

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

**Planning Grants for Expansion of the Comprehensive
Community Mental Health Services for Children and their
Families**

(Short Title: System of Care Expansion Planning Grants)

(Initial Announcement)

Request for Applications (RFA) No. SM-11-008

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.104

Key Dates:

Application Deadline	Applications are due by June 2, 2011.
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's, Center for Mental Health Services is accepting applications for fiscal year (FY) 2011 for Planning Grants for Expansion of the Comprehensive Community Mental Health Services for Children and their Families (System of Care Expansion Planning Grants). The purpose of these grants is to develop a comprehensive strategic plan for improving and expanding services provided by systems of care (SOC) for children and youth with serious emotional disturbances and their families.

Funding Opportunity Title: Planning Grants for Expansion of the Comprehensive Community Mental Health Services for Children and their Families

Funding Opportunity Number: SM-11-008

Due Date for Applications: June 2, 2011

Anticipated Total Available Funding: \$14,000,000

Estimated Number of Awards: Up to 46

Estimated Award Amount: From \$300,000 to \$800,000

Cost Sharing/Match Required Yes

[See [Section III-2](#) of this RFA for cost sharing/match requirements.]

Length of Project Period: 1 year

Eligible Applicants: State governments; Indian Tribes or tribal organizations; governmental units within political subdivisions of a State; District of Columbia; Puerto Rico, Northern Mariana Islands, Virgin Islands, Guam, American Samoa, and Trust Territory of the Pacific Islands (Palau, Micronesia, Marshall Islands)

[See [Section III-1](#) of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

PURPOSE

The Substance Abuse and Mental Health Services Administration's, Center for Mental Health Services is accepting applications for fiscal year (FY) 2011 for Planning Grants for Expansion of the Comprehensive Community Mental Health Services for Children and their Families (System of Care Expansion Planning Grants). The purpose of these grants is to develop a comprehensive strategic plan for improving and expanding services provided by systems of care (SOC) for children and youth with serious emotional disturbances and their families.

A "system of care" is an organizational philosophy and framework that involves collaboration across government and private agencies, providers, families, and youth for the purpose of improving access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with a serious emotional disturbance and their families. Since the inception of the *Comprehensive Community Mental Health Services for Children and Their Families Program* (i.e., Children's Mental Health Initiative or CMHI) in 1992 by an act of Congress, the SOC approach has served as the conceptual and philosophical framework for systemic reform in children's mental health.

An estimated 4.5 to 6.3 million children and youth in the United States suffer from a serious mental health condition (about 10%) and 20% have a diagnosable mental disorder. Approximately 65% to 80% of these children and youth do not receive the specialty mental health services and supports they need. In addition, the onset for 50% of adult mental health disorders is by age 14, and for 75% of adults it is age 24, and yet resources are limited for children, youth and their families. Suicide is the third leading cause of death in individuals in the 15-24 year age group and approximately one in five adolescents and young adults experience suicidal ideation every year.

Accumulating research and evaluation results from the CMHI over the last 15 years have demonstrated that, when a SOC approach is implemented and sustained, children, youth and families experience both short and long-term benefits, including: improvement in clinical and functional outcomes, significant reductions in suicide attempts by youth, improvement in school attendance and performance, reduction in contacts with law enforcement, and reduction of reliance on inpatient settings for care. Data show that caregivers of children served within systems of care experienced reduced strain associated with caring for a child who has a serious mental health condition, more adequate resources, fewer missed days of work, and improvement in overall family functioning. Research has demonstrated that systems of care have a positive effect on the structure, organization, and availability of services for children and youth with serious mental health needs and their families

The intent of the System of Care Expansion Planning Grants is to build and expand upon the progress achieved in the CMHI program during the last 18 years in addressing the mental health needs of children, youth and families. SAMHSA expects that these grants will help facilitate State/Tribal wide adoption of the System of Care framework

and increase State Medicaid and other third party reimbursement for the System of Care spectrum of services and supports. Applicants are expected to create comprehensive and sustainable plans for infrastructure, services, and supports that are consistent with the requirements authorized under Section 561 of the Public Health Service Act, as amended. This announcement addresses Healthy People Mental Health and Mental Disorders Topic Area HP 2020.

The SOC Expansion Planning Grants closely align with SAMHSA's Trauma and Justice and Health Reform Strategic Initiatives by focusing resources on reducing the impact of substance abuse and mental illness on American communities and addressing the behavioral health impacts of trauma through a systematic public health approach.

2. EXPECTATIONS

During the twelve month planning period, grantees will be expected to develop and complete a comprehensive short and long-term strategic plan with action steps to improve, implement, expand and sustain comprehensive services and supports throughout their geographic area consistent with SOC principles and philosophy. These plans must incorporate the required mental health, non-mental health (educational, vocational, rehabilitation, etc.), case management and outreach services identified under Section 561 of the Public Health Service Act, as amended.

The expectation is to create an SOC, using a collaborative approach that includes families and youth, a blueprint for how the SOC approach will be expanded by the political subdivision, territory or tribal entity. The plan must detail how the SOC will provide mental health and other services to the population of focus (as described below) and shall link and integrate other efforts to improve children's health and behavior functioning. The plan must also detail how the SOC will collaborate with other child serving entities such as child welfare, education, juvenile justice, substance abuse and primary care. Further the plan must address financing strategies, including the use of Medicaid, the development of core services within health insurance benefit packages, the linkage with Block Grants and other health reform activities (e.g., parity legislation).

