

NOTICE OF FUNDING OPPORTUNITY

The North Dakota Department of Corrections and Rehabilitation is announcing a funding opportunity for the **Residential Substance Abuse Treatment (RSAT) Sub-Award**

Performance Period:

- July 1, 2026, through June 30, 2027

IMPORTANT DATES

RSAT Grant Solicitation:

- April 1, 2026, through April 30, 2026

RSAT Grant Application Due:

- April 30, 2026 @ 11:59pm

CONTACT INFORMATION

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CONTACT INFORMATION

GRANTEE FACILITY	CONTACT INFORMATION	
North Dakota Department of Corrections and Rehabilitation (ND DOCR)	RSAT Programs P.O. BOX 1898 Bismarck, ND 58502-1898 Phone: (701) 328-6220 DOCRgrants@nd.gov	
GRANT PROGRAM STAFF	NAME	CONTACT INFORMATION
Behavioral Health Program Manager	Melanie Flynn	meflynn@nd.gov
WEB-BASED GRANT MANAGEMENT SYSTEM	CONTACT INFORMATION	
COSMOS	https://apps.nd.gov/docr/cosmos/menu/	
SUBGRANTEE DOCR WEBSITE	CONTACT INFORMATION	
ND DOCR Grants/Funding website	https://www.docr.nd.gov/grantsfunding	

OTHER AGENCIES	CONTACT INFORMATION
Bureau of Justice Assistance Office of Justice Programs U.S. Department of Justice 999 N. Capitol Street, NE Washington, D.C. 20531 Office for Civil Rights (OCR)	Phone: 202-616-6500 Fax: 202-305-1367 Email: https://bja.ojp.gov/askbjia https://ojp.gov/about/ocr/complaint.html
Bureau of Justice Assistance (BJA) Performance Measurement Tool (PMT)	Help Desk Telephone Number: 1-888-252-6867 Help Desk Email: bjapmt@usdoj.gov

INTRODUCTION

The North Dakota Department of Corrections and Rehabilitation (ND DOCR) will be awarding up to **\$55,000** for the Residential Substance Abuse Treatment (RSAT) Program as a subaward. There will be **ONE** award offer to a correctional facility application that is approved.

This Notice of Funding Opportunity provides information and guidance for the **Residential Substance Abuse Treatment (RSAT) subaward**.

The performance period begins July 1, 2026, and ends June 30, 2027. All facility and general eligibility requirements outlined below must be met before applicants may apply. Proof of meeting these requirements is part of the application process.

BACKGROUND:

The RSAT grant is a federally funded program administered at the state level to support residential, jail-based, and aftercare Substance Use Disorder (SUD) treatment services for justice-involved individuals. North Dakota's RSAT program is designed to increase access to treatment services, reduce recidivism, and enhance public safety through integrated and coordinated approaches.

PURPOSE:

The North Dakota Department of Corrections and Rehabilitation as the State Administrator for the Residential Substance Abuse Treatment (RSAT) for State Prisoners Program, is pleased to announce the availability of one (1) sub-award of up to \$55,000 to support effective, evidence-based substance use disorder (SUD) treatment for individuals involved in the criminal justice system. For this cycle, proposals may include one or a combination of the following:

1. Residential SUD treatment programs in jails must meet all of the following criteria:
 - a. Engage individuals with SUD or co-occurring substance use and serious mental health disorders for at least three months.
 - b. Require periodic/random drug testing of individuals while they are in the program and under community supervision.
 - c. Make every effort to establish a therapeutic community.
 - d. Provide aftercare services.
2. Aftercare services. Includes case management and the full continuum of recovery and aftercare services to support people released from a residential SUD treatment program, which may include human service and rehabilitation programs such as educational and job training, parole supervision, half-way house, self-help, and peer group programs.
3. Jail-based SUD treatment programs. Must initiate or continue evidence-based SUD treatment programs, including medication-assisted treatment in pretrial populations during their confinement and/or foster connections to SUD treatment in the community upon pretrial release. Programs supporting pre-trial populations do not need to meet above criteria for jail-based residential SUD treatment programs. Applicants will be scored in the areas of how the funding will fill a need in their region, identified community partners, sustainability, ability to capture and report data, and innovation.

ELIGIBILITY REQUIREMENTS

ELIGIBLE APPLICANT REQUIREMENTS:

Eligible applicants include county, regional, or tribal correctional facilities-operating within the state of North Dakota and capable of providing NDHHS-approved SUD treatment services.

ADDITIONAL SOURCES OF FUNDING:

Each facility that is applying must have additional sources of funding and every year following this grant award. RSAT funding is not guaranteed and we want to ensure subrecipient can maintain their programs.

RESOURCE REFERENCES:

North Dakota Department of Human Services SUD Services:

<https://www.hhs.nd.gov/behavioral-health/sudvoucher/provider-guidance>

RSAT Program Guidance:

<https://bj.a.ojp.gov/program/rsat/overview>

PROGRAM REQUIREMENTS

Target Population:

Individuals currently incarcerated or in pretrial status while confined in jail who meet criteria for a SUD diagnosis or co-occurring substance use and mental health disorder.

