

CONTRACT FINANCING

1. **Insert Milliman Rate Certification letter for the time period covered by the contract.**
2. **Insert Milliman Paid Rate letter for the time period covered by the contract.**
3. **Insert 428 Schedule**
4. **Insert SUD Community Grant Authorization**

SUD COMMUNITY GRANT AGREEMENT AMOUNT

The total amount of this agreement is \$_____. The Department under the terms of this agreement will provide funding not to exceed \$_____. The federal funding provided by the Department is \$_____, as follows:

Federal Program Title	Catalog of Federal Domestic Assistance (CFDA)	CFDA #	Federal Agency Name	Federal Grant Award Number	Award Phase	Amount
SAPT Block Grant	Block Grant for Prevention & TX of Substance Abuse	93.959	Department of Health & Human Services/SAMHSA	13 B1 MI SAPT	2018	
Total FY 2018 Federal Funding						

_____ sub-recipient relationship; or
_____ vendor relationship.

The grant agreement is designated as:
_____ Research and development project; or
_____ Not a research and development project