

**Substance Abuse and Mental Health Services Administration  
(SAMHSA)**

**Center for Substance Abuse Treatment (CSAT)**

**GOVERNMENT PERFORMANCE AND RESULTS ACT  
CLIENT OUTCOME MEASURES  
FOR DISCRETIONARY PROGRAMS TOOL (GPRA TOOL)**

**GPRA TOOL  
FREQUENTLY ASKED QUESTIONS (FAQs)**

July 2023  
Version 4.0

## ***General Questions***

### **1. What is the Government Performance and Results Act of 1993 (GPRA)?**

GPRA is a public law that was passed by Congress in 1993. GPRA was enacted to improve stewardship in the federal government and to link resources and management decisions with program performance. GPRA requires that all federal agencies:

- Develop strategic plans specifying what they will accomplish over a 3- to 5-year period.
- Annually set performance targets related to their strategic plans.
- Annually report the degree to which the targets set in the previous year were met.
- Regularly conduct evaluations of their programs and use performance monitoring data to understand their successes and opportunities for improvement.

The GPRA Modernization Act of 2010 updated some aspects of the GPRA Act of 1993. It placed greater emphasis on setting goals, cross-organizational collaboration, and improving programs using performance metrics. As part of this federal mandate, all SAMHSA grantees are required to collect and report performance data using approved measurement tools.

### **2. Do we have to comply with GPRA?**

All Center for Substance Abuse Treatment (CSAT) programs must comply with GPRA. In their grant applications, prospective grantees should state the procedures they will put in place to ensure both compliance with GPRA and the collection of CSAT's GPRA Client Outcome Measures for Discretionary Programs Tool (GPRA Tool) data elements at intake/baseline, 6-month follow-up, and discharge. Select programs must also conduct 3-month follow-up interviews. For a more detailed description of grantees' GPRA requirements, please review your grant requirements as described in your Notice of Award (NOA). Grantees can also reach out to their Government Project Officer (GPO) with any questions on GPRA requirements specific to their grant program.

### **3. What is SPARS?**

SPARS is the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Performance Accountability and Reporting System. SPARS is a web-based data entry system used by CSAT grantees to report timely and accurate GPRA data to SAMHSA. This is the system where grantees enter their intake/baseline, 3-month follow-up (if required), 6-month follow-up, and discharge data. You can access SPARS [here](#).

### **4. How do I contact the SPARS Help Desk?**

You can call the SPARS Help Desk at 1-800-685-7623. It is available Monday–Friday, 9 a.m.–8 p.m. (EST). The Help Desk email address is [SPARSHelpDesk@mathematica-mpr.com](mailto:SPARSHelpDesk@mathematica-mpr.com).

### **5. How are the data in SPARS used?**

Data submitted in SPARS will help CSAT:

- Demonstrate tangible CSAT contributions to meet GPRA objectives.
- Report to Congress via the GPRA Plan/Report, aggregated by program, along with a narrative developed by your GPO on the status of grant activities, services provided, and client outcomes.
- Report to SAMHSA on the National Outcome Measures (NOMs).
- Make the case to Congress that the money awarded to grantees is being spent effectively.

## 6. How do I get a SPARS account?

Notify your Project Director or Authorized CSAT Representative that you need a SPARS account. All project staff who will be entering data into SPARS need to have a SPARS account. Project leadership should use the [Add or Remove User Request Form](#) to request an account (available on the [SPARS website](#) in the [Resources](#) area). Once the form is completed, your Project Director or Authorized CSAT Representative will need to submit the completed form to the SPARS Help Desk ([SPARS Help Desk](#)).

Once SPARS receives the required information, Help Desk staff will set up an account and send you login credentials via email. Users who have access to more than one CSAT grant will use the same login ID and password to access all their CSAT grants.

## 7. What is the Grant ID?

The Grant ID is an alpha-numeric code assigned by SAMHSA that identifies each grant. It usually starts with two letters followed by numbers (e.g., "TI123456"). The Grant ID should be listed in each grant's Notice of Award (NOA).

## *GPRA Questions*

## 8. What are the Core Client Outcome Measures in the CSAT GPRA data collection tool?

The CSAT GPRA Core Client Outcome Measures in the GPRA Tool are client-level data items that have been selected from widely used data collection instruments (e.g., the Addiction Severity Index). The GPRA Tool is composed of Sections A-K and collects information related to demographics; substance use and planned services; living conditions; education, employment, and income; legal; mental and physical health problems and treatment/recovery; program-specific questions (only required of certain grant programs); follow-up status; discharge status; and services received under grant funding.