Program Design:

- Proposals must describe evidence-based services.
- Proposals for clinically appropriate services must be aligned with ND SUD requirements (NDCC 50-06-01.4 and NDHHS SUD Treatment Provider Standards).

Allowable Activities:

- Residential SUD treatment (minimum of three (3) months recommended).
- Individual, group, and family counseling.
- Medication Assisted Treatment (MAT) and overdose reversal drugs, if appropriate and a clear connection to RSAT objectives.
- Case management, discharge planning, and recovery support for people reentering the community after receiving SUD treatment in prison or jail.
- Training (if clear connection to RSAT objectives).
- Drug Testing.
- Peer Support Specialists (if clear connection to RSAT objectives).
- Purchasing transportation and housing vouchers related to RSAT activities only.
- Purchase of re-entry backpacks (if clear connection to RSAT objectives).

Reporting:

Quarterly narrative PMT and fiscal reports in accordance with ND RSAT program requirements, to include number of participants receiving services through the program and the number and type of services offered/received.

APPLICATION PROCESS

COSMOS GRANT MANAGEMENT SYSTEM:

All applicants shall utilize COSMOS to review the application documents and apply for the RSAT. Applicants will be required to acknowledge acceptance of the Subrecipient Agreement by electronic signature. Subrecipients will also utilize COSMOS to submit reimbursement requests and required reports per the Reporting Schedule. Training is essential for system access, grant application, fiscal management and reporting in the COSMOS system. COSMOS on-line training is available on the ND DOCR Services website at <https://www.docr.nd.gov/grantsfunding>. Under this webpage, see **COSMOS-DOCR Grant Management System/COSMOS Instruction Pages/“How to Apply for a Grant”**.

Access the COSMOS system and download all the application documents. It is expected that all subrecipients will read and understand the requirements outlined in this document.

The list of documents outlined below shall accompany, as applicable, and be attached to all applications for the RSAT Grant. Also, the Certifications as outlined in the next section must also be submitted with each RSAT Grant application. Failure to submit a complete application may result in an application being rejected or denied.

UNIQUE ENTITY IDENTIFIER (UEI) & SYSTEM FOR AWARD MANAGEMENT (SAM) REGISTRATION:

The subrecipient must complete registration and obtain a UEI number and then register with SAM prior to accessing COSMOS and applying for the RSAT Community grant. UEI number and SAM registration information is located at: [Entity Registration | SAM.gov](#)

APPLICATION DOCUMENTS/FEDERAL CERTIFICATIONS

The following documents are needed for the application as indicated below. Applicants will be required to certify their compliance with several Federal requirements which are provided.

The following documents must be submitted with each application:

Budget Detail worksheet (template)	Required for all applicants
Determination of Suitability (form)	Required for all applicants working with minors (federal certification)
Job descriptions for RSAT paid staff/volunteers/ and contracted staff	Required for all applicants if requesting Salaries/Wages/Fringe Benefits; Contractual Services
Letter(s) of Support or Memorandum of Understanding (MOU)	Required for all applicants if partnering with outside entities and have Memorandum of Understanding (MOU)
Lobbying, Debarment, Suspension, and Other Responsibility Matters; Drug-free Workplace Requirements (form)	Required for all applicants (federal certification)
Risk Assessment Questionnaire (form)	Required for all applicants
Project Narrative	Required for all applicants
Single Audit Certification letter (form)	Required for all applicants (federal certification)

BUDGET DETAIL (template provided in COSMOS):

The detailed budget outline will be required for all applicants. When preparing your budget, each facility will need to have an allocation basis for how they arrive at the figures in the budget. Applicants may

request up to \$55,000. Allowable costs include personnel, treatment program materials, urinalysis, case management (if applicable and within federal guidelines).

BUDGET CATEGORIES:

Applicants must identify which of the following cost categories they are requesting funding for and briefly describe how each cost directly supports RSAT program objectives. All costs must be reasonable, necessary, and allocable to the RSAT project.

The following budget categories are allowable for this grant:

Salaries and Wages:

FTE Staff Professionals (Salary/Wages):

Direct staff time devoted to RSAT program delivery, coordination, case management, clinical services, or program oversight.

Fringe Benefits:

Employer-paid benefits associated with RSAT-funded personnel, calculated using the organization's established fringe rate.

Contractor:

Costs for contracted or consultant services necessary to implement RSAT activities (e.g., clinical services, MAT prescribers, supervision, evaluation, training).

Operating Expenses:

Supplies (includes Program Materials):

Treatment materials, curriculum, drug testing supplies, recovery support materials, or other consumables directly used by RSAT participants.

Other (Specify):

Allowable costs that directly support RSAT objectives but do not fit the categories above (e.g., participant transportation or housing vouchers, peer support services, reentry support items), with clear justification.

Complete the "Budget Detail worksheet" template provided in COSMOS grant application. If requesting salaries for Salaries and Wages, the FTE Staff Professionals Detail (example below) must be completed.

