Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Cooperative Agreement for the Historically Black Colleges and Universities Center for Excellence in Behavioral Health

(Short Title: HBCU – CFE)
(Initial Announcement)

Request for Applications (RFA) No. TI-11-013

Catalogue of Federal Domestic Assistance (CFDA) No.: 93:243

Key Dates:

Application Deadline	**Applications are due by May 23, 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 is accepting applications for fiscal year (FY) 2011 for a Cooperative Agreement for the Historically Black Colleges and Universities (HBCU) Center for Excellence in Behavioral Health (HBCU-CFE). The purpose of this program is to continue and enhance the effort to network the 105 HBCUs throughout the United States to promote behavioral health, expand campus service capacity and facilitate workforce development.

Funding Opportunity Title:	Cooperative Agreement for the Historically Black Colleges and Universities Center for Excellence in Behavioral Health
Funding Opportunity Number:	TI-11-013
Due Date for Applications:	May 23, 2011
Anticipated Total Available Funding:	$500,000
Estimated Number of Awards:	1
Estimated Award Amount:	Up to $500,000
Cost Sharing/Match Required:	No
Length of Project Period:	Up to 3 years
Eligible Applicants:	The 105 nationally recognized Historically Black Colleges and Universities (HBCUs) or a consortium of HBCUs with a lead college/university as the applicant. [See Section III-1 of this RFA for complete eligibility information]

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration is accepting applications for fiscal year (FY) 2011 for a Cooperative Agreement for the Historically Black Colleges and Universities (HBCU) Center for Excellence in Behavioral Health (HBCU-CFE). The purpose of this program is to continue and enhance the effort to network the 105 HBCUs throughout the United States to promote behavioral health, expand campus service capacity and facilitate workforce development. For the purposes of this RFA, the term "behavioral health" refers to a state of mental/emotional being and/or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders. This includes a range of problems from unhealthy stress to diagnosable and treatable diseases like serious mental illnesses and substance use disorders, which are often chronic in nature but that people can and do recover from. The term is also used to describe the service systems encompassing the promotion of emotional health, the prevention of mental and substance use disorders, substance use, and related problems, treatments and services for mental and substance use disorders, and recovery support.

The goals of the HBCU-CFE are to:

1. Promote student behavioral health to positively impact student retention.

2. Expand campus service capacity expansion, including the provision of culturally appropriate behavioral health resources.

3. Facilitate best practices dissemination and behavioral health workforce development.

The HBCU-CFE program design is consistent with the workforce development priorities outlined in the Patient Protection and Affordable Care Act of 2010 that focused on the importance of increasing racial/ethnic diversity in the health professions to reduce health disparities. The program's focus is directly aligned with goals in the recently released, HHS Strategic Action Plan to Reduce Racial and Ethnic Health Disparities, which emphasizes the need for the strategic implementation of programs to expand the diversity of the health care workforce.

SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities. The HBCU-CFE program is part of SAMHSA's effort to achieve the goals of the Prevention of Substance Abuse and Mental Illness, and Trauma and Justice Initiatives.

The Historically Black Colleges and Universities Center for Excellence in Behavioral Health cooperative agreement is authorized under sections 509 and 520(A) of the Public Health Service Act, as amended. This announcement addresses Healthy People

2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD and Substance Abuse Topic Area HP 2020-SA.

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. EXPECTATIONS

SAMHSA's grants for training and technical assistance are intended to fund services or practices that have a demonstrated effectiveness in transferring knowledge and are appropriate for the specific technical assistance (TA) recipients of the grant program.

The HBCU-CFE will be expected to:

(1) Support behavioral health promotion activities, emphasizing the use of social media and related communication campaigns to engage the HBCU network.

(2) Implement a process for designing and administering the Behavioral Health Capacity Expansion Projects.

(3) Serve as a liaison for the Annual Dr. Lonnie E. Mitchell HBCU-CFE Behavioral Health Policy Academy to assist HBCU student/faculty teams in addressing behavioral health needs on their campuses and developing a strategic plan to implement in response to the identified needs. The HBCU-CFE will also provide guidance and direction on aligning the Policy Academy and related activities with program priorities and technical assistance needs.