The GPRA Tool ([English](#) and [Spanish](#) versions) is available on the [SPARS website](#) in the [Resources](#) area.

## 9. Do we need Institutional Review Board (IRB) approval to collect GPRA data?

SAMHSA does not require IRB approval for the collection of GPRA data. However, we encourage you to check with your local IRB should you have questions.

## 10. Can projects change the GPRA Tool?

No, the GPRA Tool cannot be changed. CSAT encourages grantees to use other data collection instruments to enhance their data collection efforts. However, data from additional questions should not be forwarded to CSAT as part of GPRA reporting and cannot be entered into SPARS.

## 11. Is the GPRA Tool available in other languages?

The GPRA Tool is available in both [English](#) and [Spanish](#) and can be found on the SPARS website by selecting the *Resources* button on the homepage, or by clicking [here](#). In cases where a client speaks any other language, the grantee should follow the same procedures for collecting GPRA Tool data as those that are used to obtain any other information for the client.

**12. Do we have to ask the questions as written in the GPRA Tool?**

Yes, questions must be asked as written. After the question is asked, grantees can paraphrase if additional clarification is required for the client. However, grantees may use their existing instruments (in conjunction with the GPRA Tool) to collect data for GPRA reporting if their questions have **the exact same wording** as those in the CSAT GPRA Tool and the response categories are the same or can be rolled up to the exact categories in the tool.

**13. Where can I get copies of the GPRA Tool and associated resources (e.g., Question-by-Question Guide, Codebook, etc.)?**

Documents including the GPRA Tool, Question-by-Question Guide (QxQ), and Codebook can be found in the *Resources* tab on the SPARS homepage, or by clicking [here](#). On the *Resources* page, materials can be filtered by Center, Resource Type, User Type, and/or Data Entry Type. At the top of the resource list, users can also search by keyword and sort the list alphabetically or by recency.

**14. Where can I view recorded SPARS trainings?**

SAMHSA encourages all CSAT grantees to review the *Training* page which may be accessed by selecting the *Training* tab (SPARS login required) on the top of the SPARS homepage, or by clicking [here](#). Training resources include recorded webinars with closed captioning, slide presentations with speaker's notes, question and answer documentation, and video recordings. From the *Training* page you can search for or view the catalog of courses.

**15. Do we have to collect information on every person our program serves?**

Program staff must collect data on all clients to whom they are providing CSAT-funded services (as defined by the CSAT grant). CSAT GPRA Core Client Outcome Measures data items must be collected at intake/baseline, 6-month follow-up, and discharge. Some CSAT-designated programs are also required to conduct a 3-month follow-up interview. Sites should collect follow-up data on all clients regardless of whether a client is discharged or drops out of the program. When a program cannot conduct a follow-up interview with a client, the program must complete an administrative discharge GPRA to report that information to CSAT and explain why they were not able to follow-up.

**16. Should we use the GPRA Tool to collect data on youth and adolescents?**

CSAT recognizes the difficult issues involved in collecting data on youth and adolescents. Currently, Discretionary Services grantees are to use the GPRA Tool as is to collect GPRA data on all youth and adolescent clients in their programs.

**17. What are the required data collection points for the GPRA information?**

GPRA data are to be collected for each individual client at these specific points:

- Intake/baseline
- 3-months after intake/baseline (only required of certain CSAT-designated programs)
- 6-months after intake/baseline
- Discharge

It is imperative that grantees collect GPRA data on each client as soon as possible after the client's intake into the program.

To comply with the requirement to collect GPRA data at intake/baseline, residential programs must collect GPRA data on each client as soon as possible after intake but no later than 3 days after the client

officially enters the substance use treatment program.

All types of outpatient programs must collect GPRA data on each client as soon as possible after assessment or intake but no later than 4 days after the client officially enters the substance use treatment program. Program entry dates should be the date which the client began receiving CSAT-funded services.

### **18. Do all programs use “the past 30 days” as the basis for client reported data?**

Many questions in the GPRA Tool refer to the “past 30 days” and all programs should use this as the basis for client-reported data for those questions. Instructions are provided in the GPRA Tool for these items.

