

## EVALUATION SERVICES AGREEMENT

**THIS EVALUATION SERVICES AGREEMENT** (the "Agreement"), entered into this 12th day of December 2022, by and between the **LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT**, an urban county government created pursuant to KRS Chapter 67A ("LFUCG"), located at 200 East Main Street, Lexington, Kentucky 40507, on behalf of its Department of Social Services, and the **UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION** ("UKRF"), whose main address is 109 Kinkead Hall, Lexington, Kentucky 40506-0057, (collectively known as the "Parties").

### RECITALS

**WHEREAS**, the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) awarded LFUCG grant funding over a period of four (4) years under the First Responders – Comprehensive Addiction and Recovery Support Service Grant (FR-CARA) (Award No. 1H79TI084804-01) in support of its Expanded First Responders and Community Partners Overdose Prevention Project (EFCPOPP); and

**WHEREAS**, acceptance of this grant award requires LFUCG to identify an "Evaluator", who will be responsible for evaluating processes and outcomes of the grant, and oversight of reporting over the term of the grant period beginning September 30, 2022, and ending September 29, 2026 (the "Grant Period"); and

**WHEREAS**, LFUCG has selected UKRF, a sole source provider based on the experience and knowledge possessed by its personnel and staff, to provide the required evaluation services;

**WHEREAS**, the Parties desire to enter into this Agreement to set forth the terms and conditions pursuant to which UKRF shall provide the required evaluation services.

### STATEMENT OF AGREEMENT

**NOW, THEREFORE**, in consideration of the mutually agreed upon promises, conditions, and covenants herein expressed, the Parties agree as follows:

1. **Recitals**. The above recitals are incorporated herein as a part of this Agreement.
2. **Effective Date; Term**. This Agreement shall commence on September 30, 2022 (the "Effective Date"), and shall continue in effect through September 29, 2023 (the "Initial Term"), unless earlier terminated. Upon mutual written agreement, the Parties may renew this Agreement, in whole or in part, for three (3) successive terms of one (1) year each (each, a "Renewal Term"), with the final Renewal Term ending on September 29, 2026.

3. **Related Documents.** This Agreement shall consist of the terms herein as well as the following additional documents, which are attached hereto as exhibits and incorporated herein by reference as if fully stated:

- a. Exhibit "A" – Scope of Services
- b. Exhibit "B" – SAMHSA Detailed Budget and Narrative Justification

To the extent that there is any conflict between or among any of these documents, the terms and provisions of this Agreement shall prevail, followed by terms and provisions of Exhibit "A" and "B", in that order.

4. **Scope of Services.** UKRF shall perform the services outlined and more specifically described in Exhibit "A" in a timely and professional manner (the "Services"). UKRF's obligations to LFUCG under this Agreement shall not end until all close-out requirements for SAMHSA grants management are completed.

5. **Compensation; Method of Payment.** LFUCG shall compensate UKRF for the Services in an amount which shall not exceed Ninety-Nine Thousand Nine Hundred Ninety-Seven Dollars and 00/100 Cents (\$99,997.00) during each year of the Grant Period as outlined in Exhibit "B" for the performance of the Services.

- a. Payments shall be made on a quarterly basis for the costs incurred for providing the Services, only after receipt of quarterly invoices from UKRF. The funds are limited to the Services provided herein and may not be spent by UKRF for any other purpose without the prior written consent of LFUCG. Absent any additional written agreement stating otherwise, any travel or other expenses are included in the above payment.
- b. LFUCG shall make payment under this Agreement upon timely submission of an invoice(s) from UKRF specifying that the Services have been performed, accompanied by data satisfactory to LFUCG to document entitlement to payment for the Services performed to date. LFUCG shall have thirty (30) days from the date of receipt of the invoice to pay the invoice amount. LFUCG reserves the right to refuse payment if it is determined by LFUCG that the Services performed or materials provided for the Services are inadequate or defective.
- c. LFUCG also reserves the right to reject any invoice submitted for services more than sixty (60) days after the services were rendered.

