Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Services Grant Program for Residential Treatment for Pregnant and Postpartum Women

(Short Title: PPW)

(Initial Announcement)

Request for Applications (RFA) No. TI-11-009

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

Key Dates:

Application Deadline	Applications are due by June 7, 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 (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2011 for the Services Grant Program for Residential Treatment for Pregnant and Postpartum Women (PPW). The purpose of this program is to expand the availability of comprehensive, residential substance abuse treatment, prevention, and recovery support services for pregnant and postpartum women and their minor children, including services for non-residential family members of both the women and children. This program approaches service delivery from a family-centered perspective, meets the multiple individual needs of the population of focus, and considers the health and well-being of the family members within the context of their families and other important relationships.

Funding Opportunity Title:	Services Grant Program for Residential Treatment for Pregnant and Postpartum Women
Funding Opportunity Number:	TI-11-009
Due Date for Applications:	June 7, 2011
Anticipated Total Available Funding:	$9.8 million
Estimated Number of Awards:	Up to 19
Estimated Award Amount:	Up to $524,000 per year
Cost Sharing/Match Required	Yes [See Section III-2 of this RFA for cost sharing/match requirements.]
Length of Project Period:	Up to 3 years
Eligible Applicants:	Domestic and private nonprofit entities. [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2011 for the Services Grant Program for Residential Treatment for Pregnant and Postpartum Women (PPW). The purpose of this program is to expand the availability of comprehensive, residential substance abuse treatment, prevention, and recovery support services for pregnant and postpartum women and their minor children, including services for non-residential family members of both the women and children. This program approaches service delivery from a family-centered perspective, meets the multiple individual needs of the population of focus, and considers the health and well-being of the family members within the context of their families and other important relationships.

The PPW program supports evidence-based parenting and treatment models including trauma-specific services in a trauma-informed context that will:

- Decrease the use and/or abuse of prescription drugs, alcohol, tobacco, illicit and other harmful drugs (e.g., inhalants) among pregnant and postpartum women;

- Increase safe and healthy pregnancies; improve birth outcomes; and reduce perinatal and environmentally related effects of maternal and/or paternal drug abuse on infants and children;

- Improve the mental and physical health of the women and children; prevent mental, emotional, and behavioral disorders among the children;

- Improve parenting skills, family functioning, economic stability, and quality of life; and

- Decrease involvement in and exposure to crime; violence; neglect; and physical, emotional and sexual abuse for all family members.

SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities. The PPW program grants are part of SAMHSA's effort to achieve the goals of the Prevention of Substance Abuse and Mental Illness Initiative and Trauma and Justice Initiative.

More information on SAMHSA's Strategic Initiatives is available at the SAMHSA website: http://www.samhsa.gov/About/strategy.aspx.

The populations of focus are low-income (according to Federal poverty guidelines) women, age 18 and over, who are pregnant, postpartum (the period after childbirth up to 12 months), and their minor children, age 17 and under, who have limited access to quality health services. SAMHSA has identified traditionally underserved populations, especially racial and ethnic minority women, as a population of focus. SAMHSA is especially concerned about the high morbidity and mortality rates of pregnant women and their infants among African Americans. SAMHSA recognizes the importance of early childhood as the foundation for healthy social and emotional development, so applicants should meet the needs of young children while serving all the minor children of the mothers in the program. Services should be extended to fathers of the children, partners of the women, and other family members of the women and children who do not reside in the residential treatment facility when their inclusion is deemed appropriate.

PPW is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery must begin by the 4th month of the project <u>at the latest</u>.

PPW grants are authorized under Section 508 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 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.

2. EXPECTATIONS

Under this grant announcement, residential treatment programs are defined as programs that offer organized substance abuse treatment services for women and their minor children that feature a planned regimen of care in a safe 24-hour residential setting with staff supervision. When minor children cannot reside in the treatment facility with their mother, and there are no other current living arrangements available, alternative safe and appropriate accommodations for the children must be arranged in consultation with the mother. For those minor children and other family members who do not reside in the treatment facility, they are to receive the required services and interventions (see "Required Supplemental Prevention, Treatment, and Recovery Support Services" below), and must be actively engaged in the treatment process. If any services are provided off-site, they must be well-coordinated and integrated to ensure that specific aspects of the individual and family treatment plan are implemented.

<u>Minimum Qualifications</u>

In accordance with Section 508 of the Public Health Service Act, the Single State Agency (SSA) for substance abuse must send a letter certifying that:

- The applicant has the capacity to carry out the program described in this Request for Applications (RFA);

- The applicant's program approach (i.e., the application) is consistent with the policies of the SSA regarding the treatment of substance abuse; and

- The applicant, or any entity through which the applicant will provide required services, meets all applicable local, city, county and State licensure or certification requirements regarding the provision of the services involved. [NOTE: If the applicant provides services in a State or community where licensure, accreditation, or certification is not required, the SSA must attest to this.]