There is an exception, however, for Offender Re-entry Program (ORP), Adult Treatment Drug Courts (DCT-AD), Family Treatment Drug Courts (FTDC), SAMHSA Treatment Drug Courts (DCT-FA), and Tribal Healing to Wellness Courts (TDC-ADTRIJ) grantees. For question B1, ORP grantees should ask about alcohol and drug use in “the 90 days prior to incarceration” at intake/baseline and the “past 30 days” at follow-up and discharge.

### **19. Does CSAT allow offering incentives for completed interviews?**

For certain types of interviews, CSAT funding can be used for incentives, with a maximum cash value of \$30 per interview. The incentives can include items such as food vouchers, transportation vouchers, or phone cards. Incentives are permitted for completion of a GPRA follow-up interview. The incentive cannot be used for routine GPRA discharge interviews; they can only be used when program staff must search for a client who has left the program or when a client has dropped out of a program.

### **20. How do I find out which Section H program questions my grant is responsible for completing?**

Only certain programs complete Section H questions. You are not responsible for collecting data on all Section H questions. If your program requires Section H, you will receive guidance from your GPO on which Section H questions to ask. If you have any questions, please contact your GPO. Grantees can also review the [Section H Information Sheet](#) and [CSAT GPRA Client Outcome Measures for Discretionary Programs Tool: Section H. Program-Specific Questions Training](#) (SPARS login required).

### **21. Are there guidelines for consent forms for the GPRA survey?**

CSAT encourages grantees to follow their agency and, if applicable, Institutional Review Board (IRB) policies and practices. CSAT does not provide consent forms for the GPRA Tool.

### **22. Who develops the client identification system?**

Each individual grant develops its own client identification (ID). Each client should have their own unique Client ID that is used at all data collection points: GPRA intake/baseline, 3-month follow-up (only required of certain CSAT-designated programs), 6-months follow-up, discharge. The same unique ID is used each time, even if the client has more than one episode of care. For confidentiality reasons, do not use any portion of the client’s date of birth, Social Security number, or names in the Client ID. Grantees with more than one service site should consider using one of the Client ID digits to identify the site that conducted the interview.

### **23. How should we handle clients who are readmitted for treatment services?**

Occasionally, a client will return for treatment after their episode of care has ended and they have been

discharged from the program. Grantees are only required to administer the GPRA baseline one time per client. However, in those instances in which considerable time has passed since the client was discharged, grantees may choose to administer a second (or third, fourth, etc.) baseline GPRA. In such cases, the subsequent 6-month follow-up date will be set to the 6-month anniversary of the latest GPRA intake interview. The same Client ID number should be used, regardless of the number of episodes of care. Each client will only count once toward reaching the target number of clients to be seen, regardless of the number of GPRA intakes.

There is an exception to this rule for Screening, Brief Intervention and Referral to Treatment (SBIRT) grantees, given the purpose of their grant. A client may be screened and identified as needing one level of service, served, and discharged but then return again to be screened and identified as needing a different level of service. In such cases, the grant receives credit for providing treatment for each different level of service. For example, during the initial screening, the client is identified as needing a brief intervention and is provided with the brief intervention and discharged. The client returns 5 months later, is screened, and is identified as needing brief treatment. The client is provided with the brief treatment and then discharged. In cases such as this, when the client receives two levels of service, the grant receives credit for having served two clients.

**24. If a client is discharged and returns for services, does the client count toward our grant's GPRA targets as another client?**

No. Only one GPRA intake for each client counts toward your target numbers. However, there is an exception to this for SBIRT grantees, given the purpose of their grant. A client may be discharged from one level of service and counted again if that client returns and is assessed and coded into a different level of service: screening and positive feedback (SF), brief intervention (BI), brief treatment (BT), or referral to treatment (RT). The grant may receive one client credit per level of service that the client was assessed as requiring.

**25. What happens if the client does not want to participate in the intake/baseline interview? What should we do?**

A client can refuse to participate in a GPRA interview. However, the grantee should make every attempt to engage the client to encourage the client's participation. In instances in which the client refuses to answer a question or series of questions, the grantee should select the refused option. The grantee should then proceed with completing grantee specific sections of the tool.