2.1 Required Activities

The HBCU-CFE cooperative agreement funds must be used primarily to support the following activities:

- Facilitate communication and collaboration between and among HBCUs.
- Maintain a database that can be easily accessed by students/facility of behavioral health curricula, programs, publications, behavioral health screening protocols and evidence-based practice implementation.
- Promote cost-effective, evidence-based and promising practices, including behavioral health screening and referral services, and disseminate information about emerging effective practices to HBCU campus and community partners.
- Design and facilitate a "virtual" Behavioral Health Awareness Day using various technologies, as well as a communications campaign to engage all HBCUs.

- Promote awareness and access to behavioral health resources, such as SAMHSA's G*uide to Evidence-Based Practices on the Web* (www.samhsa.gov/ebpwebguide), the National Registry of Evidence-based Programs & Practices (NREPP), Behavioral Health Information Platform and other related resources.

- Build and maintain collaborative relationships with key stakeholders across the HBCU network to advance the professional development of students and practitioners in behavioral health disorders.

- Use innovative technology strategies to promote knowledge transfer, including the adoption of culturally appropriate, evidence-based and promising practices, and the dissemination of research findings in the areas of behavioral health conditions.

- Establish a Steering Committee to inform HBCU-CFE implementation strategies.

Dr. Lonnie E. Mitchell HBCU Behavioral Health Policy Academy

The Annual Dr. Lonnie E. Mitchell HBCU-CFE Behavioral Health Policy Academy (formerly known as the Annual Dr. Lonnie E. Mitchell National HBCU Substance Abuse and Mental Health Conference) will be designed to assist HBCU student/faculty teams in addressing substance abuse and mental health issues and needs on their campuses, and to develop a strategic plan to implement in response to the identified needs.

The Dr. Lonnie E. Mitchell HBCU-CFE Behavioral Health Policy Academy will be funded through a separate contract within SAMHSA. The HBCU-CFE will be responsible for coordinating with the SAMHSA contractor to provide support services including, but not limited to, providing guidance on the design and content focus of the policy academy and related activities, assisting the contractor with contact information from HBCU faculty and students and serving as a liaison between the HBCUs, SAMHSA and the contractor.

HBCU-CFE Behavioral Health Capacity Expansion Projects

The grantee will be responsible for the conceptualization, coordination, monitoring, and implementation of campus-based behavioral health capacity expansion projects (including, but not limited to managing the application process, providing technical assistance, and overseeing the process to ensure accountability). The purpose of the HBCU-CFE behavioral health capacity expansion projects is to support the use of behavioral health promotion and prevention activities; to expand screening and referral services for students at-risk of behavioral health disorders; to expand knowledge of evidence-based and emerging best practices in the behavioral health field; and to promote opportunities for HBCU institutions to foster behavioral health careers through internships at behavioral health sites. Through these one-year sub-awards, the HBCU-CFE will fund up to 30 behavioral health capacity expansion projects at up to $7,500 each for a total of $225,000. All HBCUs are eligible to apply for and receive sub-awards

for behavioral health capacity expansion projects. However, priority will be given to schools that have not previously received a sub-award through the HBCU-CFE.

The goals of the HBCU-CFE Behavioral Health Capacity Expansion Projects are to:

- Increase awareness of the early signs of emotional distress and resources for early intervention;
- Increase collaboration on behavioral health issues within and across HBCUs and their supporting communities;
- Enhance or increase delivery of behavioral health screening and treatment services to HBCU students;
- Increase behavioral health education and training programs on HBCU campuses;
- Increase the number of HBCU students interning in the behavioral health field, particularly in community-based organizations;
- Increase HBCU student exposure to career options in the behavioral health workforce; and
- Establish and/or increase HBCU partnerships with local, regional and State entities committed to increasing diversity in the behavioral health workforce.

The Behavioral Health Capacity Expansion Projects must address the following focus areas:

- Increasing outreach and engagement of students who have been identified as being at higher risk for unaddressed behavioral health needs (e.g., veterans, LGBT, non-traditional students, women with or at-risk for HIV infection);
- Stimulating service capacity expansion (e.g., increasing the number of peer educators across the network, encouraging the integration of primary and behavioral health care services on campuses, etc.); and
- Enhancing workforce development opportunities through partnerships with community-based providers and organizations.

2.2 Allowable Activities

- Develop and provide training and other resource materials for a variety of audiences (e.g., clinical supervisors, human resource managers, administrators and State/Territory agency staff, front-line counseling staff, etc.).
- Develop, implement, and/or participate in activities aimed at upgrading standards of professional practice for providers of behavioral health disorders, including working with academic institutions that train and educate students for these professions.