6. **Reporting.** Upon request and subject to the reporting deadlines set forth herein, UKRF shall provide LFUCG with timely reports and updates related to the provision of the Services in the form and manner reasonably specified by LFUCG. UKRF shall furnish LFUCG, upon request, with copies of all documents and other materials prepared or developed in relation with or as part of the Services contemplated herein.

- a. Quarterly Report. To document the status of the EFRCPPOP, UKRF shall provide a quarterly report to LFUCG as follows:

<u>Reporting Period</u>	<u>Reporting Deadline</u>
October 2022-December 2022	January 15, 2023
January 2023-March 2023	April 15, 2023
April 2023-June 2023	July 15, 2023
July 2023-September 2023	October 15, 2023

- b. Final Year-End Report. UKRF shall provide a final year-end report to LFUCG within 60 days of the end of the Initial Term, or by November 28, 2023.
- c. Evaluation Summary. UKRF shall provide an evaluation summary that includes all four years of grant activities within 90 days of the end of the Grant Period, or by December 28, 2026
7. **Records**. UKRF shall keep and make available to LFUCG any records related to this Agreement as are necessary to support its performance of the Services for a period of at least five (5) years following the expiration or termination of this Agreement, or as otherwise required depending upon the source of funds. Books of accounts shall be kept by UKRF and entries shall be made therein of all money, goods, effects, debts, sales, purchases, receipts, payments and any other transactions of UKRF related to this Agreement and shall be made available to LFUCG upon request.
- a. LFUCG shall be the owner of all final documents, data, studies, plans, reports, and information prepared by UKRF under this Agreement.
- b. UKRF understands and agrees that this Agreement and any related documents may be subject to disclosure under the Kentucky Open Records Act and will comply with any reasonable request by LFUCG to provide assistance with such a request.
8. **Access**. UKRF shall allow LFUCG any necessary reasonable access to monitor its performance under this Agreement.
9. **Contractual Relationship Only**. In no event shall the Parties be construed, held or become in any way for any purpose the employee of the other party, or partners, associates or joint ventures in the conduct of their respective endeavors or otherwise. Furthermore, UKRF represents that it has, or will secure at its own expense, all fully qualified personnel required to perform the Services.
10. **Equal Opportunity; Fairness Ordinance**. UKRF shall provide equal opportunity in employment for all qualified persons, and shall (a) prohibit discrimination in

employment because of race, color, creed, national origin, sex, age, sexual orientation, gender identity, or handicap, (b) promote equal employment through a positive, continuing program of equal employment, and (c) cause any subcontractor or agency receiving funds provided pursuant to this Agreement to do so. This program of equal employment opportunity shall apply to every aspect of its employment policies and practices. UKRF agrees to comply with LFUCG's Fairness Ordinance (Ordinance No. 201-99) and all sources of applicable law, including those specified in any Exhibit attached to this Agreement and incorporated herein by reference.

11. **Sexual Harassment.** UKRF must adopt or have adopted a written sexual harassment policy, which shall, at a minimum, contain a statement of current law; a list of prohibited behaviors; a complaint process; and a procedure which provides for a confidential investigation of all complaints. The policy shall be given to all employees and clients and shall be posted at all locations where UKRF conducts business. The policy shall be made available to LFUCG upon request.
12. **Annual Audit.** UKRF agrees that all revenue and expenditures related to this Agreement shall be audited at least annually by independent certified public accountants who shall express an opinion as to whether or not revenue and expenditures during the year audited have conformed to state and local law and regulation. A copy of this audit, or clean audit opinion letter from an independent certified public accountant, shall be submitted to LFUCG each year of the Agreement.
13. **Indemnification.** To the extent permitted by law, the Parties agree to defend, indemnify, and hold each other, its officers, agents, and employees harmless from any and all losses or claims, of whatever kind that are in any way incidental to, or connected with or that arise or alleged to have arisen, directly or indirectly, in whole or in part, from the execution, performance, or breach of this Agreement.
14. **No Assignment.** UKRF may not assign any of its rights and duties under this Agreement without the prior written consent of LFUCG.
15. **No Third Party Rights.** This Agreement does not create a contractual relationship with or right of action in favor of a third party against either UKRF or LFUCG.
16. **Kentucky Law and Venue.** This Agreement shall be governed in all respects by the laws of the Commonwealth of Kentucky and venue for all actions shall lie in the Circuit Court of Fayette County, Kentucky.
17. **Amendments.** By mutual written agreement, the parties to this Agreement may, from time to time, make written changes to any provision hereof. UKRF acknowledges that LFUCG may make such changes only upon approval of its legislative authority, the Lexington-Fayette Urban County Council, and the signature of its Mayor.