**26. Questions in the paper tool (such as D4) are phrased as "select all that apply," but in SPARS each category has a "yes," "no," and "not applicable" response. How should we enter data?**

Questions with *select all that apply* responses should be marked with "yes" in SPARS if they are selected on the paper tool, and a "no" if they are not selected. If none of the options are reported by the client, "none" should be written on the paper tool, and each response should receive a "no" in SPARS. If a response is not applicable (e.g., ability to afford child care), "not applicable" should be written on the paper tool, and selected in SPARS.

### ***GPRA Follow-up Questions***

**27. Do we have to complete a follow-up interview for each client? What is the target follow-up rate?**

Yes, each grantee should conduct a GPRA follow-up on every client, regardless of discharge status (completion/graduate or termination) or timing (e.g., discharged prior to follow-up window opening). The minimum follow-up rate is 80%. Please note that grants should attempt to complete 100% of follow-ups on all clients that received an intake/baseline interview.

For SBIRT Grants: SBIRT grants are required to have a minimum follow-up sampling pool of 10% of clients that screened positive and received treatment from each level of service (BI, BT and RT only). SBIRT grantees are required to follow up with 80% of that sample. Clients who screened negative do not require a follow-up.

**28. Do we collect follow-up data on clients who drop out of our program?**

Yes, you are required to attempt to collect follow-up data from all individuals who received CSAT-funded services through your program.

**29. What if the follow-up period for the client served is past the funding period of the project?**

All grantees are expected to collect follow-up GPRA data for all clients who receive grant-funded services. The sole exception to this rule is for follow-ups due after the grant ends. Grantees who receive no-cost extensions may be required to continue follow-up data collection up to the new end date for the grant.

**30. How does SAMHSA calculate the follow-up rate?**

**Follow-up Rate** is calculated as **Follow-ups Received** divided by the **Follow-ups Due** and multiplied by 100 to calculate a percentage. It is possible that rate could be greater than 100% if the number of completed follow-ups received by the due date is larger than number of follow-up due.

**Follow-ups Received** is the number of completed follow-up interviews.

**Follow-ups Due** is the number of follow-up interviews due by the due date at which 3- or 6-months have passed since the intake interview was completed.

Note: Only those follow-up interviews completed within SAMHSA's allotted interviewing window will count towards raising the follow-up rate. If a follow-up is missed or conducted outside of the window, then it affects the follow-up rate unless the client is deceased.

## ***GPRA Discharge Questions***

**31. Does CSAT require a GPRA discharge on every client?**

Yes, CSAT requires you to submit a GPRA discharge record for every client. The client should be discharged if the client's treatment has ended, or 30 days have elapsed from the time you last had contact with the client, or if the grant ends. If the client is still in the program after the grant ends, the grantee should conduct an administrative discharge. The only exception to this policy is SBIRT grantees when clients screen negative for a substance use disorder.

**32. How does CSAT define discharge?**

CSAT defines discharge in the following ways:

*If your program has an existing discharge definition or policy, you should follow it and conduct the*

discharge interview on the day of discharge.

*If you do not have a discharge definition or policy, you must complete a discharge interview for all clients for whom 30 days have elapsed from the time you last had contact with the client. For example, if the client does not present between May 16 and June 16, a GPRA discharge interview should be conducted.*

For an administrative discharge when the interview is not conducted, interviewers must complete the first four items in Section A (Client ID, Client Type, Contract/Grant ID, Interview Type), marking that the GPRA discharge interview was not completed; Section J (Discharge); and Section K (Services Received). Follow the skip pattern instructions on the tool. If a client is discharged from your program within 7 calendar days of their GPRA intake interview, a full interview is not required. You will be required to complete the first four GPRA items in Section A (Client ID, Client Type, Contract/Grant ID, Interview Type), marking that the interview was not completed; Section J (Discharge); and Section K (Services Received). Follow the skip pattern instructions on the tool.

### **33. Is there a window period for conducting and submitting a GPRA discharge interview record?**

*For programs with a discharge policy or definition:* If the client is present on the day of discharge, the GPRA discharge interview should be conducted on the day of discharge. If a client has not finished treatment, drops out, and is not present the day of discharge, the project will have to find the client to conduct the GPRA discharge interview. The grant will have 14 days after discharge to contact the client and conduct the GPRA discharge interview. If the GPRA interview has not been conducted by day 15, conduct an administrative discharge (see question 31 above).