- Develop strategies and materials to enhance recruitment and retention of behavioral health disorders treatment practitioners.

- Coordinate regional and national training activities and technical assistance with professional associations.

- Provide on-site and distance learning opportunities for HBCU students and faculty.

- Increase capacity to develop certificate programs within and across HBCUs that lead to preparation for substance abuse certification exams, and/or student credentialing.

2.3 Other Expectations

The grantee will promote and distribute SAMHSA publications related to the proposed topics of trainings and courses delivered by the grantee. In addition, the grantee will be required to provide periodic updates to the project officers and alerting SAMHSA of products and services, including training events that the grantee is making available.

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 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.

This information will be gathered using CSAT Baseline and Follow-up Meeting Satisfaction Surveys, CSAT Baseline and Follow-up Training Surveys, and CSAT Baseline and Follow-up Technical Assistance Satisfaction Surveys. Instructions for completing the surveys can be found at http://www.samhsa.gov/grants/tools.aspx. The data must be collected at the end of each event and 30 days post-event (e.g., trainings, technical assistance, distance learning activities, Dr. Lonnie E. Mitchell Behavioral Health Policy Academies), and entered into CSAT's GPRA Data Entry and Reporting System (http://www.csat-gpra.samhsa.gov). The data must be entered into CSAT's GPRA Services Accountability Improvement System within 7 business days of the forms being completed. In addition, 80 percent of the participants must be followed up. Training and technical assistance on data collecting and data entry will be provided by CSAT. Data must be reported in bi-monthly teleconference meetings, quarterly and annual written reports. The grantee will be required to collect and report data using the surveys referenced above. The grantee will also be required to collect the following infrastructure development and mental health promotion/mental illness prevention measures:

- The number of organizations or communities implementing mental health-related training programs as a result of the grant

- The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant

- The number of individuals exposed to mental health awareness messages

- The number of individuals who have received training in prevention or mental health promotion

- The number and percentage of individuals who have demonstrated improvement in knowledge/attitudes/beliefs related to prevention and/or mental health promotion

- The number of individuals screened for mental health or related interventions

- The number of individuals referred to mental health or related services

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

Hard copies are available in the application kits available by calling the SAMHSA's Office of Communications 1-877-SAMHSA7 [TDD: 1-800-487-4889.]

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 at least annually.

During monthly bi-monthly teleconference meetings, the grantee will provide a verbal report on its performance, followed by a written report within 7 business days of the meeting. The outcome of the above meeting must be in a separate document from the

quarterly and annual reports. In addition to the above performance measures, the grantee must also respond to the outcome and process questions identified below:

Outcome Questions:

- What was the effect of training and technical assistance on participants?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity?
- How durable were the effects?

Process Questions:

- How closely did implementation match the plan for delivery of training and technical assistance?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What effect did the changes have on the planned training and technical assistance and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

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

The grantee must plan to send a minimum of three people (including the Project Director) to at least one joint grantee meeting that will include the Steering Committee in each year of the grant. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each meeting will be 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory. The travel budget does not need to include funds for participating in the Policy Academy.

II. AWARD INFORMATION

Proposed budgets cannot exceed $500,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the

availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Applicants should be aware that SAMHSA cannot guarantee that sufficient funds will be appropriated to fully fund this program.

This award will be made as cooperative agreement.

Cooperative Agreement

This award is being made as cooperative agreement because it requires substantial post-award Federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

Role of Grantee:

- Comply with the terms and conditions of the cooperative agreement and collaborate with SAMHSA staff in project implementation.
- Provide SAMHSA with data required to comply with the GPRA Modernization Act of 2010. The grantee must meet with SAMHSA Project Officers within two months after the award of the cooperative agreement to begin discussing the grantee's evaluation strategy and how it will meet SAMHSA GPRA requirements.
- Participate with SAMHSA staff in any necessary development and refinement of HBCU-CFE policies, evaluation designs, measures, and databases.
- Keep policies consistent with SAMHSA policies on data sharing, access to data and materials, and publications.
- Attend meetings with SAMHSA as typically required of cooperative agreement grantees. These may be conducted in person, electronically, or by conference call.
- Provide funds for HBCU-CFE staff to attend relevant national meetings and conferences.
- Collaborate in planning and participate in any joint learning workshops with the ATTCs and other appropriate SAMHSA-funded activities.
- Establish a Steering Committee to include administrators or lead faculty, and students from HBCUs and non-HBCUs (e.g., Tribal Colleges and Universities (TCUs) and Hispanic-Serving Institutions (HSIs)).
- Propose a plan for serving as a liaison to the HBCU Policy Academy.