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).

2.1 Population of Focus

The enabling legislation for the SOC Expansion Planning Grants (Section 561 of the Public Health Service Act, as amended) requires that the population of focus for these planning efforts be children and/or adolescents with a serious emotional disturbance (also referred to in this RFA as children and youth with "serious mental health needs or conditions") as defined by the criteria listed below:

Age: Children and youth from birth to 21 years of age.

Diagnosis: The child or youth must have an emotional, socio-emotional, behavioral or mental disorder diagnosable under the *DSM-IV* or its *ICD-9-CM* equivalents, or subsequent revisions (with the exception of *DSM-IV* A V codes, substance use disorders and developmental disorders, unless they co-occur with another diagnosable serious emotional, behavioral, or mental disorder). For children 3 years of age or younger, the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised (DC: 0-3R)* should be used as the diagnostic tool. (See <http://www.zerotothree.org> for more information.) For children 4 years of age and older, the *Diagnostic Interview Schedule for Children (DISC)* may be used as an alternative to the *DSM-IV*.

Disability: The child or youth is unable to function in the family, school or community, or in a combination of these settings. Or, the level of functioning is such that the child or adolescent requires multi-agency intervention involving two or more community service agencies providing services in the areas of mental health, education, child welfare, juvenile justice, substance abuse, or primary health care. For children under 6 years of age, community service agencies include those providing services in the areas of childcare, early childhood education (e.g., Head Start), pediatric care, and family mental health. For youth ages 18 to 21, community service agencies include those providing services in the areas of adult mental health, social services, vocational counseling and rehabilitation, higher education, criminal justice, housing and health.

Duration: The identified disability must have been present for at least 1 year or, on the basis of diagnosis, severity or multi-agency intervention, is expected to last more than 1 year.

2.2 Program Goals

The overall goal of the System of Care Expansion Planning Grants is to expand the number of jurisdictions and locations within a state, political subdivision, territory or tribal entity which have adopted a system of care approach. Specific objectives include:

- Create a blueprint and model for services and supports that use a system of care approach in states, territories, or tribal entity.
- Identify strategies to better invest public sector resources to improve behavioral health outcomes and to integrate a system of care approach into child and youth service delivery systems.
- Incorporate a system of care approach consistent with Section 561 of the Public Health Service Act, as amended, within Block Grants, Medicaid, strategies to implement parity legislation and across other child serving system such as child welfare, education, juvenile justice, substance abuse and primary care.
- Develop concrete action steps and priority strategies that will create and sustain a jurisdiction – wide system of care to serve children and youth with serious mental health conditions and their families.

2.3 Required Activities

System of Care Expansion Grant funds must be used primarily to create infrastructure that supports the development, expansion and sustainability of services required under Section 561 of the Public Health Service Act, as amended. The applicant must including the following types of activities:

- Establish a “System of Care Expansion Planning Team” that includes key government officials, family, youth, system partners, State Medicaid and other state and community human service leaders. Describe and justify the composition of this team, including strategies to engage/recruit partners and contributors. This team shall oversee the development and implementation of the process and deliverables identified below, and is responsible for engaging partners and community members.
- Develop a self-assessment of readiness to implement system change to promote expansion of SOC.
- Create a blueprint/logic model to expand and sustain a system of care approach to service delivery across child serving entities throughout the identified geographic area. Propose a set of key short and long-term outcomes to assess the effectiveness and success of the blueprint and action items.
- Develop a set of core approaches that are critical in expanding SOC broadly throughout the identified geographic area.
- Develop a culturally and linguistically competent social marketing and strategic communications plan to complement the strategic plan. The social marketing plan should focus on promoting social inclusion of children and youth with mental health conditions and their families, developing effective partnerships, using outcome data and personal stories from systems of care programs and fostering integration of the system of care values and principles within state, territory or tribal systems.
- Develop a short and long-term strategic plan and action steps for expanding and enhancing the SOC framework.
- Identify how the expansion planning team will address the key components of strategic plans, including:
 - Organizational/structural development to build service capacity (e.g., to create a locus of responsibility and oversight mechanisms for the system of care).
 - Creation of family-driven and youth-guided approaches to services and systems.

- Demonstrate how cultural and linguistic competence will be incorporated into services and systems.
- Development of a social marketing and strategic communications plan to promote social inclusion, develop partnerships and promote system of care values.
- Development of a plan to incorporate trauma-related activities into the service system, including trauma screening, trauma treatment and a trauma-informed approach to care.
- Identify how other child serving government entities will play a role in the development and implementation of the strategic plan and describe the interagency coordination mechanisms that will be used to integrate the system of care approach.
- Provider network development and recruitment.
- Linkage and coordination with block grants, Medicaid, health reform, parity and other relevant funding streams.
- Use of electronic health records.
- Policy, administrative, and regulatory development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, development/revision of credentialing, licensure, or accreditation requirements).
- Quality improvement efforts, performance measurement development and development of financing strategies/coordination of funding streams.
- Workforce development (e.g., training, support for licensure, credentialing, or accreditation).
- Data infrastructure/management information system (MIS) development.

Technical assistance will be available to assist funded grantees in developing a strategic action plan to implement and expand critical elements of the system of care philosophy, infrastructure and services so that more children, youth and families receive effective mental health treatment and improved outcomes.