*For programs without a discharge policy or definition:* If you are using the CSAT policy of discharging a client for whom 30 days has elapsed from the time of last contact, the grant will have 14 days after discharge date to contact the client and conduct the GPRA discharge interview. If the interview has not been conducted by day 15, complete an administrative discharge (see question 31 above).

### **34. The typical episode of care for my clients is very short, so many clients may end up with GPRA intake and discharge interview dates very close to one another. Do we still have to collect both records?**

Yes. Grantees should collect all GPRA data for each data collection point, regardless of how close they are to one another; for those clients who are discharged less than or equal to 7 calendar days from the GPRA intake/baseline interview, however, a full GPRA discharge interview is not required. In this case, you will be required to complete an administrative discharge, which means that you must complete the first four items in Section A, Record Management (Client ID, Client Type, Contract/Grant ID, Interview Type), marking that the interview was not completed; Section J (Discharge); and Section K (Services Received). Follow the skip pattern instructions on the tool. If the client receives services 8 or more days from the GPRA intake interview, then a full face-to-face GPRA discharge interview is required.

### **35. Is there a target discharge rate?**

At this time, CSAT has not specified a discharge target rate. However, grantees may want to encourage the administration of the discharge interview because it contains detailed information on the services the client received as a result of the grant.

## ***GPRA Follow-up and Discharge Timing Questions***



### **36. What if the GPRA discharge interview occurs during the 6-month GPRA follow-up interview window? Do we still have to collect both records?**

Yes. There may be cases when the client's GPRA discharge is due during the window of time that the 3- or 6-month GPRA follow-up interview is open. In these cases, you must still enter data for both the GPRA discharge and the GPRA follow-up interview(s). However, only one interview is required. Once the interview is conducted, you will then enter the data into SPARS as two records: one for discharge with Sections J and K, so that the services provided is documented in SPARS; and the other for follow-up with Section I, so that the follow-up status is documented in SPARS.

If the client's GPRA discharge interview from the program occurs during the 6-month follow-up window, and you have already conducted the GPRA follow-up interview, you will need to do a separate GPRA discharge interview. Note: For CSAT-designated programs, the same rule applies when the GPRA discharge interview is due close to when the 3-month follow-up interview is due.

CSAT Discretionary Services grantees who do not batch upload their GPRA data will have the option of having SPARS complete GPRA Sections A–G for the discharge submission when both the follow-up interview and the discharge interview occur on the same day and the follow-up interview occurs first. Note: If the discharge interview occurs first, Sections A–G will be completed for the follow-up interview. To use this data pre-populate option, the following requirements must be met: both the follow-up and the discharge must be completed on the same day; the date must be on or after the follow-up window opens and before it closes; and neither the follow-up nor discharge GPRA has been conducted previously.

Follow these steps to use the data pre-populate option:

- Enter your client's GPRA follow-up or GPRA discharge into SPARS; when finished, click "Submit."
- Begin the respective follow-up or discharge GPRA. When you enter the same date, a message will appear asking if you would like to have SPARS copy the corresponding data from the first submission into SPARS. If you select "yes," the system will copy the data you have already entered to the appropriate sections for the follow-up or discharge GPRA and then will take you to the final unique sections of the GPRA that you must complete. Specifically, for a discharge GPRA, you must complete Section J and Section K. For a follow-up GPRA, you must complete Section I.
- When you are finished with these sections, click "Submit"; you then will have completed the submission of both the discharge and follow-up GPRA.

Note: After you submit, if you identify items that must be corrected, you must make the corrections to both documents because SPARS will not autocorrect either.

## ***SPARS Data Entry***

### **37. SPARS shows that my password has been disabled. What do I do now?**

As a security feature, accounts become disabled when there are too many unsuccessful password attempts, if you do not change your password every 60 days, or if you have not logged in to SPARS within 60 days.

If your account becomes disabled, you will need to contact the SPARS Help Desk to have your account activated or password reset. The SPARS Help Desk is available Monday–Friday, 9:00 a.m.–8:00 p.m. ET (except holidays that are posted in advance as an announcement on the SPARS homepage) by phone (1-800-685-7623) and email (SPARSHelpDesk@mathematica-mpr.com). You will need to email the Help Desk from the email address associated with your SPARS account. If you cannot do this, then you will need to ask your Project Director or CSAT Authorized Representative to email the Help Desk on your behalf.

