

**Grant Award Agreement**

**Division of Elementary and Secondary Education**

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| --- | --- |
| Applicant Name |  |
| Grant Recipient Contact |  |
| Grant Award Period of Performance | September 1, 2019- June 30, 2020 |
| Award Date | August 30, 2019  |
| Grant Award Amount | $10,000.00 |

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| ADE Cost Center | 349260 |
| APSCN Source of Funds | 6778 |
| APSCN Revenue Code | 45938 |

**For Federal Funds Only:**

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| Federal Award Identification Number | 1H79SM080957-01 |
| Federal Award Indirect Cost Rate | 16% |
| Total Amount of the Federal Grant Award | $600,000.00 |
| Federal Award Project Description(A description of the overall purpose of the grant award) | *Advancing Wellness And Resiliency in Education through the provisions of mental health care awareness and trauma informed*  |
| Federal Awarding Agency Name | SAMHSA |
| CFDA Number and Name | 93.243 |
| WBS Element | F0500AWARE19-2 |

I hereby agree to all terms and conditions contained in the Grant Application for this Grant. I further acknowledge I will comply with all reporting requirements and will provide all performance data in a timely manner.

**ADE Assistant Commissioner Name and Division**

**Date**

**Recipient Authorized Representative Name and Title**

**Date**