2.4 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 Results Act (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in “[Section D: Performance Assessment and Data](#)” of your application. Grantees will be required to report performance on the following performance indicators:

- The number of organizations or communities that demonstrate improved readiness to change their systems in order to implement mental health-related practices that are consistent with the goals of the grant.
- The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.
- The number of consumers/family members representing consumer/family organizations who are involved in ongoing mental health-related planning and advocacy activities as a result of the grant.

This information will be gathered using the Transformation Accountability System (TRAC), which can be found at <https://www.cmhs-gpra.samhsa.gov>, along with instructions for completing it. Hard copies are available in the application kits available by calling SAMHSA's Office of Communications at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. Data will be collected quarterly after entry of annual goals. Data are to be entered into a web-based system supported by quarterly written fiscal reports and written annual reports. Technical assistance for the web-based data entry, fiscal and annual report generation is available. The collection of these data will enable CMHS to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to mental health.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

2.5 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. 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 quarterly.

At a minimum, your performance assessment should include the required performance measures identified above. You may also offer additional outcome and process measures.

No more than 10% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.4 and 2.5 above.

2.6 Grantee Meetings

Grantees must plan to send a minimum of four people (including the Project Director and key stakeholders that are mutually identified between the grantee and Government Project Officer) to at least one System of Care Expansion Academy during the grant

period. You must include a detailed budget and narrative for this travel in your budget. At this meeting, grantees will present the results of their projects and Federal staff will provide technical assistance. The meeting will be approximately 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Proposed budgets cannot exceed \$800,000 in total costs for the entire grant period (direct and indirect). Applicants must provide a narrative justification for the budget amount requested and also how the money will be spent during the 1- year project period. Higher amounts will only be considered for jurisdictions that have significant population density or large geographic areas.

Available funding for this program is subject to the enactment of a final budget for FY 2011 or an annualized Continuing Resolution (CR) for FY 2011. Funding estimates for this announcement are based on potential funding scenarios that reflect an annualized CR at the FY 2010 funding level but do not reflect final conference action on the 2011 budget. Applicants should be aware that SAMHSA cannot guarantee that sufficient funds will be appropriated to fully fund this program.

These awards will be made as grants.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility for this program is statutorily limited to public entities such as:

State governments; Indian or tribal organizations (as defined in Section 4[b] and Section 4[c] of the Indian Self-Determination and Education Assistance Act); Governmental units within political subdivisions of a State, such as a county, city or town; District of Columbia government; and Commonwealth of Puerto Rico, Northern Mariana Islands, Virgin Islands, Guam, American Samoa and Trust Territory of the Pacific Islands (now Palau, Micronesia and the Marshall Islands).

The purpose of this RFA is to expand and sustain systems of care, priority will be given to applications that demonstrate the ability to engage in planning activities that reflect the greatest geographic area and that represent the likelihood for extensive and wide-ranging policy and program transformation (i.e., Statewide, territory-wide, and tribal). A maximum of one award will be made per State, Territory, Indian or Tribal Organization, or the District of Columbia.

The applicant, whether a state, or a political entity other than a state, must provide evidence of commitment for SOC expansion by including a letter of support from the Governor (or designee), or the commensurate- level tribal, or territorial representative or (designee). The letter must identify how the applicant will expand efforts to a broader

level, and an explanation of how sustainability will be accomplished. The letter should also provide evidence of support for the SOC approach and demonstrate a commitment to integrating SOC values and principles throughout the State, Territory or Tribal Organization.

Tribal organization means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of Tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval.

2. COST SHARING and MATCH REQUIREMENTS

Cost Sharing/Matching Funds are required. You are required by statutory mandate to provide matching funds from other nonfederal sources, either directly or through donations from public or private entities:

- For this planning grant, you must provide at least \$1 for each \$3 of Federal funds.

Matching resources may be in cash or in-kind, including facilities, equipment or services and must be derived from nonfederal sources (e.g., State or sub-State nonfederal revenues, foundation grants).

It is expected that nonfederal match dollars will include contributions from various child-serving systems (e.g., education, child welfare, and juvenile justice). You must specify the names of the expected sources, the types of sources (e.g., education, child welfare, and juvenile justice) and the amount of matching funds, to show evidence of your potential to sustain the system of care as you bring it to scale in your state.

There is concern that the Federal funds for this program might be used to replace existing nonfederal funds. Therefore, applicants may only include as nonfederal match, contributions in excess of the average amount of nonfederal funds available to the applicant public entity over the 2 fiscal years preceding the fiscal year when the Federal award is made. Non federal public contributions, whether from State, county or city governments, must be dedicated to the community(ies) served by the cooperative agreement.

Federal grant funds must be used for the new expenses of the program carried out by the grantee. That is, Federal grant funds must be used to supplement and not supplant any funds available for carrying out existing services and activities, (e.g., college suicide prevention activities).

A letter from the director of the agency applying for the grant should certify that matching funds for the proposed initiative are available and are non-Federal funds. The letter must be included in **Attachment 5** of the application, Nonfederal Match Certification. This letter also should indicate that proposed changes in funding streams

required for the match or other funding innovations necessary for implementation of the proposed initiative will be allowed. Additional letters from other non-mental health agency directors (e.g., education, child welfare, juvenile justice and Medicaid) at the State, county or city levels, must also be included in **Attachment 5** of the application as applicable.

Indians receiving funds under the Self-Determination and Education Assistance Act, PL 93-638, as amended, are exempt from the restriction that prohibits the use of those Federal funds as a match.

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 HHS 5161-1 application form; 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 kit 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 v2.

