in a timely manner may result in suspension of funds.</p>
	<p>18. Budget Modifications/Revision Requests must be submitted by the 10th of the month in order for them to be considered for expenditures made during that month. Budget revisions will not be accepted during the last month of the grant period absent extraordinary circumstances. Sub-recipient may request modification of the approved budget to reallocate funds between existing categories. Requests for the addition of new budget categories or line items may not be approved. The final budget request modification/revision must be submitted no later than October 10th. DFA-IGS will only accept four (4) budget modifications request during the awarded project period. This does not include the initial budget modification which is due within 45 days of the Award Date.</p>
	<p>19. The subrecipient agrees to submit within thirty (30) days of the end of the grant period a <i>Cumulative Financial Report and Annual Narrative Report</i> "MARKED FINAL." Reimbursement requests not submitted by ninety days past the final day of the grant period will be denied payment subject extraordinary circumstances. Absent such circumstances, the federal and/or state funds will be de-obligated from the subaward.</p>
	<p>20. The sub-recipient agrees to provide notification to IGS of all changes made to the COAP Project, i.e. scope, contact information-name, address, telephone, fax, e-mail, etc. and changes made to authorized officials and/or staffing as well as changes to the project implementation. The sub-recipient will assure that DFA-IGS has complete and correct contact information for the Contract Official for the grant. Changes in contact information will include physical address, phone, fax and e-mail information as well as any other related project changes. Replacement or changes of program staff who are paid directly by the grant or whose salary is used in whole or in part as match to the grant must also be reported the DFA-IGS.</p>



STATE OF ARKANSAS
**Department of Finance
 and Administration**

OFFICE OF INTERGOVERNMENTAL SERVICES

1515 West Seventh Street, Suite 400
 Post Office Box 8031
 Little Rock, Arkansas 72203-8031
 Phone: (501) 682-1074
 Fax: (501) 682-5206
<http://www.dfa.arkansas.gov>

Authorized Official (AO) Initials	GENERAL TERMS AND SPECIAL SUBGRANT CONDITIONS
	<p>21. The sub-recipient agrees to attend any required DFA-IGS sponsored trainings/meetings as deemed necessary as well as other local trainings/meetings.</p>
	<p>22. The sub-recipient understands that prior written approval is required for subgrant expenditures from federal and/or state funds budgeted in equipment and travel and training line items. The subrecipient shall submit to IGS a written request to purchase small equipment items not approved in the initial budget and submit a written request for use of funds for out-of-state travel and training. Federal and/or state funds budgeted for these purposes shall neither be obligated nor expended until approved by DFA-IGS. All approvals will be transmitted in written form to the subrecipient.</p>
	<p>23. The sub-recipient understands that should it fail to comply with the Federal Award Special Conditions and State Terms and Conditions of this subaward, including civil rights requirements, whether stated in a Federal or State statute, regulation, assurance, application, or notice of award, IGS may take one or more of the following actions, as appropriate in the circumstances: (1) temporarily withhold cash payments pending correction of the deficiency by the recipient; (2) disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance; (3) wholly or partly suspend or terminate the current award; (4) withhold further awards for the project or program and (5) take other remedies that may be legally available.</p>

[Signature Line]

(Signature of Authorized Official)

[Print Name Line]

(Print Name)

[Signature Line]

(Signature of Fiscal Officer)

[Print Name Line]

(Print Name)

[Date Line]

(Date)

[Title Line]

(Title)

[Date Line]

(Date)

[Title Line]

(Title)