

**Department of Health and Human Services
Substance Abuse and Mental Health Services
Administration**

Strategic Prevention Framework

Partnerships for Success II

(SPF-PFS II)

(Initial Announcement)

Request for Applications (RFA) No. SP-12-004

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243 Number

Key Dates:

Application Deadline	Applications are due by July 19, 2012
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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EXECUTIVE SUMMARY:

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for fiscal year (FY) 2012 Strategic Prevention Framework Partnerships for Success II cooperative agreements (SPF-PFS II). The SPF-PFS II is designed to address two of the nation's top substance abuse prevention priorities: 1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse and abuse among persons aged 12 to 25.

The SPF-PFS II is also intended to bring SAMHSA's Strategic Prevention Framework (SPF) to a national scale. These awards provide an opportunity for recipients of the Substance Abuse Block Grant (SABG) (referred to herein as "States") that have completed a Strategic Prevention Framework State Incentive Grant (SPF SIG) and are not currently receiving funding through SAMHSA's Partnerships for Success (PFS) grants to acquire additional resources to implement the SPF process at the State and community levels. Equally important, the SPF-PFS II program promotes the alignment and leveraging of prevention resources and priorities at the Federal, State, and community levels.

Funding Opportunity Title:	Strategic Prevention Framework Partnerships for Success II (SPF-PFS II)
Funding Opportunity Number:	SP-12-004
Due Date for Applications:	July 19, 2012
Anticipated Total Available Funding:	Up to \$40 million
Estimated Number of Awards:	11 - 18
Estimated Award Amount:	Up to \$1.2 million per year. (See Section II of this RFA for complete award information.)
Cost Sharing/Match Required	No
Length of Project Period:	3 years
Eligible Applicants:	Eligibility for the SPF-PFS II is limited to recipients of the Substance Abuse Block Grant (SABG) that have completed a Cohort I, II or III Strategic Prevention Framework State Incentive Grant (SPF SIG) and are currently not receiving funds through SAMHSA's Partnerships for Success (PFS) grant. See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for fiscal year (FY) 2012 Strategic Prevention Framework Partnerships for Success II cooperative agreements (SPF-PFS II). The SPF-PFS II is designed to address two of the nation's top substance abuse prevention priorities: 1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse and abuse among persons aged 12 to 25.

The SPF-PFS II is also intended to bring SAMHSA's Strategic Prevention Framework (SPF) to a national scale. These awards provide an opportunity for recipients of the Substance Abuse Block Grant (SABG) (referred to herein as "States") that have completed a Strategic Prevention Framework State Incentive Grant (SPF SIG) and are not currently receiving funding through SAMHSA's Partnerships for Success (PFS) grants to acquire additional resources to implement the SPF process at the State and community levels. Equally important, the SPF-PFS II program promotes the alignment and leveraging of prevention resources and priorities at the Federal, State, and community levels.

The SPF-PFS II program builds upon the experience and established SPF-based prevention infrastructures of States to address two of the nation's top substance abuse prevention priorities in communities of high need. The program is based on the premise that changes at the community level will, over time, lead to measurable changes at the State level. By working together to foster change, States and their SPF-PFS II funded communities of high need can more effectively begin to overcome the challenges underlying their substance abuse prevention priorities and achieve the goals of the SPF-PFS II.

2. EXPECTATIONS

To meet the goals of the SPF-PFS II program, SAMHSA expects grantees to continue to use the SPF process at both the State and community levels. The SPF represents a five-step, data-driven process used to: assess needs (Step 1); build capacity (Step 2); engage in a strategic planning process (Step 3); implement a comprehensive, evidence-based prevention approach (Step 4); and evaluate implementation and related outcomes (Step 5). The use of the SPF process is critical to ensuring that States and their communities work together to use data-driven decision making processes to develop effective prevention strategies and sustainable prevention infrastructures.

SPF-PFS II grantees (i.e., "States") are expected to meet several key requirements of this announcement: 1) States must use a data-driven approach to identify which of the substance abuse prevention priorities listed above they propose to address using SPF-PFS II funds. **States must use SPF-PFS II funds to address one or both of these priorities. At their discretion, States may also use SPF-PFS II funds to target an additional, data-driven prevention priority in their State.** 2) States must develop an

approach to funding communities of high need (i.e., subrecipients) that ensures all funded communities will receive ongoing guidance and support from the State, including technical assistance and training, for the duration of the SPF-PFS II project. 3) States will be required to use 85 percent of their SPF-PFS II awards to fund and support their selected subrecipient communities of high need in accordance with SAMHSA's guidelines for such communities (see definition below) subsequent to approval from SAMHSA. 4) States are required to collect and report annual community-level data to determine progress toward addressing their selected prevention priority(ies). 5) States must demonstrate how they intend to leverage available prevention funds and resources to achieve their SPF-PFS II goals.) States must address SAMHSA's goals for prevention with respect to each set of guidelines discussed below. These requirements are intended to strengthen the SPF process, align priorities and leverage resources at the Federal, State, and community levels.

Expectations for SPF-PFS II Applicants

- Applicants are expected to identify their selected SPF-PFS II subrecipient communities and document their identified needs and prevention priority(ies) in Section B of the Project Narrative.
- Applicants are expected to explain how they propose to work with their existing or revitalized Advisory Councils, Evidence-based Program (EBP) Workgroups, and State Epidemiological Outcome Workgroups (SEOWs) to: 1) assist funded communities in building their capacity to address their needs and prevention priority(ies); and 2) select, implement, and evaluate evidence-based prevention programs, policies, and practices that best address the selected prevention priority(ies).
- Applicants are expected to explain how they propose to leverage, redirect, and/or realign prevention funds and resources at the State and community levels to support SPF-PFS II project goals.