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Kit

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

- HHS 5161-1 (revised August 2007) – Includes the face page (SF 424 v2), budget forms, and checklist. You must use the HHS 5161-1. **Applications that are not submitted on the required application form 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 11 required application components:

- **Face Page** – SF 424 v2 is the face page. This form is part of the HHS 5161-1. [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.]
- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a 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 Form** – Use SF 424A, which is part of the HHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in [Appendix G](#) 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 5** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachments 2 and 5. 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 as: Attachment 1, Attachment 2, etc.
 - *Attachment 1:* Letters of Commitment/Coordination/Support
 - *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
 - *Attachment 4:* Letter to the SSA (if applicable; see Section IV-4 of this document)
- **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 kit.
- **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 v2) 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 v2) of the application.
- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the HHS 5161-1. 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. If no

lobbying is to be disclosed, mark N/A on the form. All applicants must sign the form.

- **Checklist** – Use the Checklist found in HHS 5161-1. 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.

2.3 Application Formatting Requirements

Please refer to [Appendix A](#), *Checklist for Formatting Requirements and Screen out 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 **June 2, 2011**. SAMHSA provides two options for submission of grant applications: 1) electronic submission, **or** 2) paper submission. 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

Please refer to [Appendix B](#) for “Guidance for Electronic Submission of 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:

Crystal Saunders, Director of Grant Review
Office of Program Services

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 System of Care Expansion Planning Grants and SM-11-008 in item number 12 on the face page (SF 424 v2) 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 (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 System of Care Expansion Planning Grants grant recipients must comply with the following funding restrictions:

- No more than 10% of the grant award may be used for data collection, performance measurement, and performance assessment expenses.

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. **These are to be used instead of the "Program Narrative" instructions found in the HHS 5161-1.**
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below 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 cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA's guidelines for cultural competence can be found on the SAMHSA Web site at <http://www.samhsa.gov/grants/apply.aspx> at the bottom of the page under "Resources for Grant Writing."
- The Supporting Documentation you provide in Sections E-H and Attachments 1-5 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 Readiness/Need (25 points)

- Describe the proposed geographic area and how this addresses the priority identified in the eligibility criteria (i.e., Statewide, Territory-wide or Tribal).

- Justify the budget amount being requested understanding that higher amounts will only be considered for jurisdictions that have significant population density or large geographic areas.
- Provide demographic information on the identified jurisdiction (e.g., race, ethnicity, age, socioeconomic status, geography).
- Document the readiness and need to expand systems of care, including the need to enhance the infrastructure necessary to sustain a system of care approach in the proposed geographic area. Provide information on how the information was derived so reviewers can assess the reliability and validity of the data. Documentation of readiness and need may come from a variety of qualitative and quantitative sources. The quantitative data could come from local epidemiologic data, State data (e.g., from State Needs Assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control and Prevention reports). Qualitative data could come from reports on historical involvement in systems of care, focus group information or other reviews/studies of the child and youth service system.
- Describe the service gaps, barriers, and other problems related to the need for infrastructure development and why these barriers developed and why they have not been overcome before now.
- Describe the process to develop the self-assessment, including the intended participants.
- Describe how the stakeholders will be involved to help the needed infrastructure development. Also describe any additional resources to be included in the process.
- Applicants must show that identified needs are consistent with priorities of the State, Territory, District, Tribe, or tribal organization, that has primary responsibility for the overall service delivery system. You must include, in **Attachment 5**, a letter from the Governor or equivalent (or designee) indicating that the proposed project addresses a State/Territory/District priority. Tribal applicants must provide similar documentation relating to tribal priorities.

Section B: Proposed Approach (40 points)

- Describe the purpose of the proposed project, including a clear statement of its goals and objectives and provide compelling evidence that such plans are feasible and supported and that they can be both accomplished and sustained. These must relate to the performance measures you identify in Section D, Performance Assessment and Data.

- Describe how achievement of goals will increase capacity to support effective system of care development for children, youth and families.
- Describe how the proposed project will address the goals of Trauma and Justice and Health Reform Strategic Initiatives discussed in Section 1.
- Describe the proposed project activities, how they meet your infrastructure needs, and how they relate to your goals and objectives.
- Describe how social marketing efforts will impact social inclusion of children and youth with mental health conditions (and related conditions such as co-occurring substance use disorders) in the state, territory, or tribe; create and sustain partnerships in the public and private sectors and promote integration of system of care values and principles in child-serving systems
- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
- Describe the system of care expansion team, its membership, roles and functions, and frequency of meetings. Provide documentation for any members that have already agreed to participate.
- Describe any other organizations that will participate and their roles and responsibilities. Demonstrate their commitment to the project. Include letters of support commitment/coordination from these community organizations in **Attachment 1** of your application.
- Describe how the proposed project will address the following issues in your geographic area:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
 - Language and literacy;
 - Sexual identity – sexual orientation and gender identity; and
 - Disability.
- Describe the potential barriers to successful conduct of the proposed project, why they exist and have not been overcome up to this point, and how you will overcome them.
- Describe how youth and families were involved in the preparation of the application, and how they will be involved in the planning, implementation, and performance assessment of the project.

- Describe how your activities will expand systems of care.
- Applicants are encouraged to carefully review and justify the amount of money being requested and clearly articulate how the proposed budget is consistent with the activities and goals of the project.
- Describe your plan to implement the systems of care approach after funding ends and how the project will expand systems of care throughout the jurisdiction. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.
- Describe how you will be using other funding sources to expand the SOC in the State, (e.g. Medicaid, Block Grants, Child Welfare, Education, Juvenile Justice, and TANF).