### **38. Are we able to access data previously submitted to SPARS using the expired tool?**

Yes, grantees are able to access data that was collected using the expired tool. Online reports are being updated to reflect both expired tool and new tool information. The system includes messaging that indicates which online reports are still under development.

### **39. I need to delete or change some data. How can I do that?**

Most data in Sections A. Record Management (Demographics) through Section K. Services Received Under Grant Funding can be edited.

However, **certain items in the Record Management Section cannot be edited** (e.g., Client ID, Grant ID, interview type, was the interview conducted); if you need to change data in this section, the entire baseline interview must be deleted, and you will need to re-enter the entire interview. If you do not have a paper copy of the completed interview, print the summary screen for each record before deleting the record.

Note: To remove an entire baseline interview, all follow-up interviews and discharges related to that client’s baseline data will need to be deleted first and then re-entered after the baseline is completed.

To remove a baseline interview, please reach out to the SPARS Help Desk (phone: 800-685-7623; email: [SPARS Help Desk](#)). You will need to include your grant number and the Client ID. Once you provide the Help Desk with this information, the SPARS system will remove the record and send you a confirmation email. The turnaround for this is generally 1–2 business days, but it may take longer. Please do not resend the same request. If you want to verify that we received your request, call the SPARS Help Desk. To avoid having to reenter a record, the Help Desk strongly recommends that you make sure everything under Section A. Record Management, is correct before you save your record.

### **40. How often should we enter our GPRA data?**

Grantees are required to have all of their GPRA data entered in as close to real time as possible. Thus, grantees should aim to enter their data within 1 day—but no later than 7 days—after the GPRA interview is conducted. This guidance applies to grantees who manually enter their data and upload their data.

### **41. Can I save partial records in SPARS?**

No, the system will not save partial records. You must enter all sections of a record before it can be saved in the system. The SPARS data entry screens are not designed or optimized for use during the interviews. It is recommended that users either record responses on the paper tool or create their own data collection system (e.g., within their EHR, using survey software). SPARS will time out with 20 minutes of inactivity. It currently does not autosave and does not allow for partial data entry. Data must be entered in its entirety and submitted to be saved. If used “live” during an interview, this could result

in a loss of data and could interrupt the flow, rapport, and trust needed for clients to fully respond. The Excel template provided by SPARS is for data transfer from a survey software to SPARS and is not suitable for data collection.

**42. I mistakenly entered a client's follow-up as a GPRA intake. Now I have two GPRA intakes in the system: one active and one inactive. How do I rectify this?**

Send the Help Desk (email: [SPARS Help Desk](#)) an email indicating which client record you would like removed. Since the Client IDs will be identical, the best way to specify which record you want removed is to also provide the GPRA Intake Date. Please state in your email the grant ID, Client ID, GPRA Intake Date of the record you want removed, and the reason for deletion.

**43. Can we batch upload our GPRA data rather than using the manual data entry system?**

Yes. One important change to SPARS for grantees submitting GPRA data is a new CSV batch upload process that was deployed in February 2023. This new process allows all CSAT grantees to upload multiple GPRA records at once, rather than entering records into SPARS one-by-one via the data-entry pages. It is important to note that this new process offers grantees a second way to enter GPRA data into SPARS. Grantees are still able to enter data via SPARS's data-entry screens, and grantees may use either or both processes as they wish. The CSV batch upload process is designed to be more efficient, particularly for grantees with large volumes of GPRA data, and for grantees that are already collecting their GPRA data via a separate system such as an EHR or an online survey tool. Batch upload is available for all CSAT grantees that are required to submit GPRA data. Resources for learning this process are available [here](#), with a SPARS login. In addition, the older, existing XML-based batch upload system that has been available for certain CSAT grant programs will continue to be available for a considerable period of time, though it will eventually be phased out. The CSV Upload Templates can be found [here](#), the CSAT GPRA Services XML Schemas can be found [here](#), the CSAT GPRA SBIRT XML Schemas [here](#), and the Common Types XML Schema [here](#).

**44. Who should we contact if we have questions?**

Please direct all questions related to the [CSAT GPRA Tool](#). For all questions related to SPARS, please contact the SPARS Help Desk, Monday through Friday, 9:00 AM to 8:00 PM ET, by phone (1-800-685-7623, toll-free) and email ([SPARS Help Desk](#)). For any other project-related questions, please contact your GPO.