Expectations for SPF-PFS II Grantees

- Grantees will be required to use a minimum of 85 percent of their awards (plus any other leveraged funds/resources) to fund subrecipient communities that demonstrate a need for prevention programming in their selected prevention priority(ies).
- Grantees may use remaining SPF-PFS II funds (i.e., up to 15 percent) for State-level administrative costs and State level performance activities - including building capacity or providing training and TA at the State level to fill gaps in their current prevention infrastructure and systems).
- States are also expected to work with subrecipient communities to:

- Quickly build capacity and enhance their community-level infrastructures using the SPF process;
- Leverage, redistribute and/or realign funds for prevention activities;
- Implement a comprehensive prevention approach, including a mix of evidence- based programs, policies, and/or practices that best addresses the selected prevention priority(ies);
- Identify technical assistance and training needs and develop responsive activities;
- Collect and report community level data in accordance with Federal reporting requirements; and
- Work with their SEOWs to identify communities of high need.

SPF-PFS II grants are authorized under Section 516 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

2.1 Addressing SAMHSA’s Prevention Goals and Guidelines

SAMHSA’s Strategic Initiative #1: The SPF-PFS II program directly supports three goals of SAMHSA’s Strategic Initiative #1 (SSI #1): Prevention of Substance Abuse and Mental Illness. Accordingly, grantees must ensure that their proposed approach for addressing their selected prevention priority(ies) is aligned with the goals of SSI #1, as well as with the goals and requirements of the SPF-PFS II program identified in Section I-2 of this RFA.

Goal 1.1: With primary prevention as the focus, build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness.

Goal 1.2: Prevent or reduce consequences of underage drinking and adult problem drinking.

Goal 1.4: Reduce prescription drug misuse and abuse.

SAMHSA’s Guidelines for Selecting SPF-PFS II Communities of High Need

In identifying and selecting communities of high need to be funded with SPF-PFS II funds, States, in conjunction with their SEOWs, must be able to describe a limited population that is:

1. A specific geographically defined area; or

2. A specifically defined population based on a culture, ethnicity, language, occupation, or gender or other specifically described identity, within a specific geographic area; or
3. A specific population defined by a school, military base, campus or other institutional setting;

where the population described has or is at risk of having a higher prevalence rate of underage drinking and/or prescription drug abuse/misuse; or a higher prevalence rate of the substance abuse priority(ies) the State is proposing to address;

AND

where the population or area has limited resources or has had fewer opportunities or less success in identifying and bringing to bear resources to address the identified priority(ies).

SAMHSA's Guidelines for Using Evidence-Based Programs, Policies, and Practices

SPF-PFS II grantees are expected to use the successful prevention systems and structures put in place through their completed SPF SIG grants. All grantees must, therefore, use a SPF-based, comprehensive prevention approach, including a mix of evidence-based programs, policies and practices, that best addresses their selected prevention priority(ies) at the State- and community- levels. (For further guidance on evidence-based approaches, click on <http://store.samhsa.gov/product/SMA09-4205>.)

SPF-PFS II grantees are also encouraged to use grant funds to adopt and/or enhance your computer system, data infrastructure/management information systems (MIS), electronic health records (EHRs)¹, etc.

SAMHSA's Guidelines for Behavioral Health Disparities

Grantees are expected to explain the expected impact of their proposed approach for addressing their selected prevention priority(ies) on behavioral health disparities linked to those prevention priority(ies). SAMHSA expects grantees to utilize their data to: (1) identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to disparities; and (2) implement strategies to decrease the differences in access, service use, and outcomes among subpopulations. A strategy for addressing health disparities is use of the the National Standards for Culturally and Linguistically Appropriate

¹ A certified EHR is an electronic health record system that has been tested and certified by an approved Office of National Coordinator's (ONC) certifying body. For more information and resources on EHRs, see [Appendix I](#).

Services (CLAS) in Health and Health Care. (See Appendix H: Addressing Behavioral Health Disparities.) Grantees may also use grant funds for policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, development/revision of credentialing, licensure, or accreditation requirements)

2.2 Required Activities

The SPF-PFS II program is designed to build upon the experience and established SPF-based prevention infrastructures of States to address national substance abuse priorities in communities of high need.

SPF-PFS II grantees and their subrecipient communities must use the SPF to identify and select comprehensive, data-driven substance abuse prevention strategies to continue to accomplish the following goals:

- 1) prevent the onset and reduce the progression of substance abuse;
- 2) reduce substance abuse-related problems;
- 3) strengthen prevention capacity/infrastructure at the the State and community levels; and
- 4) leverage, redirect and align State-wide funding streams and resources for prevention.

SPF-PFS II grantees are expected to build capacity in communities of high need to address one or both of two national priorities: 1) underage drinking among persons aged 12 to 20; and/or 2) prescription drug misuse and abuse among persons aged 12 to 25. At their discretion, States may also use SPF-PFS II funds to target an additional, data-driven prevention priority in their State.

As stated earlier, the goals of the SPF-PFS II program are based on the premise that changes at the community level will, over time, lead to measurable changes at the State level. By working together to foster change, States and their SPF-PFS II funded communities of high need can more effectively begin to overcome the challenges underlying their substance abuse prevention priorities and achieve the goals of the SPF-PFS II.

SAMHSA strongly encourages all grantees to provide a smoke-free workplace and to promote abstinence from all tobacco products (except in regard to accepted Tribal traditions and practices).

2.3 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Reporting

Modernization Act of 2010 (GPRA). Applicants must document the ability of the State and subrecipient communities to collect and report the required data in “[Section D: Performance Assessment and Data](#)” of the application.