Section C: Staff, Management, and Relevant Experience (20 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services and experience providing a family-driven and youth-guided approach.
- Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.
- Discuss how key staff have demonstrated experience with and understand the service needs of the populations covered in the planning grant, including cultural and linguistic factors.

Section D: Performance Assessment and Data (15 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.4 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures you plan to use for your grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration of how systems will identify disparate outcomes for different racial/ethnic groups. Describe what systems will be put in place to relate process and outcome information routinely to program staff.
- Describe your plan for conducting the performance assessment as specified in section I-2.5 of this RFA and document your ability to conduct the assessment.

NOTE: The budget for the proposed project is a scored review criterion (see Proposed Approach Section), and as such the Review Group will be asked to score the appropriateness of the budget amount being requested as part of that section.

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 no more than 10% 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 G](#) 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 should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the HHS 5161-1 instruction page, available on the SAMHSA Web site.

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 H](#) 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 Mental Health Services' National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) 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 may re-apply if there is another receipt date for the program.

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.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.4, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- A final progress report is required, as well as a final financial status report. Quarterly progress reports regarding project implementation are also required.
- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.
- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.
- You will be required to comply with the requirements of 2CFR Part 170 -The Transparency Act Subaward and Executive Compensation Reporting Requirements. See <http://www.samhsa.gov/grants/subaward.aspx> for information on implementing this requirement.

3.2 Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) modernization Act of 2010 mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance requirements for SAMHSA’s System of Care Expansion Planning Grants are described in Section I-2.4 of this document under “Data Collection and Performance Measurement.”

3.3 Publications

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA’s Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.

- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

VII. AGENCY CONTACTS

For questions about program issues contact:

For questions on grants management and budget issues contact:

Gwendolyn Simpson
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1085
Rockville, Maryland 20857
(240) 276-1408
gwendolyn.simpson@samhsa.hhs.gov

For questions on program issues contact:

Diane Sondheimer, Deputy Chief
Child, Adolescent and Family Branch, Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 6-1043
Rockville, MD 20857
(240) 276-1922
diane.sondheimer@samhsa.hhs.gov

Gary M. Blau, Ph.D., Chief
Child, Adolescent and Family Branch, Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 6-1045
Rockville, MD 20857
(240) 276-1921
gary.blau@samhsa.hhs.gov

Appendix A – Checklist for Formatting Requirements and Screen Out 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 HHS 5161-1 application package
- Applications must be received by the application due date and time, as detailed in Section [IV-3](#) of this grant announcement.
- 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 (Standard Form 424 v2, which is in HHS 5161-1)
 - Abstract
 - Table of Contents
 - Budget Form (Standard Form 424A, which is in HHS 5161-1)
 - Project Narrative and Supporting Documentation
 - Attachments

- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, which is in HHS 5161-1)
- Checklist (a form in HHS 5161-1)
- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection specified in [Appendix H](#) 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 HHS 5161-1.
- 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 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 Standard form 424 v2 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.** 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 2003 products (e.g., Microsoft Word 2003, Microsoft Excel, etc.). The new Microsoft Vista operating system and Microsoft Word 2007 products are not currently accepted by Grants.gov. If you do not have access to Microsoft Office 2003 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 or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. 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.

Keep the Project Narrative as a separate document. Please consolidate all other materials in your application to ensure the fewest possible number of attachments. Be sure to label each file according to its contents, e.g., “Attachments 1-3”, “Attachments 4-5.”

With the exception of the 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 kit 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: Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. SM-11-008. Change the zip code to 20850 if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)¹ to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services

¹ Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 v2 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native Tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424 v2); and
- a summary of the project, no longer than one page in length that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate State or local health agencies.

For SAMHSA grants, the appropriate State agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse can be found on SAMHSA's Web site at <http://www.samhsa.gov>. A listing of the SSAs for mental health can be found on SAMHSA's Web site at <http://www.samhsa.gov/grants/SSAdirectory-MH.pdf>. If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 4, "Letter to the SSA."** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **SM-11-008**. Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any State comments.
- The applicant must notify the SSA within 30 days of receipt of an award.

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.

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 – Sample Logic Model

A logic model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or “change” and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A logic model is a picture of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among the resources you put in (inputs), the strategies you use, the infrastructure changes that occur, what takes place (outputs), and what happens or results (outcomes). Your logic model should form a logical chain of “if-then” relationships that enables you to demonstrate how you will get to your desired outcomes with your available resources. Because your logic model requires you to be specific about your intended outputs and outcomes, it can be a valuable resource in assessing the performance of your project by providing you with specific outputs (objectives) and outcomes (goals) that can be measured.

The graphic on the following page provides an example of a logic model that links the inputs to strategies, the strategies to infrastructure changes, the infrastructure changes to outputs, and the outputs to outcomes (goals).

Your logic model should be based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your target group. A properly targeted logic model will show a logical pathway from inputs to intended outcomes, in which the included outcomes address the needs identified in the Statement of Need.

Examples of **Inputs** depicted in the sample logic model include Federal policies, funding, and requirements; federally sponsored technical assistance; site-specific context items (e.g., populations; site characteristics, e.g., political and geographical; previous activities, policies, etc.; infrastructure, e.g., planning capability & other resources; pre-existing outcomes); and performance data.