Role of SAMHSA Staff:

- Work with the HBCU-CFE to help coordinate activities.
- Provide guidance and technical assistance across all the project's components, and conduct site visits as needed.
- Approve project implementation plan.
- Monitor and review progress of the HBCU-CFE project and make recommendations regarding moving through successive stages including its potential continuance.
- Participate in any necessary development and refinement of the HBCU-CFE policies, evaluation designs, measures, and databases.
- Facilitate the coordination of this program with other SAMHSA policies and activities, as appropriate.
- Participate as voting members of the HBCU-CFE Steering Committee.
- Approve Steering Committee structure and membership.
- Review and approve products prior to publication and dissemination.
- Participate in the implementation and coordination of campus-based behavioral health capacity expansion projects, including the approval of proposed projects and sub-awards.
- Approve plan for HBCU-CFE Policy Academy liaison.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are the105 nationally recognized Historically Black Colleges and Universities (HBCUs) or a consortium of HBCUs with a lead college/university as the applicant. The recipient of the award will be the entity legally responsible for satisfying the grant requirements.

The purpose of Executive Order 13532 is to "strengthen the capacity of historically black colleges and universities to provide the highest quality education, increase opportunities for these institutions to participate in and benefit from Federal programs, and ensure that our Nation has the highest proportion of college graduates in the world by the year 2020." The HBCU-CFE program responds to this Order by directing grant funds to the nationally recognized HBCUs, or a consortium of HBCUs, to promote behavioral health, facilitate best practices dissemination, and expand service capacity on these campuses.

The complete list of HBCUs may be viewed at the following Web site: http://www.ed.gov/about/inits/list/whhbcu/edlite-list.html.

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

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER

You must comply with the following three requirements, or your application will be screened out and not 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: 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
- 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 not 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. In addition, you must be registered in the Central Contractor Registration (CCR) prior to submitting an application and maintain an active CCR registration during the grant funding period. **REMINDER: CCR registration expires each year and must be updated annually.** Additional information on the Central Contractor Registration (CCR) is available at https://www.bpn.gov/ccr/default.aspx].]

- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population to receive training/technical assistance (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 F of this document.

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project

Narrative are provided in "Section V – Application Review Information" of this document.

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

- **Attachments 1 through 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 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)

    - Attachment 5: A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.

- **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 Screenout Criteria for SAMHSA Grant Applications, **for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.**

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **May 23, 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 Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

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

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include **"HBCU-CFE, TI-11-013**" 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 HBCU-CFE grant recipients must comply with the following funding restrictions:

- No more than 10% of the grant award may be used for data collection 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 Need (10 points)

- Describe the proposed technical assistance recipients and the methods you will use to engage them.

- Discuss the current state of knowledge regarding culturally competent services in the area of behavioral health services, and describe how this knowledge will be disseminated and applied.

- Document the need for enhanced technical assistance to increase the capacity of the HBCU network on issues related to behavioral health promotion, expanded service capacity, and workforce development. Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data. Documentation of 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 reports).]

- Indicate your willingness to involve and serve all 105 HBCUs in the United States and describe the service gaps, barriers, and other problems related to ensuring that the infrastructure for the HBCU-CFE engages all HBCUs and their students.

- Describe the stakeholders and resources that can help implement the needed technical assistance.

Section B: Proposed Approach (35 points)

- Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section D, Performance Assessment and Data.

- Describe the proposed project activities, how they meet the needs of the technical assistance recipients you propose to serve, and how they relate to your goals and objectives.

- Describe your proposed plans for the HBCU-Center for Excellence. Provide evidence that the proposed activities meet the infrastructure needs and show how your proposed infrastructure development strategy will meet the goals and objectives.

- Describe your plans for conceptualizing, coordinating, monitoring and implementing the HBCU Behavioral Health Capacity Expansion Projects.

- 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.]