Required Performance Measures

To monitor progress toward meeting the goals of their SPF-PFS II projects, grantees and their subrecipient communities will be required to report on the following performance measures:

Process Measures at the Grantee (State) Level (all are required)

- Number of training and technical assistance activities per funded community provided by the grantee to support communities;
- Reach of training and technical assistance activities (numbers served) provided by the grantee;
- Percentage of subrecipient communities that have increased the number or percent of evidence-based programs, policies, and/or practices;
- Percentage of subrecipient communities that report an increase in prevention activities supported by leveraging of resources; and
- Percentage of subrecipient communities that submit data to the grantee data system.

Process Measures at the Community (Subrecipient) Level (all are required)

- Number of evidence-based programs, policies, and/or practices implemented;
- Number of active collaborators/partners supporting the grantee’s comprehensive prevention approach;
- Number of prevention activities supported by leveraging of resources; and
- Number of people reached by IOM category (universal, selected, indicated) and demographic group

Outcome Measures at the State and Community Levels (at least one required per targeted priority)

Table 1 describes the data requirements for SPF-PFS II grantees. Since SPF-PFS II is based on the premise that changes at the community-level will, over time, lead to measurable changes at the State level, SPF-PFS II grantees are responsible for ensuring that high need subrecipient communities have the capacity to collect and report on the following outcome measures on an annual basis and in accordance with Federal reporting requirements. These outcome measures are vital toward tracking and monitoring changes as they relate to the grantee’s substance abuse prevention priorities. **States and communities must select at least one of the outcome measures below to assess their progress in reducing underage drinking and/or prescription drug misuse/abuse.** For example, if underage drinking is the selected priority, states and communities may choose binge drinking as the outcome measure to

assess their progress. Additional measures may be chosen as related to the grantee's identified priorities.

As shown in **Table 1**, State-level outcome data will use NSDUH State estimates or CSAP-approved State level data. Community level data sources must be used to report baseline and annual estimates for measures appropriate to the selected prevention priority(ies) and target populations. *[Note: Grantees should adjust the wording of items to reflect a specific focus on prescription drug misuse and abuse, rather than on general drug use].*

Table 1: Required State- and Community-level Data

NATIONAL OUTCOME MEASURES	GRANTEE-LEVEL DATA SOURCE	COMMUNITY-LEVEL DATA SOURCE
30-day alcohol use or prescription drug misuse and abuse	NSDUH State estimates* <i>*note: or CSAP approved State level data</i>	Survey
Binge drinking	NSDUH State estimates* (see note)	Survey
Perception of parental or peer disapproval/attitude	NSDUH State estimates* (see note)	Survey
Perceived risk/harm use	NSDUH State estimates* (see note)	Survey
School attendance and enrollment	Dept. of Education	Local School District(s)
Alcohol and/or drug-related car crashes and injuries	Dept. of Transportation (NHTSA)	Local Transportation
Alcohol- and drug-related crime	Uniform Crime Reports	Local Law Enforcement
Family communication around drug use	NSDUH State estimate	Community/ Survey
Alcohol and prescription drug-related emergency room visits	DAWN data	DAWN Data, Local Data Source

Grantees must not wait until the end of the grant to submit their data. SAMHSA understands that not all outcome data are available annually. Process data and outcome data that are annually available, such as data from transportation, law enforcement and hospitals, annual surveys, etc., should be submitted in a timely manner. Process and at least one outcome measure must be submitted annually. Other additional outcome data, at a minimum, must have baseline (1st year) and final (3rd year) data points (e.g., Youth Risk Behavior Survey (YRBS) and some individual State surveys.) **Grantees are required to report process data and outcome data through SAMHSA's on-line reporting platform. Process data are to be reported twice a year; outcome data are to be reported once a year.**

GPRA data will be reported to the public, the Office of Management and Budget (OMB), and Congress as part of SAMHSA's budget request. The collection of these data will enable CSAP to report on the National Outcome Measures (NOMs) and other priority indicators, which SAMHSA/CSAP has defined as key priority areas relating to substance use. In addition to the NOMs, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities nationwide.

2.4 Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments should be used also to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

Additionally, performance assessment reports should summarize efforts implemented to address the selected prevention priority(ies), and preliminary findings from State- and/or community-level evaluations.

SPF-PFS II grantees will be required to submit quarterly progress reports related to achievement of their performance assessment objectives. The quarterly progress reports will be submitted through SAMHSA's online reporting platform.

At a minimum, your performance assessment should include the required performance measures identified above in Section 2.3. You may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of intervention on key outcome goals?
- What program/contextual/cultural factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual identity (sexual orientation and gender identity)?
- How durable were the effects?

Process Questions:

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?

- What types of changes were made to address behavioral health disparities, including the use of CLAS standards?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

States are responsible for ensuring that their subrecipient communities use no more than 20 percent of their SPF-PFS II funds for subrecipient-level data collection, performance measurement, and performance assessment (e.g., activities required in Sections I-2.3 and 2.4 above.)

2.5 Grantee Meetings

SAMHSA may convene one SPF-PFS II new grantee meeting after awards are made. Grantees must plan to send a minimum of two people (including the Project Director) to that meeting, which may last up to 3 days and is usually held in the Washington, D.C., area. Applicants must include this travel in their application budget, as attendance would be mandatory. (Should SAMHSA decide not to convene this meeting, grantees will be allowed to revise their budgets.)