Examples of **Strategies** depicted in the sample logic model that are developed as a result of these inputs include initial grant activities, e.g., formation of a steering committee, etc., which in turn leads to a needs assessment and inventory of resources (e.g., development process and conclusion). This in turn leads to a strategic plan (e.g., development process and content). Finally, these strategies result in change/project management mechanisms.

Examples of the **Infrastructure Changes** depicted in the sample logic model that result from the strategies discussed above include such things as policy changes, workforce training, financing changes, organizational changes, improved data collection and use, and changes to service delivery.

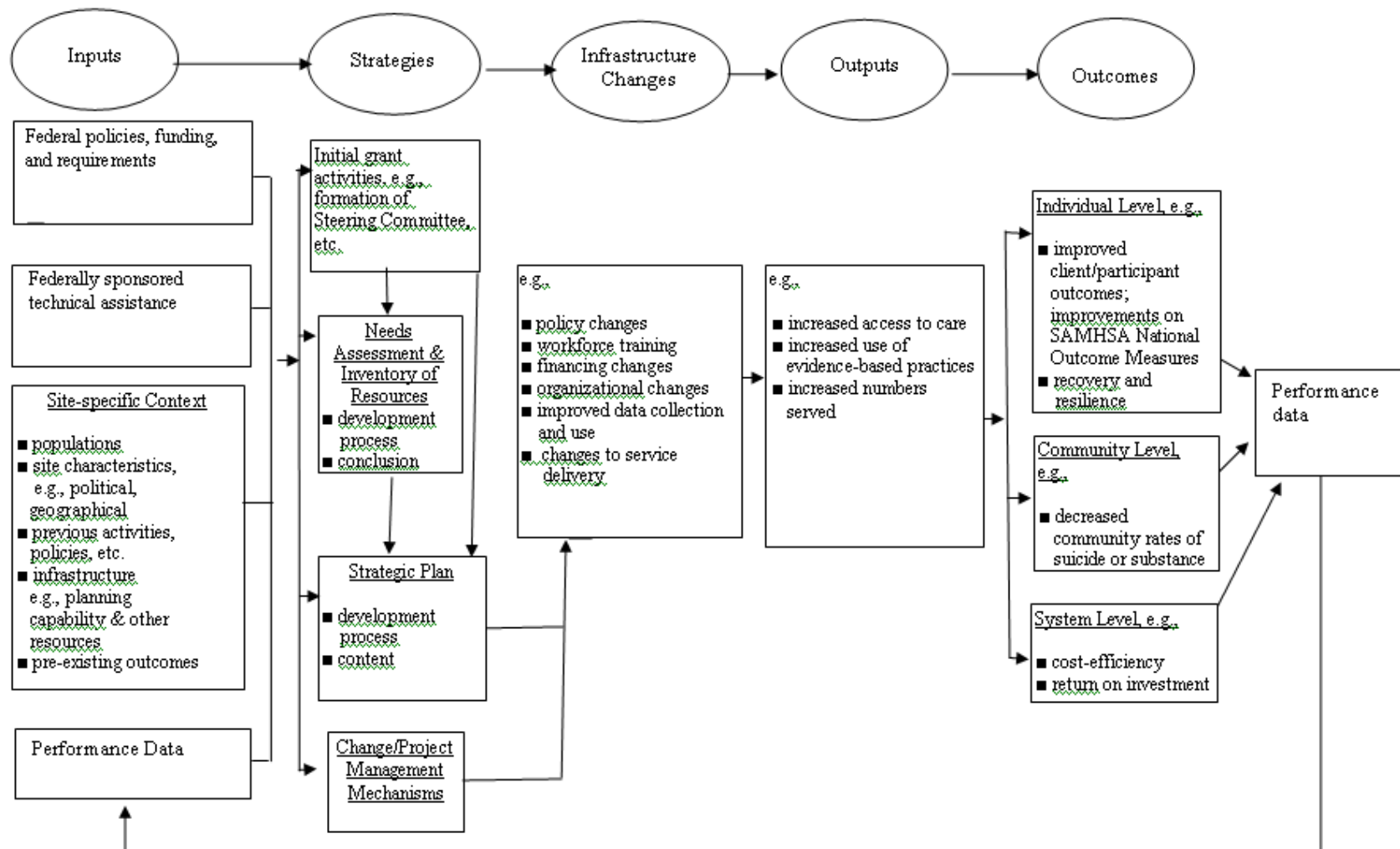
Outputs from these infrastructure changes depicted in the sample logic model include such things as increased access to care, increased use of evidence-based practices, and increased numbers served.

These outputs lead to **Outcomes** at the individual level, community level, and system level. Examples of individual level outcomes depicted in the sample logic model include improved client/participant outcomes; improvements on SAMHSA National Outcomes Measures; and recovery and resilience. Community level outcomes depicted include decreased community rates of suicide or substance abuse. System level outcomes depicted include cost-efficiency and return on investment.

The outcomes produce performance data which lead back to the performance data under **Inputs** in the sample logic model, as performance data both result from and inform the process.

[Note: The logic model presented is not a required format and SAMHSA does not expect strict adherence to this format. It is presented only as a sample of how you can present a logic model in your application.]