The letter from the SSA providing these certifications must be included as **Attachment 6**. **Applications that do not include the certifications letter will not be reviewed and will not be considered for an award.**

2.1 Program Requirements

<u>General Agreements for Providing Services</u>

In Section C: Proposed Implementation Approach, of the applicant's Project Narrative (see Section V of this RFA), applicants must provide a statement agreeing to meet the following six requirements, and demonstrate their capacity to do so:

1. Residential services will be provided in the language and cultural context that is most appropriate, and the program will be operated at a location that is readily accessible to the population served;

2. The minor children will reside with the mother in such facilities, if the mother so requests. Efforts will be made to include as many children of the mother as is possible in the residential facility;

3. Service(s) or practice(s), including strategies to stabilize, strengthen, preserve and reunite families, will be implemented for the women, their minor children, fathers of the children, partners of the women, and the extended family members of the women and children, as appropriate. The service system for the children will be gender, age, culture and developmentally appropriate for the following age groups: 1) birth to three; 2) four to six; 3) seven to ten; and 4) eleven to seventeen;

4. The grantee will offer a comprehensive service system that provides evidence-based trauma-informed care including assessments and interventions that

consider the individual's adverse life experiences within the context of their culture, history, and exposure to traumatic events;

5. The grantee will provide evidence-based prevention program(s), including parenting interventions, that have positive effects on parenting behavior and the developmental trajectories of the children; and

6. The grantee will screen and assess clients for the presence of co-occurring substance use (disorders, abuse, and dependence), mental disorders, and trauma and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such conditions.

Applicants are required to develop comprehensive individualized and family service plans to meet the needs of each family member and the family unit as a whole. These plans must be developed in consultation with the women, children and family members of both the women and children, as appropriate. Service plans must include individual, group, and family counseling, as appropriate, as well as follow-up relapse prevention, supplemental treatment, and prevention and recovery support services, as required.

Applicants must demonstrate that a comprehensive, coordinated, integrated service system is in place to meet the complex needs of the family members. In doing so, applicants must have Memoranda of Agreements (MOAs) with key agencies and organizations, such as local public housing authorities (for permanent housing for families), substance abuse, mental health, primary health, child and family, family court, criminal justice, employment and education programs.

In **Attachment 7**, applicants must provide MOAs with agencies and organizations in the applicant's network of partners. The MOA must identify the services that will be provided, the partner's willingness to participate in cross-training, and specific arrangements for sharing consumer information among partners. **Applications that do not provide MOAs in Attachment 7 that propose services for individuals included in the population of focus will not be reviewed and will not be consider for an award.**

<u>Required Supplemental Prevention, Treatment, and Recovery Support Services</u>

The following services are required either under Section 508 or by SAMHSA, and are deemed necessary for comprehensive substance abuse prevention, treatment, and recovery support services system for women, their children, and family members. These services must be provided either by the applicant or through MOAs with partners in the network.

Women

- Outreach, engagement, pre-treatment, screening, and assessment;
- Detoxification;
- Substance abuse education, treatment, and relapse prevention;
- Medical, dental, and other health care services, including obstetrics, gynecology, diabetes, hypertension, and prenatal care;
- Postpartum health care including attention to depression and anxiety disorders, and medication needs; specialized assessment, monitoring, and referrals for education, peer support, therapeutic interventions and physical safety;
- Mental health care; including a trauma-informed system of assessments and interventions;
- Parenting education and interventions;
- Home management and life skills training;
- Education, testing, counseling, and treatment of hepatitis, HIV/AIDS, other STDs, and related issues;
- Employment readiness, and job training and placement;
- Education and tutoring assistance for obtaining a high school diploma and beyond;
- Childcare during periods in which the woman is engaged in therapy or in other necessary health or rehabilitative/habilative activities;
- Peer-to-peer recovery support activities such as groups, mentoring, and coaching; and
- Transportation and other wraparound services.

Children

- Screenings and developmental diagnostic assessments regarding the social, emotional, cognitive, and physical status of the infants at birth through developmental trajectories of the children;
- Prevention assessments and interventions related to mental, emotional, and behavioral wellness;
- Mental health care; including a trauma-informed system of assessments, interventions, and social-emotional skill building services;
- Developmental services and therapeutic interventions, including child care, counseling, play and art therapy, occupational, speech and physical therapies;
- Primary and pediatric health care services, including immunizations, and treatment for asthma, diabetes, hypertension, and any perinatal and environmental effects of maternal and/or paternal substance abuse, e.g., HIV, abuse and neglect;
- Social services, including financial supports and health care benefits; and
- Education and recreational services.

Family

- Family-focused programs to support family strengthening and reunification, including parenting education and interventions and social and recreational activities;
- Alcohol and drug education and referral services for substance abuse treatment;
- Mental health promotion and assessment, prevention and treatment services, in a trauma-informed context; and
- Social services, including home visiting, education, vocational, employment, financial, and health care services.

Case Management

- Coordination and integration of services, and support with navigating systems of care to implement the individualized and family service plans;
- Assess and monitor the extent to which required services are appropriate for women, children, and the family members of the women and children;
- Assistance with community reintegration, before and after discharge, including referrals to appropriate services and resources; and
- Assistance in accessing resources from Federal, State, and local programs that provide a range of treatment services, including substance abuse, health, mental health, housing, employment, education and training.
- Connection to safe, stable, and affordable housing that can be sustained over time.