II. AWARD INFORMATION

SAMHSA will award 11 – 18 3-year grants. Proposed annual budgets cannot exceed the Tier ceiling of \$600K, \$900K, or \$1.2 M, respectively in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Awards for the SPF-PFS II program will be tiered and are based on a set of standard criteria that account for: a) prevalence rates of underage drinking among persons aged 12 to 20 in eligible States/Jurisdictions; b) prevalence rates of nonmedical use of pain relievers among persons aged 12 to 25 in eligible states/Jurisdictions; and c) average costs of delivering alcohol and other drug prevention and treatment services. [See Section III – Eligibility Information]

Prevalence data are based on State-level estimates from the 2008-2009 National Survey on Drug Use and Health (NSDUH). Average costs of delivering services are equivalent to the Cost of Service Index used for the SABG. Where NSDUH data are not available applicants are included in the Tier I funding range.

Table 2 identifies the Award Tiers, the award amounts, and the States/Jurisdictions eligible to apply for each tier.

Table 2: Award Tiers for Eligible SPF-PFS II Applicants

Award Tier	Maximum Award Amount	Eligible Applicants		
Tier I	\$600,000	American Samoa	Missouri	Pennsylvania
		Arkansas	Nebraska	Utah
		Guam	North Carolina	Wyoming
		Hawaii	Palau	
Tier II	\$900,000	Georgia	Maine	New Mexico
		Indiana	Mississippi	Texas
		Kansas	New Jersey	West Virginia
		Kentucky		
Tier III	\$1,200,000	Arizona	Montana	Vermont
		Louisiana	Nevada	Washington
		Massachusetts	New Hampshire	Wisconsin
		Michigan	Rhode Island	

These awards will be made as cooperative agreements.

Cooperative Agreements

These awards will be made as cooperative agreements because they require substantial post-award Federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

Role of Grantees

SPF-PFS II grantees are expected to participate and collaborate fully with CSAP staff in the conduct and evaluation of this three-year cooperative agreement. Grantees' responsibilities include the following: compliance with all aspects of the terms and conditions of the cooperative agreement; collaboration with CSAP staff in assessment, capacity building, and strategic planning activities; ongoing monitoring, quality improvement, and evaluation tasks; documentation of all system-wide changes stemming from this grant program; and responding to requests for all appropriate program-related data.

Role of SAMHSA Staff

Federal staff will have roles and responsibilities that include the following: provision of technical assistance; consultation on and participation in the redesign or modification of infrastructure or systems changes; guidance in defining new strategic directions; provision of support services for training, evaluation, and data collection; arrangement of meetings designed to support key grantee activities; membership on policy, steering, advisory, or other working groups established to facilitate accomplishment of the project goals; and review of key documents central to the project's success.

The Government Project Officer (GPO) will serve as an active member of the grantee's SPF-PFS II project to provide guidance and technical assistance to help grantees achieve their SPF-PFS II goals. In particular, the GPO may participate on policy, steering, advisory or other workgroups; assure that SPF-PFS II projects are responsive to SAMHSA's mission and implement the SPF process with fidelity; monitor and review progress of SPF-PFS II projects; monitor development and collection of process and outcome data from grantees; ensure compliance with data/performance measurement requirements; ensure the project's collaboration with the State Epidemiological Workgroup; and review and approve the State's approach and methodology to identify and select communities of high need.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility for the SPF-PFS II is limited to recipients of the Substance Abuse Block Grant (SABG) that have completed a Cohort I, II or III Strategic Prevention Framework State

Incentive Grant (SPF SIG) and are currently not receiving funds through SAMHSA's Partnerships for Success (PFS) grants.

Applications must be signed and submitted by the agency that receives the SABG (i.e., by the Director of the Single State Agency for Substance Abuse in the States and the District of Columbia; and by the equivalent official in the U.S. Territories.)

SAMHSA is limiting eligibility to these entities because they have the greatest likelihood of achieving success in just three years through the SPF-PFS II grant program. Only these entities have the requisite experience and background critical to the success of the SPF-PFS II: 1) an established infrastructure and system in place, rooted in both the SABG and the SPF prevention model, that allows them to quickly build capacity in communities of need, mobilize those communities, and ensure accurate data collection and reporting at the community level; 2) integration of the SPF-based process into their overall prevention systems, ensuring a strong, data-driven focus on identifying, selecting and implementing effective, evidence-based prevention programs, policies and practices; 3) experience in working collaboratively with communities to achieve substance abuse prevention goals; 4) familiarity and experience with the alignment of behavioral health with primary prevention; and 5) a history of building comprehensive, State-level prevention systems over time. Current PFS grantees are excluded from applying for the SPF-PFS II because they already have the resources in place to support the SPF infrastructure and address their areas of highest need, which can include underage drinking or prescription drug misuse and abuse.

The statutory authority for this program prohibits grants to for-profit agencies.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

3. OTHER

You must comply with the following three requirements, or your application will be screened out and will not be reviewed: 1) use of the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist. 2) application submission requirements in [Section IV-3](#) of this document; and 3) formatting requirements provided in [Appendix A](#) of this document.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application package from SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

You also may download the required documents from the SAMHSA Web site at <http://www.samhsa.gov/grants/apply.aspx>.

Additional materials available on this Web site include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- a list of certifications and assurances referenced in item 21 of the SF-424.

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Package

A complete list of documents included in the application package is available at <http://www.samhsa.gov/Grants/ApplicationKit.aspx>. This includes:

- The Face Page (SF-424); Budget Information form (SF-424A); Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist. **Applications that do not include the required forms will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (<http://www.samhsa.gov/grants/index.aspx>) and a synopsis of the RFA is available on the Federal grants Web site (<http://www.Grants.gov>).

You must use all of the above documents in completing your application.