**18. Notice.** Any written notice required by the Agreement shall be delivered by certified mail, return receipt requested, to the following:

To UKRF:  
University of Kentucky Research Foundation  
109 Kinkead Hall  
Lexington, Kentucky 40506-0057  
Attn: Kim C. Carter, Associate Director

To LFUCG:  
Lexington-Fayette Urban County Government  
200 East Main Street  
Lexington, Kentucky 40507  
Attn: Amy Baker, Program Director

**19. Waiver.** The waiver by either party of any breach of any provision of this Agreement shall not constitute a continuing waiver or waiver of any subsequent breach by either party of either the same or another provision.

**20. Entire Agreement.** This Agreement shall constitute the entire agreement between the parties and no representations, inducements, promises or agreements, oral or otherwise, which are not embodied herein shall be effective for any purpose. This Agreement shall replace any previous agreement between the parties on the same subject matter.

[Signature page follows]

IN WITNESS WHEREOF, the Parties certify that they have been duly authorized to execute, deliver and perform this Agreement, and have executed it as of the date first herein written.

LEXINGTON-FAYETTE  
URBAN COUNTY GOVERNMENT

*Linda Gorton*

By: Linda Gorton, Mayor

ATTEST:

*Madeline Stark*

Clerk of the Urban County Council

*Deputy*

UNIVERSITY OF KENTUCKY  
RESEARCH FOUNDATION

*Kim C. Carter 12/6/2022*

VL

By: Kim C. Carter, Associate Director

**EXHIBIT A**

**Scope of Services**

This exhibit contains the following documents:

1. EFRCPOPP Timeline
2. EFRCPOPP Section D-1 Data Collection and Performance Management
3. EFRCPOPP Attachment 2 – Data Collection Instruments

## **Attachment 4: Project Timeline**







## D-1. Data Collection and Performance Management

Data collection and performance management will be coordinated by the evaluation team (led by Dr. Webster, Evaluator) at the University of Kentucky Center on Drug and Alcohol Research. The established and successful procedures used for data collection and performance management for the current FR-CARA will be adopted for the proposed FR-CARA program to ensure that program goals and objectives are achieved.

Data Collection and Data Management. At the beginning of each month, the Evaluator will send an email to the responsible staff person for each performance measure requesting that de-identified data for the previous month be submitted electronically to the evaluation team. In general, this will consist of count data (e.g., number of grant-purchased naloxone doses provided to first responders) sent through email. Referral and linkage data, however, will be submitted through a Qualtrics form designed by the evaluation team and in current use for this purpose. The Qualtrics form allows for more detailed information about each individual referral and linkage activity (see Attachment 2 for data collection instruments). Table 1 shows the data source, frequency, and person responsible for collecting each performance measure.