FTE Staff Professionals Detail:

Name	Brief Description of Position	Time Devoted to Grant
<i>Example: Jane Smith</i>	<i>Jane provides services to the program participants by providing substance abuse treatment resources for them and coordinating services upon release.</i>	<i>25%</i>

Other (continued):

Indirect and Administrative Costs Methods -

If a recipient does not have an approved indirect cost rate, an agency may request the de minimus rate of 15%.

Indirect Cost Rate: A recipient may include their approved indirect cost rate in a grant application. The approved Indirect Cost Rate Agreement must be attached to the grant application.

15% De Minimus Rate: If a recipient elects to use the 15 percent de minimis rate, the Uniform Guidance requires that you use Modified Total Direct Costs (MTDC) as the cost base. MTDC includes all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up

to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award).

A recipient that is eligible under the Part 200 Uniform Requirements and other applicable law to use the "de minimis" indirect cost rate described in [2 C.F.R. 200.414\(f\)](#), and that elects to use the "de minimis" indirect cost rate, must advise OJP in writing of both its eligibility and its election, and must comply with all associated requirements in the Part 200 Uniform Requirements. Attach letter to the grant application.

Direct Allocation Method: Direct allocation treats ALL costs except administration and other general expenses as direct costs. Joint costs are prorated individually as direct costs to each category and to each award or other activity using a base most appropriate to the particular cost being prorated.

BUDGET Categories

Enter dollar amounts requested in COSMOS for the Budget section of the Application.
ONLY use these Budget categories for this grant.

Category	Description	Amount (\$)
FTE Staff Professionals	<i>List each staff member by title and briefly describe their role in the project.</i>	
Fringe Benefits	<i>Include benefits such as health insurance, FICA, retirement, etc., associated with personnel.</i>	
Contractor(s)	<i>List services to be provided by a third-party contractor or consultant. Include purpose and cost.</i>	
Supplies	<i>Include office supplies, software, educational materials, etc. Itemize if necessary.</i>	
Other	<i>Include expenses not covered in the categories above. Clearly explain the necessity. Include de minimis here if electing to use.</i>	
Total		\$

DETERMINATION OF SUITABILITY:

Federal requirements must be met by each agency for all employees that are interacting with minor children whether they are funded federally or not. The Award Condition of Determination of Suitability for Covered Individuals Who May Interact with Participating Minors was incorporated into Department of Justice awards starting in federal fiscal year 2019. The subrecipient must make determinations of suitability before certain individuals may interact with participating minors. The North Dakota Department of Corrections and Rehabilitation Determination of Suitability Award Condition form must be completed by all subrecipients that may interact with minors (form provided).

JOB DESCRIPTIONS FOR RSAT PAID STAFF/VOLUNTEERS/CONTRACTORS:

Provide current staff, job titles, and job descriptions for positions that may be RSAT funded. Job descriptions shall be specific to the individual and only include allowable activities to be supported with RSAT funds. A job description will be required for each staff member included in the budget.

LETTER(S) OF SUPPORT OR MEMORANDUM OF UNDERSTANDING (MOU):

A letter of support or Memorandum of Understanding with partnering agencies or community organizations should be included if partnering with external agencies or community organizations for this grant project.

Identify the facility and provide a brief history of the collaborative relationship, including when and under what circumstances the relationship began.

1. Clearly state the roles and responsibilities each facility will assume to ensure the success of the proposed project.
2. Demonstrate the capacity of the grant-funded staff to successfully implement project activities.
3. Describe the resources each partner would contribute to the project, either through time, in-kind contributions, or grant funding.
4. Demonstrate a commitment to work together to achieve stated project goals and objectives.

LOBBYING; DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS; DRUG-FREE WORKPLACE REQUIREMENTS:

Federal funds may not be used by the State, or any subrecipient, at any tier, either directly or indirectly, to support or oppose the enactment, repeal, modification or adoption of any law, regulation, or policy, at any level of government. Should any questions arise as to whether a particular use of federal funds by a recipient (State) or subrecipient would or might fall within the scope of this prohibition, the recipient (State) is to contact The Office of Justice Programs (OJP) for guidance and may not proceed without the express prior written approval of OJP.

The State and subrecipient receiving Department of Justice funding is required to complete Certifications regarding Lobbying; Debarment, Suspension and other Responsibility Matters; and Drug-free Workplace Requirements. Applicants must complete the Certification Form and submit with their application.

PRE-AWARD RISK ASSESSMENT QUESTIONNAIRE

Complete the Pre-award Risk Assessment Questionnaire template and upload it with the grant application.

As required by 2CFR 200.331, the ND DOCR will be conducting a risk assessment of each subrecipient. The subrecipient is required to assist and comply with the completion of the risk assessment.

The following questions will be asked as part of the risk assessment.

