

SFY27 ADM Funding Application Frequently Asked Questions

Please be advised that no modifications are permitted to any forms related to the SFY27 Funding Application

Q- It was mentioned in the Funding Application Review meetings that the #s served fields (7-10 in the Program Specific Application) do not allow numbers larger than two digits.

A- An updated form was sent to your agency's Director on Monday, February 9th, 2026. Please obtain the form from them.

Q- Question regarding the priority placement of MAT. With overdose deaths being down as a direct result of not only Narcan but just as importantly the increase access to MAT I have to ask why a priority 4? All evidence points to a lifesaving medication, that when people are not on MAT the rates of returning to use increase, each return to use after a period of abstinence increases the likelihood for a fatal overdose and the federal government prioritizing access (and minimizing counseling unfortunately) to MAT would seem to indicate a priority 2 at the least. If detox is a priority 1, shouldn't we consider the medications used in some of those cases to be a priority 1 or at least a priority 2.

A- Regarding the priority placement of MAT, this is considered a service and not a program. The medication itself can be provided to clients across various programs within an agency and be billed, when allowable (i.e., outpatient, IOP, and PHP). Therefore, it could be offered across various program priority areas and not just 4.1, General Services.

Q- There is a note on our provider specific application/funding parameters that the Hospital Navigator program is under review and may be discontinued. When will we know how to proceed with this program and if it is continuing?

A-

Q- Sections 11, 13, 14, 15, and 16 in the Program Specific Application do not apply to our prevention programs and the field does not allow an "N/A" answer. Should we leave that field blank?

A- Yes, please leave the fields blank.

Q- Can the tabs on the Program Specific Application spreadsheet be adjusted so that the name of the program can be entered?

A- No, these cannot be modified

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Q- On Attachment A, page 2, section III Quarterly Reporting (Other): For outcomes, are detox/drop in/pre residential treatment considered crisis services? We currently do not report these programs in Sureimpact. They are reported to outcomereports@admboard.org.

A- Please reference Section III on p.2 of Attachment A as well as the Program Restructure form that was sent to your Executive Director as part of the SFY27 Funding Application packet.

Q- #21 of the Program Specific spreadsheet asks about collaborations and partnerships. Are Drug Courts that hold weekly sessions involving Agency's ADM funded staff considered co-located and if so, are letters of support necessary?

A- Yes, please provide a letter of support from the specialty dockets along with the completion of #21 on the Program Specific Application.

Q- Are NTEs for all programs or just prevention?

A- All programs will be assigned NTEs that will help identify programming through GOSH

Q- What priority area does MAT fall into?

A- Priorities are programming, so services can fall into multiple programming. You will need to align your services to all applicable programs.

Q- What if there are not enough program tabs on the Program Specific Application?

A- ADM believes that enough tabs have been provided in the Program Specific Application based off of the Program Consolidation (see your Program Restructure Rollout Summary document provided to your Executive Director on 2/2/26). If that is not the case, you may request an additional tab through the grant applications emails.

Q- Can we get a sample scoring sheet?

A- ADM will provide all agencies with a sample scoring sheet through grant applications

Q- Can there be discussions with billing and IT soon so we can have time to make needed changes?

A- Yes. ADM will be reaching out to schedule meetings and discussions on how this impacts GOSH

Q- Why am I'm receiving an error in Q7 in Program Specific Application when I attempt to 4 numbers?

A- We will look into this and make adjustments and send out updates as needed

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Frequently Asked Questions

Q- With prevention being priority 6, does that mean we are competing for funding as the lowest priority?

A- Prevention is carved out as separate funding and will compete against other prevention funding.

Q- In the grant application under Service Directory, questions 3,4, and 5 are character limited. Is it ok to exceed that or are you just looking for a few sentences?

A- It is okay to exceed the character limit. You may include those responses on a separate word doc and submit that with the application/supporting documentation.

Q- For the productivity by program:

1. It will not allow an explanation by staff type in that field. Per instructions we are supposed to be able to expand on that number. (i.e. Clinical versus prescribers)
2. Do you consider available time based on full FTE hours or with PTO/Holidays removed?
3. Most of our programs do not have a traditional productivity expectation, i.e. Crisis 24/7. Some have a program expectation of clients and units,, but they are covered by multiple staff. How would you like us to reflect that?

A-

1. The response can be the average productivity level for all staff in the program. We understand that productivity may vary based on staff position.
 2. Available time is the FTE hours minus PTO/Holidays.
 3. Use 0 as the productivity expectation. We'll talk more about that with your agency individually in transitioning the program service delivery model for Crisis services.
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Q- The Staff Demographics and Client Demographics tables adds all of the categories together and does not reflect the accurate number of staff/clients.

A- This has been brought to our attention and our review team will update the table to reflect the correct number of staff.