Grantees may use up to 10% of the award for integration of evidence-based trauma and parenting interventions into their treatment service system of care (e.g., training, clinical supervision).

<u>Residential Treatment Phase and Length of Stay</u>

The applicant may propose a residential phase for a specific time frame, e.g., 3 or 6 months. The selected treatment phase should be consistent with the applicant's experience with, and knowledge of, the population of focus and what is reflected in the literature for women who have previously used such services. Applicants should use information about length of stay for this population of focus to more accurately estimate the number of women, children and family members to be served by the project.

Ultimately, a woman's length of stay in the residential treatment phase should be guided by her individual service plan. While there may be some exceptions, SAMHSA recommends that the residential treatment phase not exceed 6 months.

Phase-in Plan

In **Attachment 8,** you are required to include a detailed phase-in plan with timelines and a reasonable budget for the phase-in period. Details about creating a trauma-informed system of care and incorporating evidence-based trauma and parenting interventions must be included in the phase-in plan. The phase-in time may not exceed 3 months after the award. Service delivery must begin by the 4th month after the award.

Reimbursement for Services

In **Attachment 9,** you must state whether or not you will seek reimbursements from the client and/or from Medicaid. If you intend to receive such reimbursements, you must attest to your willingness to meet the requirements noted below under Status as a Medicaid Provider and Imposition of Charges.

Status as a Medicaid Provider: Except for institutions for mental diseases as defined in section 1905(i) of the Social Security Act, applicants must show, in the case of any authorized treatment service available pursuant to the State plan approved under title XIX of the Social Security Act, that:

- The services will be provided directly, the applicant has entered into a participation agreement under the State plan, and the applicant is qualified to receive payments under this plan; or

- The applicant has or will enter into an agreement with a public or nonprofit private entity under which the entity will provide the service, the entity has entered into a participation agreement under the State plan and the entity is qualified to receive payments under the plan. This participation agreement shall be waived if the entity does not, in providing health care services, impose a charge or accept reimbursement from any third-party payor, including reimbursement under an insurance policy or under any Federal or State health benefits plan. (For further details see Section 508(e)(2) (A), (B), and (C) of the Public Health Services Act.)

Imposition of Charges. If a charge is imposed for the provision of authorized services to an eligible woman, such charge—

- Will be made according to a schedule of charges that is made available to the public;

- Will be adjusted to reflect the income of the woman involved; and

- Will not be imposed on any such woman with an income of less than 185 percent of the official poverty line, as established by the Director of Management and

Budget (OMB) and revised by the Secretary in accordance with section 673 (2) of the Omnibus Budget Reconciliation Act of 1981.

Other Award Requirements

Technical Assistance: SAMHSA/CSAT will provide post award support to grantees through technical assistance on administrative, programmatic, and evaluation issues; data collection, analysis and interpretation; and development of reports, products, and publications.

Facility Licensing: The residential treatment facility must meet all State and local building, housing, health, safety and fire code regulations, as well as other applicable State and local child-care and residential facility licensing requirements. **Residential facility licensure requirements differ from those of treatment provider licensure discussed in this RFA in Section I-2- Minimum Qualifications.** Licensing requirements for facilities offering group residential care for infants and children are sometimes stringent, and may extend to staffing patterns with implications for the number and characteristics of the project staff. If the applicant does not have control of a currently operating facility and plans to lease a space/facility, then the applicant must have a written agreement with the owner of the space/facility to lease this space to the applicant upon award (**Letter of Agreement must be provided in Attachment 10**). If the applicant intends to lease a space/facility upon award, the space/facility must already have been inspected and meet the requirements for a residential program as certified by the appropriate State agency.

In identifying a facility, the applicant must be particularly sensitive to the public health needs of the population of focus, including vulnerability for TB, hepatitis, asthma, and environmental issues related to lead, asbestos, and mold.

Documentation of compliance with residential facility licensure requirements must be provided in the application in **Attachment 10.**

Notification: Within 30 days of receipt of an award, the grantee must notify the Single State Agency (SSA) and local governmental unit responsible for administering substance abuse treatment services. This notification assists State and local authorities in coordinating substance abuse treatment activities within their communities.

Collaboration: Accessing housing suitable for project activities may be facilitated by advance collaborations, memoranda of understanding (MOUs)/agreements (MOAs) with local Public Housing Authorities (PHAs). The Housing and Urban Development (HUD) Handbook 7465.1 REV 2, dated August 1987 (CH. 6) permits a PHA to designate select units for occupancy by members of a specific population of focus, and/or contract with a social service provider to manage certain dwelling units, if it so chooses. A PHA may also submit a request for authorization from HUD to lease/modify dwelling space for non-dwelling purposes such as a substance abuse treatment center. PHAs and providers considering such approaches should discuss their proposals with the local HUD Field Office prior to the development of an application, and obtain any relevant assurances.

Continued Funding Considerations: Grantees will be responsible for ensuring that all direct providers of services involved in the proposed continuum of care are in compliance with local, city, county, and State licensing, certification and accreditation requirements, and that all MOUs/MOAs and subcontracts within the system of care remain current and active.