**Table 1: Collection of Performance Measures**

<b>Performance Measures</b>	<b>Data Source</b>	<b>Frequency</b>	<b>Responsible Staff for Collecting and Sending to the Evaluator</b>
# naloxone doses provided to first responders	Naloxone prescriptions	Monthly	Community Paramedicine Team (Capt. Seth Lockard)
# naloxone doses provided to members of key community sectors	Naloxone prescriptions	Monthly	Lexington-Fayette County Health Department (John Moses)
# overdoses reversed as a result of grant efforts (first responders)	First responder reports/911 call	Monthly	Community Paramedicine Team (Capt. Seth Lockard)
# overdoses reversed as a result of grant efforts (community members)	Naloxone refill questionnaires	Monthly	Lexington-Fayette County Health Department (John Moses)
# overdose deaths	Fayette County Coroner Office	Quarterly	Chief Deputy Coroner Senior (Shea Willis)
# responses to requests for services related to opioid/heroin OD	Naloxone training request	Monthly	LFUCG Overdose Coordinator (Scott Luallen)
# responses to requests for services related to opioid/heroin OD	Leave Behind Program	Monthly	Community Paramedicine Team (Capt. Seth Lockard)
# recovery service and treatment referrals	Referral/linkage forms	Monthly	LFUCG Overdose Coordinator (Scott Luallen)
# recovery service and treatment linkages	Referral/linkage forms	Monthly	LFUCG Overdose Coordinator (Scott Luallen)
# first responders trained on opioid exposure safety	Training rosters	Monthly	Community Paramedicine Team (Capt. Seth Lockard)
# members of community sectors trained on opioid exposure safety	Training rosters	Monthly	Lexington-Fayette County Health Department (John Moses)

All implemented data collection activities have been reviewed by the Evaluator and Project Director to ensure they are sensitive to the language, norms, and values of the population of focus. In addition to the performance measures, process evaluation data will be collected annually by the evaluation team through confidential interviews with key staff and stakeholders to document information on program implementation and organizational policy changes stemming from grant activities. Compiled data will be stored in a locked cabinet in evaluation

team offices or on a secure server and will be accessible only to the evaluation team. The Evaluator will oversee all data analyses.

Quantitative analyses will be performed in SPSS (v. 28) and will consist of descriptive statistics and trend analysis across grant years/quarters. These data will be tabled and charted monthly. Taguette software will be used to analyze qualitative data collected during process evaluation interviews. Qualitative analysis will focus on identifying central themes shared during process evaluation interviews. The Evaluator will be responsible for working with the Project Director to ensure that all required quarterly reporting of performance measures is submitted via SAMHSA's Performance Accountability and Reporting System (SPARS). Both the Evaluator and Project Director have significant SPARS experience, which will facilitate timely and accurate data submission.

**Data Monitoring and Performance Management.** The Evaluator will use data to effectively monitor, manage, and enhance the FR-CARA program. The evaluation team will analyze data and prepare data reports monthly on grant activities toward goals and objectives for the Project Director for the duration of the grant. These reports will be discussed during Continuous Quality Improvement (CQI) meetings, which will be convened monthly during Year 1 and at least quarterly during Years 2 thru 4. CQI meeting attendees will include the Evaluator, Project Director, Overdose Coordinator, Community Paramedicine Team, other program staff, and members of the population of focus when possible. CQI meetings will be guided by a standard PDSA cycle (Plan-Do-Study-Act) to critically evaluate program activities. This approach has been used successfully in the current FR-CARA grant. The current team was able to successfully navigate challenges associated with COVID-19 to not only sustain naloxone distribution and referral activities during the pandemic but also make several program enhancements through effective CQI practices. As a result, the amount of naloxone distribution *increased* in the months following the start of the pandemic. Last year, the amount of naloxone distributed exceeded target numbers by 33%.

For the proposed FR-CARA program, demographic data will be used to assess the extent to which the program is reaching the population of focus. If gaps are identified, the CQI team will develop plans to better reach these individuals (e.g., attending community events; engaging community stakeholders). The performance measures shown in Table 1 will be used as key indicators of program impact. If these numbers fall below projected program targets, the CQI team will review current procedures and develop new approaches, as needed, to increase program impact. Another source of program feedback will come from quarterly meetings of the Advisory Council, which is an established group including, but not limited to, first responders, substance use treatment providers, and members of the population of focus. Data will be presented to the Advisory Council and feedback will be solicited on possible areas for improvement or opportunities for outreach and other program enhancements. Finally, the annual process evaluation will provide the opportunity for program staff to share their insights and these qualitative data will be used in to provide context for the quantitative program data.

