



Forest County Potawatomi Community
PO Box 340, Crandon, WI 54520

POTAWATOMI
(Keeper of the Fire)

02/28/13

Ms. Danielle Tarino
Center for Substance Abuse Treatment
1 Choke Cherry Road
Rockville, MD 20857

Dear Ms. Tarino,

I am in receipt of the proposed continuing application for the Tribe's Substance Abuse and Mental Health Services Administration's (SAMHSA) application, *Grants to Expand Care Coordination through the use of Health Information Technology in Targeted Areas of Need*. This application, including its updated budget and program narrative, is for the budget period of 07/01/2013 through 06/30/2014.

By signing below, I attest that the detailed budget and narrative justification has not changed above 25% of the total budget from the current budget period. The budget consists of 100% federal share in the amount of \$280,000 for the forthcoming period.

Sincerely,

Al W. Milham Vice Chairman
Harold Frank, Tribal Chairman Al W. Milham
Authorized Representative

2-28-2013
Date

Application for Federal Assistance SF-424

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		*If Revision, select appropriate letter(s): <div style="border: 1px solid black; height: 15px; width: 100%;"></div> *Other (Specify) <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																									
*3. Date Received: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		4. Applicant Identifier: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																											
5a. Federal Entity Identifier <div style="border: 1px solid black; height: 15px; width: 100%;"></div>			*5b. Federal Award Identifier: TI-023832																										
State Use Only:																													
6. Date Received by State: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		7. State Application Identifier: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																											
8. APPLICANT INFORMATION																													
*a. Legal Name: Forest County Potawatomi Community																													
*b. Employer/Taxpayer Identification Number (EIN/TIN): 39-1225059			*c. Organization DUNS: 1195585910000																										
d. Address																													
<table style="width: 100%;"><tr><td style="width: 10%;">*Street1:</td><td>PO Box 340</td></tr><tr><td>Street2:</td><td>5416 Everybody's Road</td></tr><tr><td>*City:</td><td>Crandon</td></tr><tr><td>County/Parish:</td><td>Forest County</td></tr><tr><td>*State:</td><td>WI: Wisconsin</td></tr><tr><td>Province:</td><td></td></tr><tr><td>*Country:</td><td>USA: United States</td></tr><tr><td>*Zip/Postal Code:</td><td>54520-0340</td></tr></table>						*Street1:	PO Box 340	Street2:	5416 Everybody's Road	*City:	Crandon	County/Parish:	Forest County	*State:	WI: Wisconsin	Province:		*Country:	USA: United States	*Zip/Postal Code:	54520-0340								
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Province:																													
*Country:	USA: United States																												
*Zip/Postal Code:	54520-0340																												
e. Organizational Unit																													
Department Name: Behavioral Health Department			Division Name: FCP Health & Wellness Center																										
f. Name and contact information of person to be contacted on matters involving this application:																													
<table style="width: 100%;"><tr><td style="width: 15%;">Prefix:</td><td></td><td style="width: 15%;">*First Name:</td><td colspan="3">Jill</td></tr><tr><td>Middle Name:</td><td colspan="5"></td></tr><tr><td>*Last Name:</td><td colspan="5">Spieckerman</td></tr><tr><td>Suffix:</td><td colspan="5"></td></tr></table>						Prefix:		*First Name:	Jill			Middle Name:						*Last Name:	Spieckerman					Suffix:					
Prefix:		*First Name:	Jill																										
Middle Name:																													
*Last Name:	Spieckerman																												
Suffix:																													
Title: Clinical Services Administrator																													
Organizational Affiliation: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																													
*Telephone Number: (715) 478-4978		Fax Number: (715) 478-4496																											
*Email: jill.spieckerman@fcpotawatomi-nsn.gov																													

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

I. Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify)**

10. Name of Federal Agency:

Substance Abuse & Mental Health Services Administration

11. Catalog of Federal Domestic Assistance Number

93.243

CFDA Title:

The Substance Abuse and Mental Health Services: Projects of Regional and National Significance

***12. Funding Opportunity Number:**

T1-11-002

***Title:**

Grants to Expand Care Coordination through Health Information Technology in Targeted Areas of Need

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

All areas within the exterior boundaries of the FCPC reservation; Forest County, Wisconsin

15. Descriptive Title of Applicant's Project:

FCPC Expands Care Coordination through the Use of Health Information Technology

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant

WI-008

b. Program/Project

WI-008

Attach an additional list of Program/Project Congressional Districts if needed:

N/A

17. Proposed Project:

*a. Start Date:

07/01/13

b. End Date:

6/30/14

18. Estimated Funding(\$):

*a. Federal

\$280,000

*b. Applicant

\$0

*c. State

\$0

*d. Local

\$0

*e. Other

\$0

*f. Program Income

\$0

*g. TOTAL

\$280,000

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E.O. 12372.