- Demonstrate familiarity with SAMHSA's mission and with state-of-the-art strategies and practices in mental health/substance abuse treatment and prevention and technology transfer principles, strategies, and activities.

- Clearly identify the total number of participants you propose to serve annually, as well as the total number of events you plan to offer. In addition, provide a break-down of the:

    - number of training events (i.e., short-term learning events designed primarily to raise awareness or impart limited information), as well as the number of participants who will be involved in training; and

    - number of academic programming and technical assistance events (i.e., ongoing courses or learning interventions designed to develop or enhance skills, provide in-depth knowledge, or affect organizational processes related to the adoption of evidence-based or promising practices in agencies or systems), as well as the number of participants in academic programming and technical assistance events. [Note: For purposes of this program, academic programming and technical assistance are combined into a single service category.]

- Explain how you will develop and conduct training and technical assistance.

- Describe how you will promote the adoption of evidence-based/promising practices and state-of-the-art behavioral health research.

- Discuss how the project plan will use culturally appropriate approaches and methods, and address the following issues in technology transfer needs and opportunities:

- Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
- Language and literacy;
- Sexual identity – sexual orientation and gender identity; and
- Disability

- Provide a logic model that demonstrates the linkage between the identified need, the proposed approach, and outcomes. (See Appendix E for a sample logic model.)
- Describe the Steering Committee membership, roles, functions, and frequency of meetings.
- Describe any other organizations that will participate and their roles and responsibilities. Demonstrate their commitment to the project. Include letters of support from these community organizations in **Attachment 1** of your application.
- Discuss how you will promote and market SAMHSA's products and publications and serve as a clearinghouse for behavioral health products and services.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe how your activities will improve behavioral health services and workforce development opportunities.

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

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience providing culturally appropriate, state-of-the-art, research-based training and technology transfer activities.
- 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 has demonstrated experience in serving the population to receive training/technical assistance and are familiar with the workforce development needs of this population.
- Describe the resources available for the proposed project (e.g., facilities, equipment).

- 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 has demonstrated experience and are qualified to serve the technical assistance recipients and are familiar with their culture(s) and language(s).

Section D: Performance Assessment and Data (30 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.4 of this document. 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 disparate outcomes for different racial/ethnic groups. Describe how information related to process and outcomes will be routinely communicated 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: Although the budget for the proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

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 and **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. 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 Centers for Substance Abuse Treatment and Mental Health Services National Advisory Councils;

- availability of funds; and

- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations to receive training/technical assistance 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.

- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site at http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf. You are

encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

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

3.1 Progress and Financial Reports

- You will be required to submit annual and final progress reports, as well as annual and final financial status reports.

- 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 GPRA Modernization Act of 2010

The 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 HBCU-CFE grant program 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:

Cynthia Graham, MS
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1035
Rockville, Maryland 20857
(240) 276-1692
cynthia.graham@samhsa.hhs.gov

Lt. LaMar Henderson, MSW
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 2-1120
Rockville, Maryland 20857
(240) 276-0435
lamar.henderson@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Love Foster-Horton
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1095
Rockville, Maryland 20857
(240) 276-1653
love.foster-horton@samhsa.hhs.gov

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

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

- Use the 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 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. 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. 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 Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No**. TI-11-013.** 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://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3509/page4.asp. 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 Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **TI-11-013.** 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.

- Award funds may not be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.

    - Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

Appendix E – 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.