**D-2-GPRAs** will not be collected because field initiation of low threshold buprenorphine and the provision of time limited comprehensive support services are not a part of this proposal.

**EXHIBIT B**

**SAMHSA Detailed Budget and Narrative Justification**

<b>Applicant/Recipient</b> Lexington-Fayette Urban County Government	<b>Application/Award Number</b>
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<b>Project Title:</b>	Expanded First Responders and Community Partners Overdose Prevention Project (EFCPOPP)
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	Start Date	End Date	Budget Year
Budget Period:	09/30/2022	09/29/2026	1

**For Multi-Year Funded (MYF) awards only**   
Check the box to select the Incremental Period

Select Incremental Period

Incremental Period
4

**COST SHARING AND MATCHING**

Matching Required:  YES  NO

**A. Personnel**

Line Item #	Position	Name	Key Position per the NOFO	Check if Hourly Rate	Calculation						FEDERAL REQUEST
					Hourly Rate	Hours	# of Staff	Annual Salary	% Level of Effort (LOE)	Personnel Cost	
1	Overdose Prevention Program Coordinator	Joseph Scott Luallen	<input type="checkbox"/>	<input type="checkbox"/>			1	\$53,568	100.00%	\$53,568	\$53,568
<b>TOTAL</b>										<b>\$53,568</b>	<b>\$53,568</b>

Line Item #	<b>Personnel Narrative:</b>										
1	Overdose Prevention Program Coordinator	Joseph Scott Luallen			Salary \$53,568	# of Staff 1	LOE 100.00%	Personnel Cost \$53,568			

Show In-Kind Personnel Table

**In-Kind Personnel**

Line Item #	Position	Name	Key Position per the FOA	Check if Hourly Rate	Hourly Rate	Hours	# of Staff	Annual Salary	% Level of Effort (LOE)
1	Project Director	Amy Baker	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1	\$76,494	50.00%

Line Item #	<b>In-Kind Personnel Narrative:</b>										
1	Project Director	Amy Baker	Key Personnel		Salary \$76,494	# of Staff 1	LOE 50.00%	Personnel Cost \$38,247			

**B. Fringe Benefits**

Our organization's fringe benefits consist of the components shown below:

Fringe Component	Rate (%)
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FICA	6.82%
MEDICARE	1.59%
CERS Pension	26.79%
FRINGE	10.00%
UNEMPLOYMENT	0.17%
<b>Total Fringe Rate</b>	<b>45.37%</b>

**Fringe Benefits Cost**

Line Item #	Position	Name	Calculation				FEDERAL REQUEST
			Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Fringe Benefits Cost	
1	Overdose Prevention Program Coordinator	Joseph Scott Luallen	\$53,568	45.37%	\$0	\$24,304	\$24,304
<b>TOTAL</b>						<b>\$24,304</b>	<b>\$24,304</b>

**Fringe Benefits Narrative:**

Fringe benefits are commensurate with those of all other civil service classified and unclassified positions of the Lexington-Fayette Urban County Government, and are in accordance with the city's ordinances. Pension rate is increasing every fiscal year, beginning July 1st through the year 2022.