Sample Infrastructure Logic Model



Appendix F – Logic Model Resources

- Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. *International Quarterly of Community Health Education*, 18(4), 449-458.
- Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly*, 13(2), 43-62.
- Hernandez, M. & Hodges, S. (2003). *Crafting Logic Models for Systems of Care: Ideas into Action*. [Making children's mental health services successful series, volume 1]. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies. <http://cfs.fmhi.usf.edu> or phone (813) 974-4651
- Hernandez, M. & Hodges, S. (2001). Theory-based accountability. In M. Hernandez & S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health*, pp. 21-40. Baltimore: Brookes.
- Julian, D.A. (1997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, 20(3), 251-257.
- Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning*, 18(4), 333-341.
- Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3rd Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.
- Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation*. San Francisco, CA: Jossey-Bass Inc.
- W.K. Kellogg Foundation, (2004). *Logic Model Development Guide*. Battle Creek, MI.
- To receive additional copies of the Logic Model Development Guide, call (800) 819-9997 and request item #1209.

Appendix G – Sample Budget and Justification (match required)

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

A. Personnel: an employee of the applying agency whose work is tied to the application

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Executive Director	John Doe	\$64,890	10%	\$6,489
Coordinator	To be selected	\$46,276	100%	\$46,276
			TOTAL	\$52,765

JUSTIFICATION: Describe the role and responsibilities of each position.

The executive director will provide oversight of grant, including fiscal and personnel management, community relations and project implementation and evaluation. The coordinator will coordinate project services and activities, including training, communication, data collection and dissemination.

NON-FEDERAL MATCH

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Executive Director	John Doe	\$64,890	7%	\$4,542
Prevention Specialist	Sarah Smith	\$26,000	25%	\$6,500
Peer Helper	Ron Jones	\$23,000	40%	\$9,200
Clerical Support	Susan Johnson	\$13.38/hr x 100 hr.		\$1,338
			TOTAL	\$21,580

JUSTIFICATION: Describe the role and responsibilities of each position.

The executive director will provide oversight of grant, including fiscal and personnel management, community relations and project implementation and evaluation. The development specialist will provide staffing support to the working council. The peer helper will be responsible for peer recruitment, coordination and support. The clerical support will process paperwork, payroll, and expense reports.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) **\$52,765**

NON-FEDERAL MATCH (enter in Section B column 2 line 6a of form SF424A) **\$21,580**

B. Fringe Benefits: List all components of 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

NON-FEDERAL MATCH

Component	Rate	Wage	Cost
FICA	7.65%	\$21,580	\$1,651
Workers Compensation	2.5%	\$21,580	\$ 540
Insurance	10.5%	\$21,580	\$2,266
		TOTAL	\$4,457

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A) **\$10,896**

NON-FEDERAL MATCH (enter in Section B column 2 line 6b of form SF424A) **\$4,457**

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
Conference (be as specific as possible)	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals)	\$46/day x 2 persons x 2 days	\$184
Local travel		Mileage	3,000 miles @ .38/mile	\$1,140
			TOTAL	\$2,444

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

Cost for two members to attend a grantee meeting in Washington. Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on agency's privately owned vehicle (POV) reimbursement rate.

NON-FEDERAL MATCH

Purpose of Travel	Location	Item	Rate	Cost
Regional Training Conference	Chicago, IL	Airfare	\$150/flight x 2 persons	\$300
		Hotel	\$155/night x 2 persons x 2 nights	\$620
		Per Diem (meals)	\$46/day x 2 persons x 2 days	\$184
Local Travel	Outreach workshops	Mileage	350 miles x .38/mile	\$133
			TOTAL	\$1,237

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

Coalition agencies will provide funding for two members to attend the regional technical assistance workshop (our closest location is Chicago, IL). Local travel rate is based on agency's POV reimbursement rate.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424 **\$2,444**)

NON-FEDERAL MATCH (enter in Section B column 2 line 6c of form SF424A) **\$1,237**

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 SF424A) **\$ 0**

NON-FEDERAL MATCH – (enter in Section B column 2 line 6d of form SF424A) **\$ 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 need and include explanation of how costs were estimated.

Office supplies, copies and postage are needed for general operation of the project. The laptop computer is needed for both project work and presentations. The projector is needed for presentations and outreach workshops. All costs were based on retail values at the time the application was written. *Provide justification for purchases, especially if they were requested and purchased under a previous budget.

NON-FEDERAL MATCH

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Bookcase*	\$75	\$75
Digital camera*	\$300	\$300
Fax machine*	\$150	\$150
Computer*	\$500	\$500
Postage	\$37/mo. x 4 mo	\$148
TOTAL		\$1,773

JUSTIFICATION: Describe need and include explanation of how costs were estimated.

The local television station is donating the bookcase, camera, fax machine, and computer (items such as these can only be claimed as match once during the grant cycle and used for the project). The “applying agency” is donating the additional costs for office supplies and postage.

FEDERAL REQUEST (enter in Section B column 1 line 6e of form SF424A) **\$ 3,796**

NON-FEDERAL MATCH (enter in Section B column 2 line 6e of form SF424A) **\$ 1,773**

- F. Contract:** generally amount paid to non-employees for services or products. A consultant is a non-employee who provides advice and expertise in a specific program area.

FEDERAL REQUEST (Consultant)

Name	Service	Rate	Other	Cost
To be selected	Coalition Building	\$150/day	15 days	\$2,250
	Travel	.38/mile	360 miles	\$137
			TOTAL	\$2,387

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

This person will advise staff and coalition members of ways to maintain, increase membership, and develop a Strategic Prevention Framework for the local coalition. The rate is based on the average consulting rate in this area. Consultant is expected to make up to 6 trips (each trip a total of 60 miles) to meet with staff and the coalition. Mileage rate is based on POV reimbursement rate. A request for proposal will be issued to secure a competitive bid before final selection is made.