1. Has your entity previously received grant funds from the ND DOCR?

2. Does your entity have a policy regarding conflict of interest?
 - a. If yes, has any conflict of interest been disclosed between your entity and the ND DOCR?
3. Does the grant administrator have more than three (3) years of experience in managing the objectives expected under this grant program?
4. Does the grant administrator and the financial staff who will oversee this grant have more than one (1) year prior federal grant award experience?
5. Do you anticipate contracting services to carry out the grant with these funds?
6. Does your entity have written policies and procedures for following business processes that meet the minimum federal requirements?
 - a. Grant compliance;
 - b. Procurement; and,
 - c. Fixed Assets & Inventory.

Accounting Systems and Financial Information:

1. What was the total budget for your agency in most recent fiscal year?
2. Which of the following best describes your entity's accounting system? Manual, Automated, or Combination. Does the accounting system identify the deposits and expenditures of program funds for each grant separately?
3. Are timesheets completed for an employee who receives funding from multiple sources?
4. Did an independent certified public accountant audit your organizations financial statements?
5. If your entity received over \$1,000,000 in federal funds from all sources last year, was a single audit conducted on the entity per 2 CFR200.501?
6. If yes, were there any audit findings regarding program non-compliance and/or significant internal control deficiency?
7. Are there currently any unresolved audit issues?

PROJECT NARRATIVE (maximum of five (5) pages):

The project narrative should be a Word document and attached with the grant application to include the following:

- Statement of Need
- Target population, including plans for pretrial individuals
- Program design, treatment modalities, and evidence base
- Staffing plan and qualifications
- Collaboration with courts, corrections, and SUD providers
- Evaluation plan

SINGLE AUDIT CERTIFICATION LETTER

Any governmental unit (state or local) or private non-profit agency expending less than \$1,000,000 in federal funds in any fiscal year is not required to secure a single or program specific audit (Please see [eCFR :: 2 CFR Part 200 Subpart F -- Audit Requirements](#)). Required Uniform Guidance Audits (aka single or program specific audits) must be submitted online to the [Federal Audit Clearinghouse](#) for any governmental unit (state or local) or private nonprofit organization expending \$1,000,000 or more of federal funds in a fiscal year. The audit, the data collection form, and the reporting package must be submitted within 30 calendar days after the auditee receives the auditor's report(s) or nine months after the end of the audit period (whichever is earlier).

Applicants must complete the Single Audit Certification Letter (form provided) and submit with their application.

FEDERAL CIVIL RIGHTS TRAINING:

The subrecipient receiving financial assistance from the Office of Justice Programs (OJP), must comply with the [Federal statutes and regulations](#) that prohibit discrimination in federally assisted programs or activities. The subrecipient may not discriminate in employment based on age, race, sex or gender identity, national origin, religion, or disability. The subrecipient also may not discriminate in the delivery of services or benefits based on age, race, sex or gender identity, national origin, religion, or disability. The Office of Civil Rights (OCR) has developed online civil rights training curriculum for grantee agencies and subrecipients. OJP Civil Rights Non- Discrimination Online Training shall be completed prior to receiving RSAT funding by accessing the training modules at <http://ojp.gov/about/ocr/ocr-training-videos/video-ocr-training.htm>.

At this time, there is no certification form required for completion of Federal Civil Rights Training.

SELECTION CRITERIA

The North Dakota Department of Corrections and Rehabilitation is committed to distributing RSAT grant funds in a fair, transparent, and consistent way. Our goal is to ensure these resources reach organizations that make the greatest impact. Applications will be scored on:

- Program relevance and quality (50%)
- Capacity to serve pretrial and post-adjudication populations (10%)
- Organizational qualifications and experience (10%)
- Budget reasonableness and justification (15%)
- Evaluation and reporting plan (15%)

APPLICATION QUESTIONS

- Q01 What is your facility's capacity?
- Q02 What is your facility's average length of stay? Indicate one of the following:
Less than 30 days; 30-90 days; 90-180 days; or More than 180 days
- Q03 What programming would your facility implement or expand with this grant award?
- Q04 Who will provide or facilitate the programming? Indicate all from this list that will provide the programming. A: Jail staff B: Community based providers C: Contractor D: Other (explain)
- Q05 What are the primary reasons your jail is seeking programming funds? (Indicate all that apply)
A: Lack of existing programs B: Gaps in mental health or substance use services C: Limited staff or community capacity D: Safety and behavior management E: Legal or policy compliance F: Other (explain)
- Q06 How will this program increase recovery and/or improve reentry outcomes for participants?
- Q07 How will the program be sustained after the grant period ends?
A: Additional county funding
B: Partner agency support
C: Continued grants/fundraising
D: To be determined
E: Other (provide explanation)
- Q08 Who will sign your grant award agreement? Please provide their name, title, and contact information.

APPLICATION TIMETABLE

These dates are approximate and provide subrecipients with an estimated timeline regarding the application approval/denial process.