2.2 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In Section B of your project narrative, you will need to:

- Identify the evidence-based practice(s) you propose to implement for the specific population(s) of focus.
- Identify and discuss the evidence that shows that the practice(s) is (are) effective.
- If you are proposing to use more than one evidence-based practice, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.
- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus.

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See Appendix C for additional information about using EBPs.

2.3 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the GPRA Modernization Act of 2010. You must document your ability to collect and report the required data in "Section E: Performance Assessment and Data" of your application. Grantees will be required to report performance on the following GPRA performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services and social connectedness. This information will be gathered using the Discretionary Services Client Level GPRA tool, which can be found at http://www.samhsa-gpra.samhsa.gov (click on 'Data Collection Tools/Instructions'), 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 at baseline (i.e., the client's entry into the project), discharge, and 6 months post-baseline. Upon collection of the data, grantees will have 7 business days to submit the data to SAMHSA. All data will be submitted via the Services Accountability Improvement System, CSAT's online data-entry and reporting repository. If you have an electronic health record (EHR) system to collect and manage most or all client-level, clinical information, you should use the EHR to automate GPRA reporting. Grantees will be provided extensive training on the system and its requirements post-award. The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use.

2.4 Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. 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 bi-annually. Ongoing administrative information about the above must be provided to the SAMHSA Government Project Officer when queried.

At a minimum, your performance assessment should include the required performance measures identified above. The local evaluation data collection procedures, analyses, reporting strategies, and overall plan should also reflect the purpose of this PPW grant program. Below are some suggested performance measures that align with purpose of this program:

- Decrease barriers to accessing treatment resulting in early entry into treatment in the first trimester of their pregnancy and a decrease in barriers to accessing project-related services;

- Improve quality of life as measured by improvement in areas such as housing and employment;

- Increase the number of direct staff and partners rendering services through formal agreements who participate in cross-training to understand the requirements of the grant and the multi-disciplinary approaches to comprehensive service delivery;

- Increase the type of evidence-based services and practices (i.e., for trauma and parenting interventions) the grantee or MOU partner provided; and the number of clients receiving such services (e.g., women, children, fathers of the children, partners of the women, and other family members of the women and children);

- Increase the number of women in treatment and the number of children with whom they were reunified in the treatment facility; and the number reunited who remained in external care;

- Increase the number of fathers reunited with their children while they resided in the residential facility with their mothers; and number of children with whom the father was reunited while they remained in external care;

- Increase the number of individualized/family service plans that include child health promotion, prevention and treatment interventions;

- Increase the number of individualized/family service plans that include engagement and active involvement of fathers of the children, partners of the women and other family members of the women and children; and

- Increase the coordination and integration of services systems for members of the population of focus.

- Improved child functioning in terms of social, emotional, cognitive, and physical development measured according to developmental level.

- Improvement of the mother-child relationship/attachment.

- Improvement of the father-child relationship/attachment.

- Improvement of family functioning and wellbeing.

You may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of the intervention on key outcome goals for the women, children and other members of the population of focus?

- What program/contextual factors were associated with outcomes?

- What individual factors were associated with outcomes, including race/ethnicity?

- How durable were the effects?

- Was the intervention effective in maintaining the project outcomes at 6-month follow-up?

As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

Process Questions:

- How closely did implementation match the originally proposed plan?
- 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 intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- How many women, children, fathers of the children, partners of the women, and other family members of the women and children were reached through the program?

Performance assessment should be included in the bi-annual reports. Ongoing administrative information about the above must be provided to the SAMHSA Government Project Officer when requested. Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

No more than **20%** of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.3 and 2.4 above.

2.5 Infrastructure Development (maximum 10% of total grant award)

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use no more than 10% of the total services grant award for the following types of infrastructure development, if necessary to support the direct service expansion of the grant project, such as:

- Developing partnerships with other service providers for service delivery.
- Adopting and/or enhancing your computer system, management information system (MIS), electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services, and outcomes.
- Training/workforce development to help your staff or MOU partners in the community to identify, coordinate, and integrate services systems consistent with the purpose of the grant program.
- Training/workforce development to increase understanding of trauma-informed systems of care; evidence-based practices related to trauma and parenting; and other identified practices in the application.

2.6 Grantee Meetings

Grantees must plan to send a minimum of four people (including the Project Director) to at least two grantee meetings in each year of the grant. SAMHSA will convene a grantee meeting within the first three months after the grant award to collectively review project plans for data collection procedures, analyses, reporting strategies, and overall design of the projects' local evaluation to ensure timely implementation of the project evaluation. 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.

II. AWARD INFORMATION

Proposed budgets cannot exceed $524,000 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.