FEDERAL REQUEST (Contract)

Entity	Product/Service	Cost
To be selected	1.5 minute Public Service Announcement (PSA)	\$2,300
To be selected	Evaluation Report	\$4,500
	TOTAL	\$6,800

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

A local media outlet will produce a 1.5-minute PSA from the youth drug awareness video for the local television market. Tasks will include cutting and editing the tape, preparing introductory statement, inserting music and/or narrative, and synchronizing the sound track. A local evaluation specialist will be contracted to produce the year-end results of the coalition efforts. A request for proposal will be issued to secure a competitive bid before final selection is made.

NON-FEDERAL MATCH (Consultant)

Name	Service	Rate	Other	Cost
Coalition members	Outreach meeting facilitation	\$17.5/hour	6 members x \$17.50 x20 hr./mo. x 12 mo.	\$25,200
	Travel Expenses	.38/mile	12 members x 148 miles x .38/mile	\$675
			TOTAL	\$25,875

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

Twelve (12) coalition members are volunteering their time to facilitate the youth prevention and outreach sessions outlined in the strategic plan. Hourly rate is based on average salaries of the volunteers. Travel is based on average distance between volunteer’s location and the meeting sites. Mileage rate is based on POV reimbursement rate.

NON-FEDERAL MATCH (Contract)

Entity	Product/Service	Cost
West Bank School District	Student Assistance Program	\$15,000
	TOTAL	\$15,000

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

West Bank School District is donating their contracted services to provide drug testing, referral and case management for 50 non-school attending youth. Average cost is \$300/person. (MOU attached to application)

FEDERAL REQUEST (enter in Section B column 1 line 6f of form SF424A) **\$ 9,187**
(combine the total of consultant and contract)

NON-FEDERAL MATCH (enter in Section B column 2 line 6f of form SF424A) **\$ 40,875**
(combine the total of consultant and contract)

G. Construction: NOT ALLOWED – Leave Section B columns 1&2 line 6g on SF424A blank.

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

FEDERAL REQUEST

Item	Rate	Cost
Rent	\$15/sq.ft x 700 sq. feet	\$10,500
Telephone	\$100/mo. x 12 mo.	\$1,200
Student Surveys	\$1/survey x 2784	\$2,784
Brochures	.89/brochure X 1500 brochures	\$1,335
	TOTAL	\$15,819

JUSTIFICATION: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.

Rent and telephone is necessary to operate the project. Monthly telephone costs reflect the % of effort for the personnel listed in this application. Survey copyright requires the purchase of the ATOD surveys. Brochures will be used at various community functions (health fairs and exhibits).

NON-FEDERAL MATCH

Item	Rate	Cost
Space rental	Varies between \$75/event to over \$300/event	\$11,500
Television time	\$250/spot x 50 spots	\$12,500
Food and beverages	\$2.50/meeting x 40 attendees x 3 meetings	\$300
Internet services	\$26/mo. x 12 mo.	\$312
Student surveys	\$1/survey x 1583 surveys	\$1,583
Printing	\$300/run x 6 runs	\$1,800
	TOTAL	\$27,995

JUSTIFICATION: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.

Various coalition and community organizations donate space for the various activities outlined in the scope of work, such as teen night out, after-school programs, and parent education classes. The prices range from \$75/event for the West Bank School District to over \$300/event for the Holiday Inn. The local ACME market is donating the food for three meetings. The local television station is donating airtime for the PSA (MOU attached to application). The applying agency is donating the internet services for the full-time coordinator. The West Bank School District is donating the cost of 1,583 student surveys. All costs are the value placed on the service at the time of this grant application. A coalition member is donating the printing for the bi-monthly newsletter.

FEDERAL REQUEST (enter in Section B column 1 line 6h of form SF424A) **\$15,819**

NON-FEDERAL MATCH (enter in Section B column 2 line 6h of form SF424A) **\$27,995**

Indirect cost rate: Indirect costs can only 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: samhsa.gov then click on grants – grants management – HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A)

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

NON-FEDERAL MATCH (enter in Section B column 2 line 6j of form SF424A)

8% of personnel and fringe (.08 x \$26,037) **\$2,083**

JUSTIFICATION: The indirect costs rate was approved by the Dept. of Health and Human Services in 200X and is applied to the personnel and fringe, per the negotiated agreement. A copy of the fully executed, negotiated, indirect cost agreement is attached.

BUDGET SUMMARY:

Category	Federal Request	Non-Federal Match	Total
Personnel	\$52,765	\$21,580	\$74,345
Fringe	\$10,896	\$4,457	\$15,353
Travel	\$2,444	\$1,237	\$3,681
Equipment	0	0	0
Supplies	\$3,796	\$1,773	\$5,569
Contractual	\$9,187	\$40,875	\$50,062
Other	\$15,819	\$27,995	\$43,814
Total Direct Costs*	\$94,907	\$97,917	\$192,824
Indirect Costs	\$5,093	\$2,083	\$7,176
Total Project Costs	\$100,000	\$100,000	\$200,000

*** TOTAL DIRECT COSTS:**

FEDERAL REQUEST (enter in Section B column 1 line 6i of form SF424A) **\$94,907**

NON-FEDERAL MATCH (enter in Section B column 2 line 6i of form SF424A) **\$97,917**

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **\$100,000**

Appendix H – 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 if 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.