APPLICATION REVIEW AND GRANT AWARDS TIMELINE	ACTIVITY
April 1, 2026	RSAT Grant Solicitation Released
April 30, 2026	Applications Due in COSMOS
May 1-15, 2026	Applications reviewed by DOCR grant committee
May 15, 2026	Award Decisions made and Award Information released
June 1, 2026	Complete Grant Agreement
July 1, 2026	Period of performance begins

REPORTING SCHEDULE

PERFORMANCE PERIOD: July 1, 2026 – June 30, 2027

The subrecipient shall submit required quarterly statistical and narrative data for the RSAT Grant as well as a Closeout Report. There will be two types of Quarterly Performance Measures reports that will be required and collected for this grant award: 1) Federal Quarterly Performance Measures Report in BJA's PMT reporting system and 2) ND DOCR's Subgrantee Quarterly Performance Measures Report.

The quarterly statistical data will be entered into BJA's PMT system. A PDF of the completed quarterly report shall be uploaded into COSMOS.

The subgrantee will also submit a quarterly report to the DOCR with information about their program activities, participants served, etc. Submission of the DOCR quarterly report does not replace the required BJA PMT submission. The ND DOCR's Subgrantee Quarterly Performance Measures Report is a Word document template. The ND DOCR's Subgrantee Quarterly Performance Measures Report will be available on the ND DOCR website at <https://www.docr.nd.gov/grantsfunding> and included in the Instruction Documents. The ND DOCR's Subgrantee Quarterly Performance Measures Report will be sent as a File Cabinet Request in COSMOS and subrecipient will submit completed report within 15 days of each quarter end.

Reimbursement requests must be submitted monthly by the 15th of the following month to reimburse the prior month. Reimbursement requests are done through COSMOS.

DUE DATE	TYPE OF REPORT	DOCUMENTATION	WHERE TO SUBMIT
<p>15th day of the month</p> <p><i>(Must be submitted monthly)</i></p>	<p>Reimbursement Requests</p>	<p>Your facility is required to maintain individual receipts for a period of <u>six years</u></p>	<p>COSMOS https://apps.nd.gov/docr/cosmos/menu/</p>
<p>10/15/2026</p>	<p>1st Quarterly Performance Measures Report</p> <p>Federal: BJA State: ND DOCR</p>	<p>Demographic and service information for the period of 7/1/2026 – 9/30/2026</p> <p>Federal: Complete in BJA PMT. Upload copy of PDF report into COSMOS.</p> <p>State: Document completed through COSMOS.</p>	<p>BJA PMT https://bjapmt.ojp.gov/</p> <p>COSMOS https://apps.nd.gov/docr/cosmos/menu/</p>
<p>01/15/2027</p>	<p>2nd Quarterly Performance Measures Report</p> <p>Federal: BJA State: ND DOCR</p>	<p>Demographic and service information for the period of 10/1/2026 – 12/31/2026</p> <p>Federal: Complete in BJA PMT. Upload copy of PDF report into COSMOS.</p> <p>State: Document completed through COSMOS.</p>	<p>BJA PMT https://bjapmt.ojp.gov/</p> <p>COSMOS https://apps.nd.gov/docr/cosmos/menu/</p>
<p>4/15/2027</p>	<p>3rd Quarterly Performance Measures Report</p> <p>Federal: BJA State: ND DOCR</p>	<p>Demographic and service information for the period of 1/1/2027 – 3/31/2027</p> <p>Federal: Complete in BJA PMT. Upload copy of PDF report into COSMOS.</p> <p>State: Document completed through COSMOS.</p>	<p>BJA PMT https://bjapmt.ojp.gov/</p> <p>COSMOS https://apps.nd.gov/docr/cosmos/menu/</p>
<p>07/15/2027</p>	<p>4th Quarterly Performance Measures Report</p> <p>Federal: BJA State: ND DOCR</p>	<p>Demographic and service information for the period of 4/1/2027 – 6/30/2027</p> <p>Federal: Complete in BJA PMT. Upload copy of PDF report into COSMOS.</p> <p>State: Document completed through COSMOS.</p>	<p>BJA PMT https://bjapmt.ojp.gov/</p> <p>COSMOS https://apps.nd.gov/docr/cosmos/menu/</p>
<p>1/15/2027 7/15/2027</p>	<p>Semi-Annual Narrative Questions (BJA)</p>	<p>Semi-Annual narrative questions for the period of 7/1/2026 – 12/31/2026; 1/1/2027 – 6/30/2027 (BJA PMT)</p>	<p>BJA PMT https://bjapmt.ojp.gov/</p>

07/15/2027	Closeout Report (ND DOCR)	Demographic and service information for the period of 7/1/2026 – 6/30/2027 Submitted in COSMOS	COSMOS https://apps.nd.gov/docr/cosmos/menu/
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MATCH

There is no match requirement for the RSAT grant subaward by the subgrantee.

REIMBURSEMENT REQUESTS

Reimbursement Requests are required to be submitted once per month. Failure to submit per the required schedule may result in sanctions as detailed below in the Subrecipient Non-Compliance. Reimbursement Requests are due on the 15th day of each month.