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

Eligible applicants are domestic public and private nonprofit entities. For example:

- State and local governments
- Federally recognized American Indian/Alaska Native (AI/AN) Tribes and tribal organizations
- Urban Indian organizations
- Public or private universities and colleges
- Community- and faith-based organizations

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. **PPW grantees funded in FY 2009 are not eligible to apply.**

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

2. COST SHARING and MATCH REQUIREMENTS

Non-Federal Matching Funds are required under the statutory authority (Section 508 of the Public Health Service Act) for the PPW program. Non-Federal contributions are required and may be in cash or in-kind, fairly evaluated. The matching funds must not be less than $1 for each $9 of Federal funds provided in years one and two, and not less than $1 for each $3 of Federal funds in any subsequent year. Matching funds must meet the same test of allowability as costs charged to Federal grants. Sources of matching funds are State and local governmental appropriations (non-Federal), foundations, and other private non-profit or for-profit organizations. In-kind contributions may include facilities, equipment, or services used in direct support of the project.

In **Attachment 11** of the application, you must provide a letter from the funding source(s) attesting that the matching funds are available, and are not derived from Federal sources. **Applications that do not contain documentation (in Attachment 11) that non-Federal matching funds are available will not be reviewed and will not be considered for an award.**

3. OTHER

3.1 Additional Eligibility Requirements

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.

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. For the delivery of enhance and expended services to children and family members, the providers must demonstrate that it will hire or work with experienced, and where necessary credentialed providers of the services to be delivered. It must also demonstrate a history of collaboration with other children and family serving organizations, agencies and professionals in order to effectively and efficiently implement this program. You must meet additional requirements related to the provision of services as follows:

- A provider organization for direct client substance abuse treatment services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Include a list of direct service provider organizations that have agreed to participate in the proposed project and what services they will provide;
- Each direct service provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and

- Each direct service provider organization must comply with all applicable local (city, county) and State licensing, accreditation, and certification requirements, as of the due date of the application.

[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Eligible Tribes and Tribal organization mental health/substance abuse treatment providers must comply with all applicable Tribal licensing, accreditation, and certification requirements, as of the due date of the application.]

In **Attachment 1** of your application, you must: (1) include a list of all service provider organizations that have agreed to participate in the proposed project, including the applicant agency if the applicant is a treatment or prevention service provider organization; and (2) include the Statement of Assurance (provided in Appendix D of this announcement), signed by the authorized representative of the applicant organization identified on the face-page (SF 424 v2) of the application, attesting that all participating service provider organizations:

- meet the 2-year experience requirement;
- meet applicable licensing, accreditation, and certification requirements; and
- if the application is within the funding range for grant award, the applicant will provide the Government Project Officer (GPO) with the required documentation within the time specified.

Following application review, if your application's score is within the funding range, the GPO may contact you to request that the following documentation be sent by overnight mail, or to verify that the documentation you submitted is complete:

- a letter of commitment from every direct service provider organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided;

- official documentation that all provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which the services are to be provided; and

- official documentation that all participating provider organizations: 1) comply with all applicable local (city, county) and State requirements for licensing, accreditation, and certification; **OR** 2) official documentation from the appropriate agency of the applicable State, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.[1]

- for Tribes and Tribal organizations only, official documentation that all participating provider organizations: 1) comply with all applicable Tribal requirements for licensing, accreditation, and certification; **OR** 2) documentation from the Tribe or other Tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.

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**

[1] Tribes and tribal organizations are exempt from these requirements.

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. 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 http://www.ccr.gov.

- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) 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 I of this document.

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 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 F through I. There are no page limits for these sections, except for Section H, 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 11**– 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, 4, 6, and 8-10 combined. There are no page limitations for Attachments 2, 5 and 7. 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**: (1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in Appendix D of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application that assures SAMHSA all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) letters of commitment.

- **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.

- **Attachment 6**: A letter signed by the SSA certifying that the three requirements listed in Section I-2 of this RFA, Minimum Qualifications, have been met.

- **Attachment 7**: Memoranda of Understanding or Agreements (MOUs and MOAs) with key agencies and organizations in the network of providers.

- **Attachment 8**: Phase-in Plan. Include a detailed phase-in plan with timelines and a reasonable budget for the phase-in period. The phase-in time may not exceed 3 months after the award.

- **Attachment 9**: Certifications of the applicant's intent to comply with Section 508 requirements regarding Status as a Medicaid Provider and Imposition of Charges. See Section I-2.1, Program Requirements, Reimbursement for Services.

- **Attachment 10**: Facility. Provide documentation that the facility meets all State and local building, housing, health, safety and fire code regulations, as well as other applicable State and local child care and residential facility licensing. If applicable, i.e., you are going to lease space/facility upon award, provide a letter of agreement with the owner of the facility to be leased.

- **Attachment 11**: Letter from the funding source attesting that the matching funds are available and are not derived from Federal sources.

- **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. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA's Web site with the RFA and provided in the application kit.

- **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 7, 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

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 "**PPW, TI-11-009**" 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 E 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 PPW grant recipients must comply with the following funding restrictions:

- No more than 10% of the total grant award may be used for developing the infrastructure necessary for expansion of services.
- No more than 20% of the total grant award may be used for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.
- No more that 10% of the award may be used for integration of evidence-based trauma and parenting interventions into their treatment service system of care (e.g., training, clinical supervision).

SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in Appendix F.

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-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

- 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-E) together may be no longer than 30 pages.

- You must use the five 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 F-I and Attachments 1-11 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)

- With respect to the primary purpose and goals of the grant program:

    - Describe and justify your population(s) of focus.