2.2 Required Application Components

Applications must include the following 12 required application components:

- **Face Page** – SF-424 is the face page. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at <http://www.dunandbradstreet.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application. In addition, you must be registered in the Central Contractor

Registration (CCR) prior to submitting an application and maintain an active CCR registration during the grant funding period. **REMINDER: CCR registration expires each year and must be updated annually. It can take 24 hours or more for updates to take effect, so check for active registration well before your grant deadline. Grants.gov will not accept your application if you do not have current CCR registration. If you do not have an active CCR registration prior to submitting your paper application, it will be screened out and returned to you without review. The DUNS number you use on your application must be registered and active in the CCR. You can view your CCR registration status at <http://www.bpn.gov/CCRSearch/Search.aspx> and search by your organization's DUNS number. Additional information on the Central Contractor Registration (CCR) is available at <https://www.bpn.gov/ccr/default.aspx>].**

- **Abstract** – Your total abstract must be 35 lines or less. The abstract should include the project name; the selected prevention priority(ies); population(s) to be served (demographics and clinical characteristics); and project goals and measurable objectives (including the number of people to be served annually and throughout the lifetime of the project) at the State and community levels. **The first five lines of your abstract should be a clear summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.**
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in [Appendix F](#) of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through H. There are no page limits for these sections, except for Section G, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.” Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 3** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. There are no page limitations for the Attachments. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments appropriately.
 - *Attachment 1:* A copy of the State or County Strategic Plan or a State or county needs assessment, indicating that the proposed project addresses a State- or county-identified priority.
 - *Attachment 2:* Data Collection Instruments/Interview Protocols – If you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a Web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
 - *Attachment 3:* Sample Consent Forms
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application package.
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site **and check the box marked ‘I Agree’** before signing the face page (SF-424) of the application.
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site **and check the box marked ‘I Agree’** before signing the face page (SF-424) of the application.
- **Disclosure of Lobbying Activities** – Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. You must sign and submit this form, if applicable.
- **Checklist** – The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.
- **Documentation of nonprofit status** as required in the Checklist.

2.3 Application Formatting Requirements

Please refer to [Appendix A](#), *Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications*, for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **July 19, 2012**. SAMHSA provides two options for submission of grant applications: 1) electronic submission, or 2) paper submission. You are encouraged to apply electronically. Hard copy applications are due by **5:00 PM** (Eastern Time). Electronic applications are due by **11:59 PM** (Eastern Time). **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS)**. You will be notified by postal mail that your application has been received.

Note: If you use the USPS, you must use Express Mail.

SAMHSA will not accept or consider any applications that are hand carried or sent by facsimile.

Submission of Electronic Applications

If you plan to submit electronically through Grants.gov it is very important that you read thoroughly the application information provided in [Appendix B](#), "Guidance for Electronic Submission of Applications."

Submission of Paper Applications

If you are submitting a paper application, you must submit an original application and 2 copies (including attachments). The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

Send applications to the address below:

For United States Postal Service:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**SPF-PFS II**” and “**SP-12-004**” in item number 12 on the face page (SF-424) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

SAMHSA accepts electronic submission of applications through <http://www.Grants.gov>. Please refer to [Appendix B](#) for “Guidance for Electronic Submission of Applications.”

4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. See [Appendix C](#) for additional information on these requirements as well as requirements for the Public Health Impact Statement.

5. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at <http://www.samhsa.gov/grants/management.aspx>:

- Educational Institutions: 2 CFR Part 220 and OMB Circular A-21
- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA’s SPF-PFS II grant recipients must comply with the following funding restrictions:

- SPF-PFS II grantees will be required to use a minimum of 85 percent of their awards (plus any other leveraged funds/resources), to fund subrecipient

communities that demonstrate a need for prevention programming in their selected prevention priority(ies).

- SPF-PFS II grantees may use remaining SPF-PFS II funds (i.e., up to 15 percent) for State level administrative costs and State level performance activities,-including building capacity or providing training and TA at the Statelevel, to fill gaps in their current prevention infrastructure and systems.

SAMHSA grantees must also comply with SAMHSA’s standard funding restrictions, which are included in [Appendix D](#).

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings (A-D) listed in the following pages in developing your Project Narrative. You must place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Reviewers will be looking for evidence of strategies to reduce disparities in access, service availability and outcomes (including implementation of the CLAS standards, as appropriate) in each section of the Project Narrative, and will consider how well you address the evaluation criteria focusing on these disparities when scoring your application. See [Appendix H: Addressing Behavioral Health Disparities](#).
- The Supporting Documentation you provide in Sections E-H and Attachments 1 – 3 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (15 points)

- Identify and provide demographic information on the population(s) to receive services through the targeted systems or agencies, e.g., race, ethnicity, federally recognized Tribe, language, age, socioeconomic status, sexual identity (sexual orientation and gender identity) and other relevant factors, such as literacy. Describe the stakeholders and resources that can help implement the needed infrastructure development.
- Provide a brief “snapshot” of both State- and community- (subrecipient) level prevalence rates, consequence data and risk and protective factor data relevant to one or both substance abuse prevention priorities: 1) underage drinking among persons aged 12 to 20; and/or 2) prescription drug misuse and abuse among persons aged 12 to 25. Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.) *Note: Prevalence rates may come from a variety of quantitative sources such as State Needs Assessments, SAMHSA’s State estimates on Drug Use and Health, and/or other State/national data sources (e.g., State-level health surveys, National Center for Health Statistics/Centers for Disease Control reports.*
- Document the need for an enhanced infrastructure to increase the capacity to implement, sustain and improve effective substance abuse prevention services that is consistent with the SPF-PFS II program and the intent of this RFA. Briefly describe the gaps in resources and other problems related to the need for capacity building and infrastructure development. Where possible, provide data comparing those resources to other communities in the State. Identify all data sources.