*20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation in attachment.)

☐ Yes ☒ No

If "Yes", provide explanation and attach.

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

a. Authorized Representative

Prefix:

*First Name:

Harold

Middle Name:

Last Name:

Frank

Suffix:

*Title:

Tribal Chairman

*Telephone Number:

(715) 478-7200

Fax Number:

(715) 478 - 7277

*Email:

gus.frank@fcpotawatomi-nsn.gov

*Signature of Authorized Representative:

al w. milham

Date Signed:

02-28-13

Application for Federal Assistance SF-424

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

BUDGET INFORMATION - Non- Construction Programs

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. FCPC Expanded Care Coord. through Health IT	93.243	\$	\$	\$ 280,000	\$ 0.00	\$ 280,000
2.		\$	\$		\$	\$ 0.00
3.		\$	\$		\$	\$ 0.00
4.		\$	\$		\$	\$ 0.00
5. TOTALS		\$ 0.00	\$ 0.00	\$ 280,000.00	\$ 0.00	\$ 0.00
SECTION B - BUDGET CATEGORIES						
Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1)	(2)	(3)	(4)		
a. Personnel	\$ 114,938.00	\$	\$	\$	\$	\$ 0.00
b. Fringe Benefits	\$ 34,481.00	\$	\$	\$	\$	\$ 0.00
c. Travel	\$ 9,975.00	\$	\$	\$	\$	\$ 0.00
d. Equipment	\$ 0.00	\$	\$	\$	\$	\$ 0.00
e. Supplies	\$ 6,000.00	\$	\$	\$	\$	\$ 0.00
f. Contractual	\$ 0.00	\$	\$	\$	\$	\$ 0.00
g. Construction	\$ 0.00	\$	\$	\$	\$	\$ 0.00
h. Other	\$ 71,080.00	\$	\$	\$	\$	\$ 0.00
i. Total Direct Charges (sum of 6a - 6h)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
j. Indirect Charges	\$ 43,526.00	\$	\$	\$	\$	\$ 0.00
k. TOTALS (sum of 6i and 6j)	\$ 280,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
7. Program Income	\$ 0.00	\$	\$	\$	\$	\$ 0.00

SECTION C - NON- FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$	0.00
9.	\$	\$	\$	\$	0.00
10.	\$	\$	\$	\$	0.00
11.	\$	\$	\$	\$	0.00
12. TOTALS (sum of lines 8 and 11)	\$	0.00 \$	0.00 \$	0.00 \$	0.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 280,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00
14. Non- Federal	\$ 0.00	\$	\$	\$	\$
15. TOTAL (sum of lines 13 and 14)	\$ 280,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00

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. FCPC Expanded Care Coordination through Health IT	\$ 280,000.00	\$ 280,000.00	\$ 280,000.00	\$	0.00
17.	\$	\$	\$	\$	
18.	\$	\$	\$	\$	
19.	\$	\$	\$	\$	
20. TOTALS (sum of lines 16 -19)	\$ 280,000.00	\$ 280,000.00	\$ 280,000.00	\$	0.00

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: \$236,474.00	22. Indirect Charges: \$43,526.00
23. Remarks	

KEY STAFF CHANGES
Forest County Potawatomi Community
TCE – Health IT Continuation Application (#TI – 023832)

At this time, the Forest County Potawatomi Health and Wellness Center (FCPHWC) does not anticipate making any changes to the key staff positions, position titles, or job responsibilities included in this grant budget. Not all of the proposed/budgeted positions are currently filled. FCPHWC experienced multiple challenges in seeking and maintaining qualified candidates for these positions. These challenges include:

- Difficulty in recruiting positions
- Lack of office space

The Family Mental Health Nurse Practitioner position was filled in September 2012; however, she recently resigned. The focus of this position is to provide additional support for individuals with co-occurring mental health issues. We are currently evaluating community needs in regards to counselors.

If FCPHWC's response to these needs requires a change to key staff budgeted for this grant, SAMHSA will be notified immediately and a request for approval of these changes will be submitted in accordance with grant guidelines.