    - Describe and justify the geographic area to be served.

    - Describe existing service gaps.

Demographic information on the population(s) of focus, e.g., race, ethnicity, age, socioeconomic status, geography must be provided.

- Describe the nature of the problem and document the extent of the need (e.g., current prevalence rates or incidence data) for the population(s) of focus based on data. The statement of need should include a clearly established baseline for the project. 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).

- Applicants must show that needs are consistent with priorities of the Tribe, Tribal organization, State or county that has primary responsibility for the service delivery system. You must include, in **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.

- Fully describe existing services, including the number and type of current treatment services/slots/beds available and the number of people <u>currently</u> being served in the target area and in the applicant organization. Include the number of people on a waiting list, if there is one.

Section B: Proposed Evidence-Based Service/Practice (25 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 E, Performance Assessment and Data.

- Identify the evidence-based service(s)/practice(s) that you propose to implement and discuss how it addresses the purpose, goals and objectives of your proposed project. Also include the source of your information. (See Section 2.2, and Appendix C, Using Evidence-Based Practices.)

  - Discuss the evidence that shows that this practice is effective with your population(s) of focus.

  - Document the evidence that the practice(s) you have chosen is (are) appropriate for the outcomes you want to achieve.

  - If the evidence is limited or non-existent for your population(s) of focus, provide other information to support your selection of the intervention(s) for your population(s) of focus.

  - Identify and justify any modifications or adaptations you will need to make – or have already made – to the proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes.

- Explain why you chose this evidence-based practice over other evidence-based practices. If this is not an evidence-based practice, explain why you chose this intervention over other interventions.

- Describe how the proposed practice will address the following issues in the population(s) of focus, while retaining fidelity to the chosen practice:

  - 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 links need, the services or practice to be implemented, and outcomes. (See Appendix G for a sample logic model.)

Section C: Proposed Implementation Approach (30 points)

- Describe and provide a rationale for the anticipated impact the proposed project will have on your community.

- Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) and support SAMHSA's goals for the program.

- Describe how the proposed service(s) or practice(s), including your strategies to preserve and reunite families, will be implemented for the women, their minor children, fathers of the children, partners of the women, and the extended family members of the women and children. For the children, demonstrate that it addresses gender, age, culture and developmentally appropriate service(s) and practice(s) for the following age groups: 1) birth to three; 2) four to six; 3) seven to ten; and 4) eleven to seventeen.

- Describe parenting training, prevention interventions, and other family interventions and approaches.

- Describe the approach to creating a trauma–informed system of care.

- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. Timelines must include phase-in activities that will be implemented no later than 3 months after award. Phase-in activities may include alterations and renovations, hiring and training staff, purchasing equipment, cross-training the network of providers, and admissions of first clients. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]

- Describe how you will screen and assess clients for the presence of co-occurring substance use (disorders, abuse, and dependence), mental disorders, and trauma and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such conditions.

- State your agreement to comply with Section 508 of the Public Health Service Act. Demonstrate your capacity to meet the six requirements listed in this RFA in Section I-2.1 Program Requirements, under General Agreements for Providing Services.

- Describe your plans for providing the required supplemental/recovery support services listed in Section I-2.1 Program Requirements- Required Supplemental Prevention, Treatment, and Recovery Support Services, in this RFA. Identify the services that will be provided at the residential treatment site, and those that will be provided in the community by partners in the network. In **Attachment 1**, include a list of the service provider organizations

- State your agreement to coordinate and integrate services to accomplish your comprehensive service system. Describe the process used to achieve service coordination and integration among the network of providers, including how off-site providers will participate in treatment planning, service delivery, quality assurance, monitoring, and evaluating effectiveness. Include Memoranda of Agreement or Understanding in **Attachment 7**.

- Clearly state: 1) the unduplicated number of women; 2) the estimated number of children; and 3) the estimated number of other family members you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.

- Describe how you will identify, recruit and retain the population(s) of focus. Include specific strategies for identifying and engaging women early in their pregnancies for maximum benefit of the mothers and infants (e.g., the first trimester). Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreaching, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.

- Describe how you will ensure the input of consumers in assessing, planning and implementing your project.

- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable.

- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in **Attachment 1**.

- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award.

- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.

- Describe your plan to continue the project after the funding period ends. 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.

Section D: Staff and Organizational Experience (20 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.

- 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 population(s) of focus and are familiar with their culture(s) and language(s).

- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the population(s) of focus. If the ADA does not apply to your organization, please explain why.

Section E: Performance Assessment and Data (15 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments 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-2.4 of this RFA and document your ability to conduct the assessment.

- Provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment ; 2) dividing this number by the total unduplicated number of persons to be served.

Program Costs. The following are considered reasonable ranges by treatment modality:

- Residential: $3,000 to $10,000

- Peer Recovery Support Services: $1,000 to $2,500

Grant funds may not be used to purchase treatment provided in outpatient, day treatment (including outreach-based services) or intensive outpatient programs.

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

Section G: 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 infrastructure development, if necessary, and that no more than 20% 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 I of this document.