Section B: Proposed Approach (30 points)

- Describe the purpose, goals, and objectives of the proposed SPF-PFS II project, including its alignment with the goals of SAMHSA’s Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness, as well as with the specified goals of the SPF-PFS II program (see [Section I-2.1](#)).
- Identify the proposed prevention priority(ies) to be targeted using SPF-PFS II funds, specifying whether the State proposes to target one or both of the selected substance abuse prevention priorities: 1) underage drinking among persons aged 12 to 20; and/or 2) prescription drug misuse and abuse among persons aged 12 to 25.)
 - Explain why you chose this priority(ies).
 - Provide prevalence data and other information that supports your choice of this priority(ies).

- If you are proposing to use SPF-PFSII funds to target an additional, data-driven prevention priority in your State:
 - Identify the prevention priority and provide prevalence data and other information that supports your choice of this priority.
 - Explain why you chose this priority over other prevention priorities in your State.
- Provide a brief summary of the State's proposed approach and level of effort to carrying out the SPF-PFS II project that addresses the following components:
 - A description of how the State proposes to address the priority(ies) through the work of its subrecipient communities of high need, including its approach for building community infrastructure/capacity to implement community-level prevention activities according to the SPF process. Explain the linkages between the selected prevention priority(ies), the current prevention infrastructure, the proposed approach, and the project goals and objectives.
 - A description of the State's approach and methodology to identify and select communities of high need, including: 1) a list of your selected subrecipient communities; 2) documentation of high need in each proposed community; and 3) the State's approach for considering the needs of Tribes and Tribal entities as potential communities to receive SPF-PFS II funds.
 - A description of how the State will document community-level needs and baseline prevalence rates.
 - A description of how the State will monitor and use data to track community progress, provide assistance where needed, and ensure that required community data are submitted to SAMHSA/CSAP in a timely manner over the course of the grant.
- Briefly summarize the State's ability to provide adequate support and guidance to its subrecipient communities to implement the SPF-PFS II project, with respect to the status of the following SPF-based components: assessment, capacity building, planning, implementation and evaluation.
- Describe how the proposed activities will be implemented and how adherence to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care will be monitored. For additional information go to: <http://ThinkCulturalHealth.hhs.gov>.
- Provide a chart, graph, and/or table depicting a realistic timeline for the entire 3-year project period showing key activities, milestones, and responsible staff.

[Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.]

- Briefly describe how the State's existing Advisory Council, SEOW, and Evidence-based Program (EBP) Workgroup will assist funded communities to achieve the goals of the proposed SPF-PFSII project. (Please provide at least one paragraph on each workgroup, including current status and plans for their reactivation.)
- Briefly describe how the proposed SPF-PFS II project will address the following issues in funded communities:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
 - Language and literacy;
 - Sexual identity – sexual orientation and gender identity; and
 - Disability.

Section C: Staff, Management, and Relevant Experience (25 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with populations in communities that may be funded, including experience in providing culturally appropriate/competent services.
- Provide a complete list of staff positions for the project, including the Project Director and other key personnel, explaining the role of each and their level of effort and qualifications.
- Discuss how key staff have demonstrated experience and are familiar with culture(s) and language(s) of populations in the communities that may be funded.

Section D: Performance Assessment and Data (30 points)

- Document both the State's and communities' ability to collect and report on the required performance measures identified in Section I-2.3 and 2.4 of this RFA. Describe the State's plan for ensuring the timely collection, analysis, and reporting of State- and community-level data. Specify any additional measures the State plans to use for the SPF-PFS II grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement. Describe how information will be routinely communicated to program staff, and submitted to SAMHSA/CSAP accurately and in a timely manner.

- Describe the State’s plan for conducting the performance assessment as specified in Section I-2.4 of this RFA and document its ability to conduct the assessment.

NOTE: Although the budget for the State’s proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered. In addition, SAMHSA staff will analyze the appropriateness of each budget according to the various criteria listed in Part II, Award Information and follow up with any subsequent, needed budget revisions.

SUPPORTING DOCUMENTATION

Section E: Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section F: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that at the State (grantee) level, no more than 15 percent of the total grant award will be used for data collection, performance measurement, and performance assessment. **Specifically identify the items associated with these costs in your budget.** An illustration of a budget and narrative justification is included in [Appendix F](#) of this document.

Section G: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what you should include in your biographical sketches and job descriptions can be found in Appendix E of this document.

Section H: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section H of your application, using the guidelines provided below. See [Appendix G](#) for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the Center for Substance Abuse Prevention's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings), identified need, and balance among populations to receive services and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

You will receive a letter from SAMHSA through postal mail that describes the general results of the review of your application, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive Federal funding for work on the grant project.

If you are not funded, you will receive notification from SAMHSA.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;

- requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation;
 - requirements to address problems identified in review of the application; or
 - revised budget and narrative justification.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
 - Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a Federal grant.
 - In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application package for SAMHSA grants and is posted on the SAMHSA Web site at <http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf>. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2, grantees must comply with the reporting requirements listed on the SAMHSA Web site at <http://www.samhsa.gov/Grants/ApplicationKit.aspx>.