Clear and concise documentation will be required when submitting reimbursement requests. The ND DOCR must be able to easily reconcile the documents submitted with the dollar amount requested. **IF APPLICABLE, PLEASE INCLUDE YOUR CALCULATIONS FOR RSAT ALLOCATION REIMBURSEMENTS (I.E., SALARY, FRINGE, ETC.), AS YOUR FACILITY MAY BE IN RECEIPT OF MULTIPLE FUNDING SOURCES.**

The ND DOCR understands there are many different accounting systems in use by subrecipients. At this time the ND DOCR is not mandating the use of specific forms for submitting reimbursement requests. However, as a best practice, subrecipients are encouraged to use the Subrecipient Reimbursement Request Template, which can be downloaded from <https://www.docr.nd.gov/grantsfunding>. If a subrecipient chooses not to use the Subrecipient Reimbursement Request Template, the same information must be provided.

Receipts will be required for all expenses submitted and must include a notation on the receipt indicating what portion is being claimed under RSAT (**please include your calculation as well**) and what budget category the expense is for.

Employee timesheets **will be required** if requesting Personnel/Salary or Fringe reimbursements. Timesheet templates for Salary and Hourly employees are available at <https://www.docr.nd.gov/grantsfunding> under Supplemental Information.

QUARTERLY PERFORMANCE MEASURES REPORTS

FAILURE TO SUBMIT QUARTERLY PERFORMANCE REPORTS, PER THE REQUIRED SCHEDULE, MAY RESULT IN SANCTIONS AS DETAILED BELOW IN SUBRECIPIENT NON-COMPLIANCE.

Federal Quarterly Performance Measures Report:

The Subrecipient user will be added to BJA's Performance Measurement Tool (PMT) reporting system so they can enter their data directly in the PMT system: <https://bjapmt.ojp.gov/>. All grantees are required to report on the status of the award every 3 months. If you have no grant activity to report, specify that the project was not operational for that reporting period. You are required to report in the BJA PMT every 3 months, beginning with the start date of the award, even if there was no activity and the award was "not operational" during the reporting period. By indicating that your project is not operational, you will not be

prompted to enter quantitative (performance measures) data.

You are required to enter data on all performance measures that are applicable to activities proposed in your grant application. Based on the selected services, the PMT will narrow down the performance measures for which you will need to report.

The point of contact for the organization and any additional contacts entered in the PMT will receive an e-mail 45, 30, and 15 days before the data are due in the PMT. If you do not submit data in the PMT, you will receive a delinquency e-mail notice 5 days after the submission due date.

Narrative questions are asked semiannually, or every 6 months, in the PMT during the October–December and April–June reporting periods.

The subgrantee shall complete and submit within 15 days of each calendar quarter end. The completed quarterly PDF report from BJA's PMT system will be uploaded into COSMOS system through a File Cabinet Request.

The following is an example of the quarterly PMT report for the RSAT grant reporting that is entered into BJA's PMT system. These are the performance measures collection for Aftercare services. If other programs are used for the grant, there may be additional performance measures to report. An attachment of the PMT reporting is included under **General/Instruction Documents** in COSMOS under the grant Application.

RSAT Performance Measurement Data

Performance Measurement	
<p>47. During the reporting period, did you serve or provide direct services to a population of program participants? Services delivered to participants can be funded through a direct grant, contract, or subaward.</p> <p>A. Select Yes or No</p> <p>B. If no, please explain</p>	<p>39. Please enter the number of participants who successfully completed all requirements of the aftercare portion of your RSAT program during the reporting period.</p>
<p>31. Of those who entered aftercare portion of the RSAT program during the reporting period, please enter the number of participants who were administered a risk and/or needs assessment.</p>	<p>41. Of those aftercare participants who left the RSAT program successfully, please enter the number who completed the program during the following timeframes.</p> <p>A. 0 to 3 months</p> <p>B. 4 to 6 months</p> <p>C. 7 to 9 months</p> <p>D. 10 months or more</p>
<p>32. Please name the risk assessment instrument(s) that is used to assess risk/need.</p>	<p>42. Of those aftercare participants who left the RSAT program unsuccessfully or did not complete the program, please enter the number who left the program during the following timeframes.</p> <p>A. 0 to 3 months</p> <p>B. 4 to 6 months</p> <p>C. 7 to 9 months</p> <p>D. 10 months or more</p>
<p>33. Of those who entered the aftercare portion of the RSAT program during the reporting period, please enter the number of such individuals who were identified as having high criminogenic risks and/or high substance abuse treatment needs.</p>	<p>43. Please enter the number of participants who were administered an alcohol/drug test before admission into your aftercare program.</p>
<p>34. Of those who entered the aftercare portion of the RSAT program during the reporting period, please enter the number with an individualized treatment plan during the reporting period.</p>	<p>44. Of those enrolled in the aftercare portion of the RSAT program, please enter the total number of participants tested for alcohol or illegal substances during the reporting period.</p>
<p>35. Please enter the total number of aftercare participants who are enrolled in the RSAT program as of the last day of the reporting period.</p>	<p>45. Of those enrolled in the aftercare portion of the RSAT program, please enter the number of participants who tested positive for the presence of alcohol or illegal substances during the reporting period.</p>
<p>36. Please enter the number of NEW aftercare participants admitted during the reporting period.</p>	<p>46. During the reporting period, please enter the number of participants who were administered an alcohol/drug test (e.g., urinalysis test) within 30 days after successfully completing your aftercare program and are still under supervision of the program.</p> <p>A. Number of aftercare participants tested after program completion</p> <p>B. Of that number, how many tested positive for alcohol or illegal substances following program completion?</p>
<p>37. Of those newly admitted aftercare participants released to the community, please enter the number with a continuity of care arrangement or reentry or transitional plan.</p>	<p>47. During the reporting period, did you serve or provide direct services to a population of program participants? Services delivered to participants can be funded through a direct grant, contract, or subaward.</p>
<p>38. Please enter the number of aftercare participants who were provided services during the reporting period with BJA program funds, including matching funds, through the following treatment components:</p> <p>A. Substance abuse and treatment services</p> <p>B. Cognitive and behavioral services (including interventions that address criminal thinking and antisocial behavior)</p> <p>C. Employment services</p> <p>D. Housing services</p> <p>E. Mental health services</p> <p>F. Other services</p> <p>G. Please explain other services</p>	<p>48. Does your program track health care coverage for participants? This includes screening participants for health care eligibility, providing enrollment services/support, or tracking/gathering information regarding participants who already have health care. Health care includes programs such as Medicaid, Medicare, or veterans benefits.</p>