Section H: 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 I: 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 I of your application. See Appendix J for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;

- when the individual award is over $150,000, approval by the Center for Substance Abuse Treatment's National Advisory Council;

- a letter (in **Appendix 1**) from the SSA certifying that the three requirements listed in Section I-2.4, Minimum Qualifications, have been met;

- a letter (in **Appendix 11**) from the funding source(s) attesting that the matching funds are available and are not derived from Federal sources;

- availability of funds; and

- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus 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-2.3, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit bi-annual, 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 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 PPW grant program are described in Section I-2.3 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:

Linda White-Young
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1081

Rockville, Maryland 20857
(240) 276-1581
linda.white-young@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 J 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 **15,450** 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 4-6."

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 – Using Evidence Practices (EBPs)

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other interventions that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with an intervention that has not been formally evaluated with that population are required to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus. Evidence for these practices may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the population(s) of focus or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the individuals reviewing your application.

- Document the evidence that the practice(s) you have chosen is appropriate for the outcomes you want to achieve.

- Explain how the practice you have chosen meets SAMHSA's goals for this grant program.

- Describe any modifications/adaptations you will need to make to your proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service(s)/practice(s) in a way that is as close as possible to the original service(s)/practice(s). However, SAMHSA understands that you may need to make minor changes to the service(s)/practice(s) to meet the needs of your population(s) of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to the proposed service(s)/practice(s) that you believe are necessary for these purposes. You may describe your own experience either with the population(s) of focus or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.

- Explain why you chose this evidence-based practice over other evidence-based practices.

- If applicable, justify the use of multiple evidence-based practices. Discuss in the logic model and related narrative how use of multiple evidence-based practices will be integrated into the program, while maintaining an appropriate level of fidelity for each practice. Describe how the effectiveness of each evidence-based practice will be quantified in the performance assessment of the project.

- Discuss training needs or plans for training to successfully implement the proposed evidence-based practice(s).

Resources for Evidence-Based Practices:

You will find information on evidence-based practices in SAMHSA's *Guide to Evidence-Based Practices on the Web* at http://www.samhsa.gov/ebpwebguide. SAMHSA has developed this Web site to provide a simple and direct connection to Web sites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Guide* provides a short description and a link to dozens of Web sites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

Please note that SAMHSA's Guide to Evidence-Based Practices also references another SAMHSA Web site, the National Registry of Evidence-Based Programs and Practices (NREPP). NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions. *Being included in NREPP, or in any other resource listed in the Guide, does not mean an intervention is "recommended" or that it has been demonstrated to achieve positive results in all circumstances.* You must document that the selected practice is appropriate for the specific population(s) of focus and purposes of your project.

In addition to the Web site noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

Appendix D – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*] ____, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment from every all participating service provider organizations listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;

- official documentation that all service provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and

- official documentation that all participating service provider organizations: 1) comply with all local (city, county) and State requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable State, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.[2] (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

- for Tribes and Tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR

[2] Tribes and tribal organizations are exempt from these requirements.

2) documentation from the Tribe or other Tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

Signature of Authorized Representative | Date

Appendix E – 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 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-11-009. 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)[3] 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

[3] 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).

is intended to keep State and local health officials informed of proposed health services 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-11-009. 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 F – 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 G – 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), what you do (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 program components, the program components 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** (resources) depicted in the sample logic model include people (e.g., staff hours, volunteer hours), funds and other resources (e.g., facilities, equipment, community services).

Examples of **Program Components** (activities) depicted in the sample logic model include outreach; intake/assessment (e.g., client interview); treatment planning/treatment by type (e.g., methadone maintenance, weekly 12-step meetings, detoxification, counseling sessions, relapse prevention, crisis intervention); special training (e.g., vocational skills, social skills, nutrition, child care, literacy, tutoring, safer sex practices); other services (e.g., placement in employment, prenatal care, child care, aftercare); and program support (e.g., fundraising, long-range planning, administration, public relations).

Examples of **Outputs** (objectives) depicted in the logic model include waiting list length, waiting list change, client attendance, and client participation; number of clients, including those admitted, terminated, inprogram, graduated and placed; number of sessions per month and per client/month; funds raised; number of volunteer hours/month; and other resources required.

The **Inputs, Program Components** and **Outputs** all lead to the **Outcomes** (goals). Examples of Outputs depicted in the logic model include inprogram (e.g., client satisfaction, client retention); and in or postprogram (e.g., reduced drug use-self reports, urine, hair; employment/school progress; psychological status; vocational skills; safer sexual practices; nutritional practices; child care practices; and reduced delinquency/crime.