VII. AGENCY CONTACTS

For questions about program issues contact:

VII. AGENCY CONTACTS

For questions about program issues contact:

Tonia F. Gray, MPH
 Senior Public Health Advisor
 West Team Lead
 Division of State Programs

Center for Substance Abuse Prevention
1 Choke Cherry Road, Room 4-1047
Rockville, MD 20857
240-276-2492 Phone
240-276-2560 Fax
tonia.gray@samhsa.hhs.gov

William Reyes
Public Health Advisor
Division of State Programs
Center for Substance Abuse Prevention
1 Choke Cherry Road, Room 4-1045
Rockville, MD 20857
240-276-1406 Phone
240-276-2560 Fax
william.reyes@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1079
Rockville, Maryland 20857
240-276-1412 Phone
eileen.bermudez@samhsa.hhs.gov

Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications

*SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.***

- Use the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
- Applications must be received by the application due date and time, as detailed in Section [IV-3](#) of this grant announcement.
- You must be registered in the Central Contractor Registration (CCR) prior to submitting your application. The DUNS number used on your application must be registered and active in the CCR prior to submitting your application.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each.
- (For Project Narratives submitted electronically, see separate requirements in [Appendix B, "Guidance for Electronic Submission of Applications."](#))
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:
 - Face Page (SF-424)
 - Abstract

- Table of Contents
- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)
- Checklist
- Documentation of nonprofit status as required in the Checklist
- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection specified in Appendix G of this announcement.
 - Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
 - Documentation of nonprofit status as required in the Checklist.
- Black ink should be used throughout your application, including charts and graphs. Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides. Pages with printing on both sides run the risk of an incomplete application going to peer reviewers, since scanning and copying may not duplicate the second side. **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of SF-424 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Attachments stated in Section IV-2.2 of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in Section IV-3 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. You may use rubber bands. Do not use heavy or lightweight paper or any material that cannot be

copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

If you would like to submit your application electronically, you may search <http://www.Grants.gov> for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at the <http://www.Grants.gov> apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for technical (IT) help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding Federal holidays.

If this is the first time you have submitted an application through Grants.gov, you must complete three separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; and 3) Grants.gov registration (Get username and password.). REMINDER: CCR registration expires each year and must be updated annually. It can take 24 hours or more for updates to take effect, so check for active registration well before your grant deadline. Grants.gov will not accept your application if you do not have active CCR registration. The DUNS number you use on your application must be registered and active in the CCR. You can view your CCR registration status at <https://www.bpn.gov/CCRSearch/Search.aspx> and search by your organization's DUNS number. Additional information on the Central Contractor Registration (CCR) is available at <https://www.bpn.gov/ccr/default.aspx>. Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (face page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/applicants/get_registered.jsp.

Please also allow sufficient time for enter your application into Grants.gov. When you submit your application you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov. within the next 24-48 hours. One will confirm receipt of the application in Grants.gov and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. Please note that it is incumbent on the applicant to monitor their application to ensure that it is successfully received and validated by

Grants.gov. **If your application is not successfully validated by Grants.gov it will not be forwarded to SAMHSA as the receiving institution.**

It is strongly recommended that you prepare your Project Narrative and other attached documents using Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). If you do not have access to Microsoft Office 2007 products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office 2007 or PDF may result in your file being unreadable by our staff.

The Abstract, Table of Contents, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into 4 separate files in the electronic submission. **If the number of files exceeds 4, the electronic application will not convey properly to SAMHSA.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-D) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections E-H) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-3) in this order and numbered consecutively.

Scanned images must be scanned at 75 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in a rejection of application.

Formatting requirements for SAMHSA grant applications are described in [Appendix A](#) of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- Text legibility: Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.

- Amount of space allowed for Project Narrative: The Project Narrative for an electronic submission may not exceed **12,875** words. If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

Be sure to scan all images at 75 dpi and save as a jpeg or pdf file. Also, be sure to label each file according to its contents, e.g., “Project Narrative”, “Budget Narrative”, “Other Attachment 1”, and “Other Attachment 2”. **If the number of files exceeds the 4 allowable files, the electronic application will not convey properly to SAMHSA.**

With the exception of standard forms in the application package, all pages in your application should be numbered consecutively. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

Appendix C – Intergovernmental Review (E.O. 12373) Requirements

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application package and can be downloaded from the Office of Management and Budget (OMB) Web site at http://www.whitehouse.gov/omb/grants_spoc.

- Check the list to determine whether your State participates in this program. You do not need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. SP-12-004. Change the zip code to 20850 if you are using another delivery service.

Appendix D – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

SAMHSA will not accept a "research" indirect cost rate. The grantee must use the "other sponsored program rate" or the lowest rate available.

Appendix E – Biographical Sketches and Job Descriptions

Biographical Sketch

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether Federal, non-federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

Job Description

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Personal qualities
7. Amount of travel and any other special conditions or requirements
8. Salary range
9. Hours per day or week

Appendix F – Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION WITH GUIDANCE FOR COMPLETING SF-424A: SECTION B FOR THE BUDGET PERIOD

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	\$64,890	10%	\$6,489
(2) Grant Coordinator	To be selected	\$46,276	100%	\$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			TOTAL	\$52,765

JUSTIFICATION: Describe the role and responsibilities of each position.

- (1) The Project Director will provide daily oversight of the grant and will be considered key staff.
- (2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.
- (3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form S-424A) **\$52,765**

B. Fringe Benefits: List all components that make up the fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		TOTAL	\$10,896

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form S-424A) **\$10,896**

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals and incidentals)	\$46/day x 2 persons x 2 days	\$184
(2) Local travel		Mileage	3,000 miles @ .38/mile	\$1,140
			TOTAL	\$2,444

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

(1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate. If policy does not have a rate use GSA.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF-424A) **\$2,444**

D. Equipment: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition).

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF-424A) **\$ 0**

E. Supplies: materials costing less than \$5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
Laptop Computer	\$900	\$900
Printer	\$300	\$300
Projector	\$900	\$900
Copies	8000 copies x .10/copy	\$800
	TOTAL	\$3,796

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

(1) Office supplies, copies and postage are needed for general operation of the project.

(2) The laptop computer and printer are needed for both project work and presentations for Project Director.