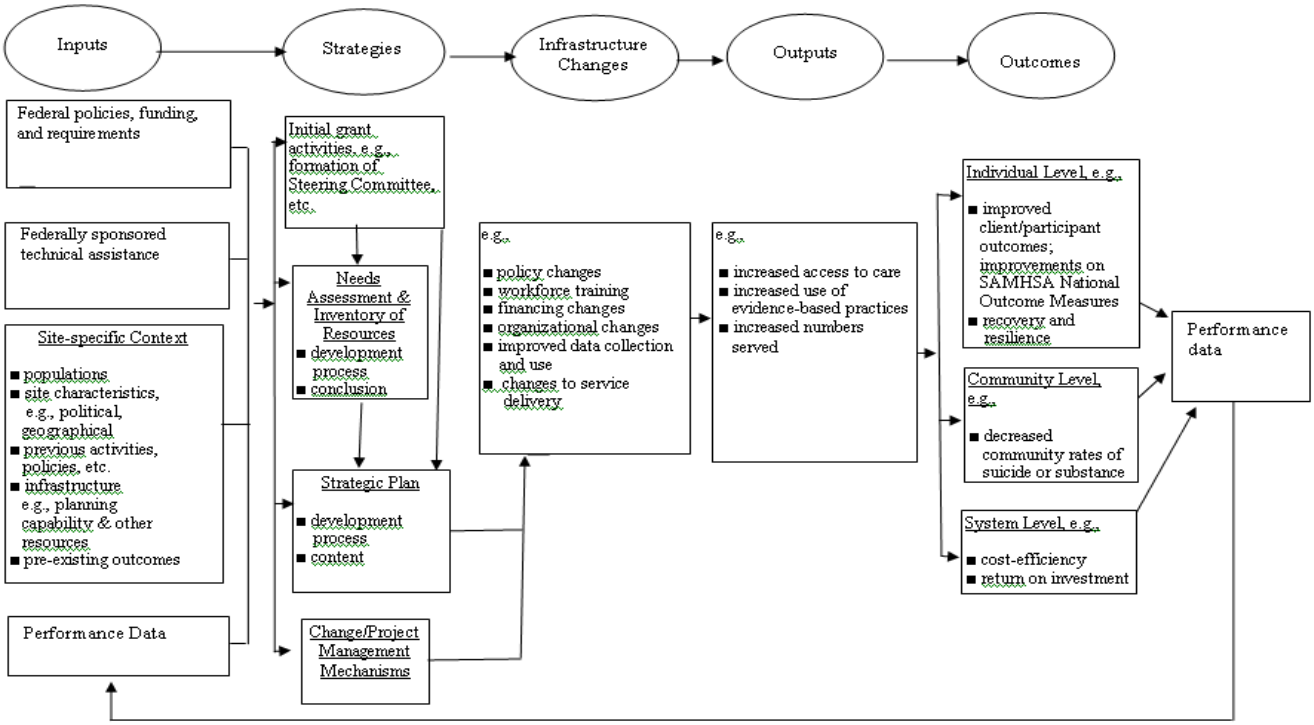
Examples of the **Infrastructure Changes** depicted in the sample logic model that result from the strategies discussed above include such things as policy changes, workforce training, financing changes, organizational changes, improved data collection and use, and changes to service delivery.

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 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. (l997). 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

(no match required)

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.

(1) The Project Director will provide daily oversight of the grant and will be considered key staff.

(2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.

(3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

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

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

FEDERAL REQUEST

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

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

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

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

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A) **$2,444**

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

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form 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 the need and include an adequate justification of how each cost was estimated.

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

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

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

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

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

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

FEDERAL REQUEST

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

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

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

(1) Certified trainers are necessary to carry out the purpose of the Statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.

(2) Treatment services for clients to be served based on organizational history of expenses.

(3) Case manager is vital to client services related to the program and outcomes.

(4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.

(5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

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

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) **$86,997**

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

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

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

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

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

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

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

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) **$15,815**

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

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

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

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TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) $172,713

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF424A) $5,093

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF424A) **$177,806**

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

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

Proposed Project Period

a. Start Date:	**09/30/2011**	b. End Date:	**09/29/2016**

BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Personnel	$52,765	$54,348	$55,978	$57,658	$59,387	$280,136
Fringe	$10,896	$11,223	$11,559	$11,906	$12,263	$57,847
Travel	$2,444	$2,444	$2,444	$2,444	$2,444	$12,220
Equipment	0	0	0	0	0	0
Supplies	$3,796	$3,796	$3,796	$3,796	$3,796	$18,980
Contractual	$86,997	$86,997	$86,997	$86,997	$86,997	$434,985
Other	$15,815	$13,752	$11,629	$9,440	$7,187	$57,823
Total Direct Charges	$172,713	$172,560	$172,403	$172,241	$172,074	$861,991
Indirect Charges	$5,093	$5,246	$5,403	$5,565	$5,732	$27,039
Total Project Costs	**$177,806**	**$177,806**	**$177,806**	**$177,806**	**$177,806**	**$889,030**

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **$889,030**

*FOR REQUESTED FUTURE YEARS:

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

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

Appendix 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 two elements below. 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 and participant protection identified during peer review of the application must be resolved prior to funding.

1. 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.

2. 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.

- 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.

- 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?