**C. Travel**

Trip #	Purpose	Destination	Calculation					FEDERAL REQUEST	
			Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons		Travel Cost
1	Training	Local travel	Local Travel (POV Mileage)	\$0.535	Mile	4,800.00	1	\$2,568	\$2,568
<b>TOTAL</b>								<b>\$2,568</b>	

**Travel Narrative:**

1	Training	Local travel	Travel Cost \$2,568
<p>\$1,070 included for local travel to substance use disorder treatment and recovery programs, local health department, medical providers, re-entry service providers, local meetings with Advisory Council members, and other local entities involved with the successful implementation of this project.</p>			

**D. Equipment**

Line Item #	Item	Check if Item is a Vehicle	Calculation				FEDERAL REQUEST
			Quantity	Purchase or Rental/Lease Cost	Percent Charged to the Project	Equipment Cost	
1		<input type="checkbox"/>				\$0	\$0
<b>TOTAL</b>						<b>\$0</b>	<b>\$0</b>

**Equipment Narrative:**

Line Item #	<b>Equipment Narrative:</b>				
1	Quantity	Purchase or Rental/Lease Cost	% Charged to the Project	Equipment Cost	\$0

**E. Supplies**

Line Item #	Item	Calculation					FEDERAL REQUEST
		Unit Cost	Basis	Quantity	Duration	Supplies Cost	
1	Nalaxone	\$75.00	Monthly	350.00	12.00	\$315,000	\$315,000
2	Office supplies, printing, duplication	\$130.00	Monthly		12.00	\$1,560	\$1,560
3	Printing and duplication	\$150.00	Monthly		12.00	\$1,800	\$1,800
4	Education materials	\$100.00	Monthly		12.00	\$1,200	\$1,200
<b>TOTAL</b>						<b>\$319,560</b>	<b>\$319,560</b>

Line Item #	<b>Supplies Narrative:</b>					
1	Nalaxone	Unit Cost \$75.00	Basis Monthly	Quantity 350.00	Duration 12.00	Supplies Cost \$315,000
2	Office supplies, printing, duplication	Unit Cost \$130.00	Basis Monthly	Quantity	Duration 12.00	Supplies Cost \$1,560
3	Printing and duplication	Unit Cost \$150.00	Basis Monthly	Quantity	Duration 12.00	Supplies Cost \$1,800
4	Education materials	Unit Cost \$100.00	Basis Monthly	Quantity	Duration 12.00	Supplies Cost \$1,200

**F. Contractual**

**Summary of Contractual Costs**

Agreement #	Name of Organization or Consultant	Type of Agreement	Contractual Cost	FEDERAL REQUEST
1	University of Kentucky Center on Drug and Alcohol Research	Contract/subcontract	\$99,997	<b>\$99,997</b>
<b>TOTAL</b>			<b>\$99,997</b>	<b>\$99,997</b>

**Contractual Details for University of Kentucky Center on Drug and Alcohol Research**

Agreement #	<b>Services and Deliverables Provided</b>
1	Evaluation Services

Personnel

Travel

Supplies

Indirect Charges



Fringe Benefits

Equipment

Other

Contractual Personnel Costs for [University of Kentucky Center on Drug and Alcohol Research](#)

Line Item #	Position	Name	Key Position per the NOFO	Check if Annual Salary	Calculation						FEDERAL REQUEST
					Hourly Rate	Hours	# of Persons	Annual Salary	% Level of Effort (LOE)	Contractual Personnel Cost	
1	P1 Lead Evaluattor	Webster, Matt	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$195,680	20.60%	\$40,310	\$40,310
2	Evaluation Coordinator	Pike, Erica	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$59,275	29.00%	\$17,190	\$17,190
<b>TOTAL</b>										<b>\$57,500</b>	<b>\$57,500</b>

Line Item #	Contractual Personnel Narrative:						
1	P1 Lead Evaluattor	Webster, Matt	Key Personnel	Salary \$195,680	# of Persons 1	LOE 20.60%	Personnel Cost \$40,310
2	Evaluation Coordinator	Pike, Erica		Salary \$59,275	# of Persons 1	LOE 29.00%	Personnel Cost \$17,190

Contractual Fringe Benefits Costs for [University of Kentucky Center on Drug and Alcohol Research](#)

Contractual fringe benefits consist of the components shown below:

Contractual Fringe Component	Rate (%)
Benefits - Faculty	20.04%
Benefits - Steff	20.22%
<b>Total Fringe Rate</b>	<b>40.26%</b>

Contractual Fringe Benefits Costs

Line Item #	Position	Name	Calculation				FEDERAL REQUEST
			Contractual Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Contractual Fringe Benefits Cost	
1	P1 Lead Evaluattor	Webster, Matt	\$40,310	20.04%	\$2,734	\$10,812	\$10,812
2	Evaluation Coordinator	Pike, Erica	\$17,190	20.22%	\$2,037	\$5,513	\$5,513
<b>TOTAL</b>						<b>\$16,325</b>	<b>\$16,325</b>

Contractual Fringe Benefits Narrative:						

Contractual Travel Costs for [University of Kentucky Center on Drug and Alcohol Research](#)

Trip #	Purpose	Destination	Calculation					FEDERAL REQUEST
			Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons	

**SAMHSA Detailed Budget and Narrative Justification**

Trip #	Purpose	Destination	Calculation						FEDERAL REQUEST
			Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons	Contract Travel Cost	
1								\$0	\$0
<b>TOTAL</b>								\$0	<b>\$0</b>

Trip #	Contractual Travel Narrative:							Travel Cost
1								\$0

Contractual Supplies Costs for [University of Kentucky Center on Drug and Alcohol Research](#)

Line Item #	Item	Calculation					FEDERAL REQUEST
		Unit Cost	Basis	Quantity	Duration	Contractual Supplies Cost	
1	Duplicating/Printing	\$300.00	Yearly		1.00	\$300	\$300
2	Office Supplies	\$500.00	Yearly		1.00	\$500	\$500
<b>TOTAL</b>						<b>\$800</b>	<b>\$800</b>

Line Item #	Contractual Supplies Narrative:						
1	Duplicating/Printing	Unit Cost \$300.00	Basis Yearly	Quantity	Duration 1.00	Supplies Cost \$300	
2	Office Supplies	Unit Cost \$500.00	Basis Yearly	Quantity	Duration 1.00	Supplies Cost \$500	

Contractual Other Costs for [University of Kentucky Center on Drug and Alcohol Research](#)

Line Item #	Item	Calculation					FEDERAL REQUEST
		Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost	
1	F&A Rate	\$2,114.33	Monthly	12.00	1.00	\$25,372	\$25,372
<b>TOTAL</b>						<b>\$25,372</b>	<b>\$25,372</b>

Line Item #	Contractual Other Narrative:						
1	F&A Rate	Unit Cost/Rate \$2,114.33	Basis Monthly	Quantity 12.00	Duration 1.00	Other Cost \$25,372	

Contractual Total Direct Charges for [University of Kentucky Center on Drug and Alcohol Research](#)

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	\$99,997

Contractual Total Cost for **University of Kentucky Center on Drug and Alcohol Research**

TOTAL COST	TOTAL FEDERAL REQUEST
\$99,997	\$99,997

**G. Construction:** Not Applicable

**H. Other**

Line Item #	Item	Calculation					FEDERAL REQUEST
		Unit Cost / Rate	Basis	Quantity	Duration	Other Cost	
1						\$0	\$0
<b>TOTAL</b>						<b>\$0</b>	<b>\$0</b>

Line Item #	Other Narrative:					
1	Unit Cost/Rate	Basis	Quantity	Duration	Other Cost	\$0

**I. Total Direct Charges**

TOTAL DIRECT CHARGES	TOTAL FEDERAL REQUEST
	\$499,997

**J. Indirect Charges**

**Type of IDC Rate / Cost Allocation Plan**

We will not charge IDC to the grant

Indirect Charges

End Date of Effective Period of Approved IDC Rate Agreement	Calculation			FEDERAL REQUEST
	Approved IDC Rate (%)	Approved Base	IDC	
N/A	0.00%	\$0	\$0	\$0
<b>TOTAL</b>			<b>\$0</b>	<b>\$0</b>

**Indirect Charges Narrative:**

**REVIEW OF COST SHARING AND MATCHING**

Cost sharing or matching is not required for this grant.