(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF-424A) **\$ 3,796**

F. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) State Department of Human Services	Training	\$250/individual x 3 staff	5 days	\$750
(2) Treatment Services	1040 Clients	\$27/client per year		\$28,080

Name	Service	Rate	Other	Cost
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750	*Travel at 3,124 @ .50 per mile = \$1,562 *Training course \$175 *Supplies @ \$47.54 x 12 months or \$570 *Telephone @ \$60 x 12 months = \$720 *Indirect costs = \$9,390 (negotiated with contractor)	\$46,167
(4) Jane Smith	Evaluator	\$40 per hour x 225 hours	12 month period	\$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of \$30,000 x 10% level of effort		\$3,000
			TOTAL	\$86,997

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

- (1) Certified trainers are necessary to carry out the purpose of the Statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.
- (2) Treatment services for clients to be served based on organizational history of expenses.

- (3) Case manager is vital to client services related to the program and outcomes.
- (4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.
- (5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

***Represents separate/distinct requested funds by cost category**

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) **\$86,997**

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF-424A blank.

H. Other: expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent*	\$15/sq.ft x 700 sq. feet	\$10,500
(2) Telephone	\$100/mo. x 12 mo.	\$1,200
(3) Client Incentives	\$10/client follow up x 278 clients	\$2,780
(4) Brochures	.89/brochure X 1500 brochures	\$1,335
	TOTAL	\$15,815

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, they may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA’s fair share of the space.

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

(2) The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(3) The \$10 incentive is provided to encourage attendance to meet program goals for 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) \$15,815

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)

8% of personnel and fringe (.08 x \$63,661) \$5,093

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TOTAL DIRECT CHARGES:

**FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF-424A)
\$172,713**

INDIRECT CHARGES:

**FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A)
\$5,093**

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A)
\$177,806

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UNDER THIS SECTION REFLECT OTHER NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.

Provide the total proposed Project Period and Federal funding as follows:

Proposed Project Period

a. Start Date:	09/30/2012	b. End Date:	09/29/2017
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BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Personnel	\$52,765	\$54,348	\$55,978	\$57,658	\$59,387	\$280,136
Fringe	\$10,896	\$11,223	\$11,559	\$11,906	\$12,263	\$57,847
Travel	\$2,444	\$2,444	\$2,444	\$2,444	\$2,444	\$12,220
Equipment	0	0	0	0	0	0
Supplies	\$3,796	\$3,796	\$3,796	\$3,796	\$3,796	\$18,980
Contractual	\$86,997	\$86,997	\$86,997	\$86,997	\$86,997	\$434,985
Other	\$15,815	\$13,752	\$11,629	\$9,440	\$7,187	\$57,823
Total Direct Charges	\$172,713	\$172,560	\$172,403	\$172,241	\$172,074	\$861,991
Indirect Charges	\$5,093	\$5,246	\$5,403	\$5,565	\$5,732	\$27,039

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Total Project Costs	\$177,806	\$177,806	\$177,806	\$177,806	\$177,806	\$889,030

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A) **\$889,030**

***FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.

2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

Appendix G – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the seven elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

- Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Attachment 2, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use.

• 5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
 - Whether or not their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Possible risks from participation in the project.
 - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information.

The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed performance assessment design may meet the regulation’s criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

Appendix H – Addressing Behavioral Health Disparities

In April 2011, the Department of Health and Human Services (HHS) released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. This plan outlines goals and actions HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to continuously assess the impact of their policies and programs on health disparities. The Action Plan is available at: http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

The number one Secretarial priority in the Action Plan is to: “**Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities.** HHS leadership will assure that: Program grantees, as applicable, will be required to submit health disparity impact statements as part of their grant applications. Such statements can inform future HHS investments and policy goals, and in some instances, could be used to score grant applications if underlying program authority permits.”

To accomplish this, SAMHSA expects grantees to utilize their data to (1) identifying subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities and (2) implement strategies to decrease the differences in **access, service use, and outcomes** among those subpopulations. A strategy for addressing health disparities is use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Definition of Health Disparities:

Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Subpopulations

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For instance, Latino adults with SMI may be at heightened risk for metabolic disorder due to lack of appropriate in-language primary care services; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical

trauma within the Native American community; and African American women may be at greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities. While these factors might not be pervasive among the general population served by a grantee, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that grantees understand who is being served within their community in order to provide care that will yield positive outcomes, per the focus of that grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, applicants are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:

- By race
- By ethnicity
- By gender (including transgender), as appropriate
- By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate

HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act in October 2011,
<http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>.

The ability to address the quality of care provided to subpopulations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal CLAS standards.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (CLAS)

The National CLAS standards were initially published in the Federal Register on December 22, 2000. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, is increasingly seen as essential to reducing disparities and improving health care quality. The National CLAS Standards have served as catalyst and conduit for the evolution of the field of cultural and linguistic competency over the course of the last 12 years. In recognition of these changes in the field, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012.

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health to our Nation's ever diversifying communities. Enhancements to the National CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities.

You can learn more about the CLAS mandates, guidelines, and recommendations at:
<http://www.ThinkCulturalHealth.hhs.gov>

Appendix I – Electronic Health Record (EHR) Resources

The following is a list of Web sites for EHR information:

For additional information on EHR implementation please visit:
<http://www.healthit.gov/providers-professionals>

For a comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC) please see: <http://onc-chpl.force.com/ehrcert>

For a listing of Regional Extension Centers (REC) for technical assistance, guidance, and information to support efforts to become a meaningful user of Electronic Health Records (EHRs), see: <http://www.healthit.gov/providers-professionals/regional-extension-centers-recs#listing>

Behavioral healthcare providers should also be aware of federal confidentiality regulations including HIPPA and 42CRF Part 2 (<http://www.samhsa.gov/HealthPrivacy/>). EHR implementation plans should address compliance with these regulations.

For questions on EHRs and HIT, contact:
SAMHSA.HIT@samhsa.hhs.gov.