49. Please complete the following table about health care and Medicaid coverage for your program during the reporting period.

Measure	During the reporting period how many NEW program participants came into the program with: <i>(NEW participants are those who began participating in the program for the first time during the reporting period.)</i>				During the reporting period how many program participants were found to be ELIGIBLE for: <i>(Eligible participants are those who meet the requirements to qualify for health care coverage. Not all eligible applicants will necessarily be enrolled in coverage.)</i>				During the reporting period how many program participants were ENROLLED in: <i>(Enrolled participants are those who were enrolled in health care benefits during the reporting period.)</i>				
ANY health care coverage <i>(includes both private health insurance and government health benefits. Examples are employment based, marketplace coverage, self-insured, Medicaid, Medicare, military health care, or benefits from the VA)</i>	Number				Number				Number				
Of those, MEDICAID coverage. <i>(Medicaid is a joint federal-state program that provides health coverage or nursing home coverage to people meeting the Federal low-income level qualifications, including children, pregnant women, parents of eligible children, people with disabilities, and elderly people needing nursing</i>	Number	This number must be lower or equal to than the number above.			Number	This number must be lower or equal to than the number above.			Number	This number must be lower or equal to than the number above.			

50. Please complete the following table for health care and Medicaid coverage for participants EXITING the program during the reporting period. Program exit can either mean successfully or unsuccessfully exiting without completing the program requirements and can occur at any time during the reporting period.

Measure	During the reporting period how many program participants were found to be ELIGIBLE at exit for: <i>(Eligible participants are those who meet the requirements to qualify for health care coverage. Not all eligible applicants will necessarily be enrolled in</i>			During the reporting period how many program participants were ENROLLED at exit in: <i>(Enrolled participants are those who were enrolled in health care benefits during the reporting period.)</i>		
ANY health care coverage <i>(includes both private health insurance and government health benefits. Examples are employment based, marketplace coverage, self-insured, Medicaid, Medicare, military health care, or benefits from the VA)</i>	Number			Number		
Of those, MEDICAID coverage. <i>(Medicaid is a joint federal-state program that provides health coverage or nursing home coverage to people meeting the Federal low-income level qualifications, including children, pregnant women, parents of eligible children, people with disabilities, and elderly people needing nursing home care.)</i>	Number	This number must be lower or equal to than the number above.		Number	This number must be lower or equal to than the number above.	

Semi-Annual Narrative Questions (every six months)

Question: What were your accomplishments during reporting period?

Question: What goals were accomplished, as they relate to your grant application?

Question: What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?

Question: Is there any assistance that BJA can provide to address any problems/barriers identified in question #3?

Question: Are you on track to fiscally and programmatically complete your program as outlined in your grant application? (Please answer YES or NO and if no, please explain.)

Question: What major activities are planned for the next 6 months?

Question: Based on your knowledge of the criminal justice field, are there any innovative programs/accomplishments that you would like to share with BJA?

ND DOCR's Subgrantee Quarterly Performance Measures Report:

The following data and information will be collected and submitted by the subgrantee quarterly for the ND DOCR's Subgrantee Quarterly Performance Measures Report on a Word document template. The ND DOCR's Subgrantee Quarterly Performance Measures Report will be available on the ND DOCR website at <https://www.docr.nd.gov/grantsfunding> and included in the Instruction Documents.

The following questions will also be included on the ND DOCR's Subgrantee Quarterly Performance Measures Report to be completed by the subgrantee. The subgrantee shall complete and submit within 15 days of each calendar quarter end by uploading the completed report (report template provided) into COSMOS system through File Cabinet Request.

Please provide answers to the following questions regarding this quarter's grant-funded program implementation:

1. **Program Activities**
Briefly describe RSAT-funded activities conducted during this reporting period.