**BUDGET SUMMARY: YEAR 1 Incremental Period 4**

BUDGET CATEGORY	FEDERAL REQUEST
A. Personnel	\$53,568
B. Fringe Benefits	\$24,304
C. Travel	\$2,568
D. Equipment	\$0
E. Supplies	\$319,560
F. Contractual	\$99,997
G. Construction (N/A)	\$0
H. Other	\$0
<b>I. Total Direct Charges (sum of A to H)</b>	<b>\$499,997</b>
J. Indirect Charges	\$0
<b>Total Projects Costs (sum of I and J)</b>	<b>\$499,997</b>

**BUDGET SUMMARY FOR REQUESTED FUTURE YEARS**

	Year 2	Year 3	Year 4	Year 5
Budget Category	FEDERAL REQUEST	FEDERAL REQUEST	FEDERAL REQUEST	FEDERAL REQUEST
A. Personnel	\$53,568	\$53,568	\$53,568	
B. Fringe Benefits	\$24,304	\$24,304	\$24,304	
C. Travel	\$2,568	\$2,568	\$2,568	
D. Equipment				
E. Supplies	\$319,560	\$319,560	\$319,560	
F. Contractual	\$99,997	\$99,997	\$99,997	
G. Construction	\$0	\$0	\$0	\$0
H. Other				
<b>I. Total Direct Charges (sum A to H)</b>	<b>\$499,997</b>	<b>\$499,997</b>	<b>\$499,997</b>	<b>\$0</b>
J. Indirect Charges				
<b>Total Project Costs (sum of I and J)</b>	<b>\$499,997</b>	<b>\$499,997</b>	<b>\$499,997</b>	<b>\$0</b>

**Budget Summary Narrative:**

**FUNDING LIMITATIONS / RESTRICTIONS**

Funding Limitation/Restriction

	Year 1	Year 2	Year 3	Year 4	Year 5	Total for Budget Category
<b>A. Personnel</b>						
<b>B. Fringe Benefits</b>						
<b>C. Travel</b>						
<b>D. Equipment</b>						
<b>E. Supplies</b>						
<b>F. Contractual</b>						
<b>H. Other</b>						
<b>I. Total Direct Charges (sum A to H)</b>						
<b>J. Indirect Charges</b>						
<b>TOTAL for the Budget Year</b>						
<b>Percentage of the Budget</b>	0.000%	0.000%	0.000%	0.000%		

<b>Funding Limitation/Restriction Narrative:</b>

**BUDGET INFORMATION - Non-Construction Programs**

OMB Number: 4040-0006  
 Expiration Date: 02/28/2022

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.				\$499,997	\$0	\$499,997
2.						
3.						
4.						
5. Totals				\$499,997	\$0	\$499,997

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
<b>a. Personnel</b>	\$53,568	\$0			\$53,568
<b>b. Fringe Benefits</b>	\$24,304	\$0			\$24,304
<b>c. Travel</b>	\$2,568	\$0			\$2,568
<b>d. Equipment</b>	\$0	\$0			\$0
<b>e. Supplies</b>	\$319,560	\$0			\$319,560
<b>f. Contractual</b>	\$99,997	\$0			\$99,997
<b>g. Construction</b>	\$0	\$0		\$0	\$0
<b>h. Other</b>	\$0	\$0			\$0
<b>i. Total Direct Charges (sum of 6a-6h)</b>	\$499,997	\$0			\$499,997
<b>j. Indirect Charges</b>	\$0	\$0			\$0
<b>k. TOTALS (sum of 6i and 6j)</b>	\$499,997	\$0			\$499,997
<b>7. Program Income</b>					

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.				
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)				

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$499,997	\$499,997	\$499,997	\$0
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$499,997	\$499,997	\$499,997	\$0

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	
22. Indirect Charges:	
23. Remarks:	

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