2. **Participants Served**
Number of unduplicated justice-involved participants served during this period: _____
Participant status Incarcerated Pretrial confined Post-adjudication Reentry

3. **Services Delivered**
Identify the types of services provided (e.g., counseling, MAT, drug testing, case management, aftercare).

4. **Program Progress**
Describe progress toward program goals and objectives during the reporting period.

5. **Outcomes & Performance Measures**
Identify any outcomes achieved during this period (e.g., program engagement, completions, transitions to aftercare, continuity of care).

6. **Challenges & Barriers**
Describe any challenges encountered and actions taken to address them.

7. **Use of RSAT Funds**
Confirm that RSAT funds were used solely for approved activities and justice-involved participants.
 Yes No — If no, explain below:

8. **Technical Assistance Needs**

Identify any technical assistance, training, or support needed from DOCR.

REQUIRED MONITORING OF SUBAWARD

The ND DOCR must monitor subawards under this award in accordance with all applicable laws, regulations, award conditions, and the DOJ Grants Financial Guide, and must include the applicable conditions of this award in any subaward. Information about Administrative, National Policy, and Other Legal Requirements for Department of Justice federal grants can be found at:

<https://www.ojp.gov/funding/apply/ojp-grant-application-resource-guide#administrative>.

The ND DOCR is responsible for oversight of subrecipient spending and monitoring of specific outcomes and benefits attributable to the use of award funds by subrecipients.

The recipient of the RSAT subaward agrees to submit, upon request, documentation of its policies and procedures under the standard assurances and federal special award conditions. These documents are posted on DOCR website: Grants/Funding – Grant Solicitations - RSAT. Monitoring will occur through either a site visit or a desk review.

CLOSEOUT REPORT

When the grant period ends, a Closeout Report will be generated in COSMOS for the subgrantee to complete and return as a Filing Cabinet request. The following Closeout Report information will be gathered for the grant-funded project and reported by the subgrantee on the Closeout Report.

Residential Substance Abuse Treatment (RSAT) Sub-Award – 2026-27 Closeout Report

1. Participants Served:
Total number of unduplicated justice-involved participants served with RSAT funds during the grant period:
2. Use of Funds:
Briefly describe how RSAT funds were used across approved budget categories (e.g., personnel, contractual services, program materials, participant supports).
3. Case Illustrations (2 examples):
Provide two brief, de-identified case illustrations demonstrating how RSAT funds supported justice-involved individuals or improved continuity of care.
(No identifying information.)
4. Program Impact:
What was the most significant impact or outcome achieved as a result of RSAT funding?
5. Lessons Learned / Recommendations:
What is one key lesson learned or recommendation for improving RSAT-funded programming in future grant cycles

SUBRECIPIENT NON-COMPLIANCE

The North Dakota Department of Corrections and Rehabilitation (DOCR) will make multiple attempts to correct and resolve compliance issues with subrecipients. The ND DOCR can add Specific Conditions to any RSAT Subrecipient Agreement to address compliance issues. However, continued violation of the RSAT Subrecipient Agreement could result in one or more sanctions, Monitoring, and Remedies, of the RSAT Grant Subrecipient Agreement.

Sanction(s) may be imposed for one or more of the violations below:

1. Failure to submit Performance Measure reports by the required deadline within any 12-month period.
2. Failure to submit a reimbursement request for two successive months in any 12-month period.
3. Failure to complete a closeout report prior to the deadline. Failure to comply with any portion of the Subrecipient Agreement and Specific Conditions will result in permanent debarment from future programs.

THE AUTHORIZED SANCTIONS MAY INCLUDE ONE OR MORE OF THE FOLLOWING:

Temporarily withhold reimbursements pending correction of the deficiency by the entity, or more severe enforcement action by the awarding facility or pass-through entity.

1. 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.
2. Wholly or partly suspend or terminate the award.
3. Initiate suspension or debarment proceedings.
4. Withhold further awards for the project or program.
5. Take other remedies that may be legally available.

Should the ND DOCR decide to partly suspend the award, the following graduated sanctions may be used. The sanction should be based on the number of violations. Multiple violations can be counted as separate incidents, therefore increasing the severity of the sanction.

- First incident – minimum of \$1,000 partial suspension or 1% of the award, whichever is greater.
- Second incident – minimum of \$5,000 partial suspension or 5% of the award, whichever is greater.
- Third incident – termination of award.

The ND DOCR shall impose a partly suspended award no later than the beginning of the 4th quarter of the performance period and will affect the funding within that performance period. The ND DOCR shall make all reasonable efforts to reallocate funding to another subrecipient within fifteen (15) days.

INDIVIDUAL COSMOS USER ACCOUNTS

Subrecipients will be required to establish **INDIVIDUAL USER ACCOUNTS** prior to the beginning of the performance period for all staff with access to COSMOS. This provides an additional level of security for subrecipients. This is helpful during staff changes as well. A Subrecipient **MAY NOT** use a single sign on approach for a facility when setting up or updating its COSMOS profile.