[**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

Resources (Inputs)	→	Program Components (Activities)	→	Outputs (Objectives)	→	Outcomes (Goals)
Examples		**Examples**		**Examples**		**Examples**
People Staff – hours Volunteer – hours Funds Other resources Facilities Equipment Community services		Outreach Intake/Assessment Client Interview Treatment Planning Treatment by type: Methadone maintenance Weekly 12-step meetings Detoxification Counseling sessions Relapse prevention Crisis intervention Special Training Vocational skills Social skills Nutrition Child care Literacy Tutoring Safer sex practices Other Services Placement in employment Prenatal care Child care Aftercare Program Support Fundraising Long-range planning Administration Public Relations		Waiting list length Waiting list change Client attendance Client participation Number of Clients: Admitted Terminated Inprogram Graduated Placed Number of Sessions: Per month Per client/month Funds raised Number of volunteer hours/month Other resources required		Inprogram: Client satisfaction Client retention In or postprogram: Reduced drug use – self reports, urine, hair Employment/school progress Psychological status Vocational skills Social skills Safer sexual practices Nutritional practices Child care practices Reduced delinquency/crime

Appendix H – 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 I – 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: 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) Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

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

NON-FEDERAL MATCH

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

JUSTIFICATION: Describe the role and responsibilities of each position.

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

(2) The Prevention development specialist will provide staffing support to the working council.

(3) The peer helper will be responsible for peer recruitment, coordination and support.

(4) The clerical support will process paperwork, payroll, and expense reports which is not included in the indirect cost pool.

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
(1) Grantee Conference	Washington, DC	Airfare	$200/flight x 2 persons	$400

Purpose of Travel	Location	Item	Rate	Cost
		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 (POV) reimbursement rate. If policy does not have a rate use GSA.

NON-FEDERAL MATCH

Purpose of Travel	Location	Item	Rate	Cost
(1) 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

Purpose of Travel	Location	Item	Rate	Cost
(2) 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.

(1) Grantees will provide funding for two members to attend the regional technical assistance workshop (our closest location is Chicago, IL).

(2) Local travel rate is based on agency's POV 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**

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 that $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

Item(s)	Rate	Cost
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 is needed for both project work and presentations.

(3) The projector is needed for presentations and outreach workshops.

All costs were based on retail values at the time the application was written.

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.

(1) 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: 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 NARRATIVE JUSTIFICATION. 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) Jane Doe (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 Doe	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 they relate 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 and 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, 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**

NON-FEDERAL MATCH (Consultant)

Name	Service	Rate	Other	Cost
Jane Doe	Outreach meeting facilitation	$43.00/hr. x 20 hrs./month x 12 months		$10,320
	Travel Expenses	148 miles/month @ .38/mile x 12 months		$675
			TOTAL	**$11,051**

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

(1) Facilitator volunteering his/her time to facilitate the youth prevention and outreach sessions outlined in the strategic plan. Hourly rate is based on an average salary of an outreach facilitator in the geographic area.

(2) Travel is based on average distance between facilitator's location and the meeting site. Mileage rate is based on POV reimbursement rate.

NON-FEDERAL MATCH (Contract)

Entity	Product/Service	Cost
(1) West Bank School District	Student Assistance Program for 50 students @ $300 per year	$15,000
	TOTAL	**$15,000**

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

(1) 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.

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

NON-FEDERAL MATCH -(enter in Section B column 2 line 6f of form SF424A) **$26,051**

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, etc.). 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, it 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).

NON-FEDERAL MATCH

Item	Rate	Cost
(1) Space rental	$75/event x 12 events/year	$900
(2) Internet services	$26/mo. x 12 mo.	$312
(3) Student surveys	$1/survey x 1583 surveys	$1,583
(4) Brochures	.97/brochure x 1500 brochures	$1,455
	TOTAL	**$4,250**

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

(1) Donated space for the various activities outlined in the scope of work, such as teen night out, after-school programs, and parent education classes.

(2) The applying agency is donating the internet services for the full-time coordinator.

(3) The ABC Company is donating the cost of 1,583 for student surveys.

(4) The ABC Company is donating the printing costs for the bi-monthly brochures.

All costs are the value placed on the service at the time of this grant application.

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

NON-FEDERAL MATCH - (enter in Section B column 2 line 6h of form SF424A) **$4,250**

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**

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**

==

TOTAL DIRECT CHARGES:

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

NON-FEDERAL MATCH -(enter in Section B column 2 line 6i of form SF424A) **$59,348**

INDIRECT CHARGES:

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

NON-FEDERAL MATCH –(enter in Section B column 2 line 6j* of form SF424A) **$2,083**

TOTALS :(sum of 6i and 6j)

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

NON-FEDERAL MATCH-(enter in Section B column 2 line 6k of form SF424A) **$61,431**

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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 Federal & Non-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	Federal Request For Year 1	Non-Federal Match for Year 1	Year 2 Federal Request *	Year 2 Non-Federal Match *	Year 3 Federal Request *	Year 3 Non-Federal Match *	Year 4 Federal Request *	Year 4 Non-Federal Match *	Year 5 Federal Request *	Year 5 Non-Federal Match *
Personnel	**$52,765**	$21,580	$54,348	$1,338	$55,978	$40,000	$57,658	$35,000	$59,387	$43,000
Fringe	**$10,896**	$4,457	$11,223	$275	$11,558	$8,260	$11,906	$7,228	$12,263	$8,880
Travel	**$2,444**	$1,237	$2,444	$2,000	$2,444	$1,500	$2,444	$1,200	$2,444	$2,600
Equipment	**0**	0	0	0	0	0	0	0	0	0
Supplies	**$3,796**	$1,773	$3,796	$2,000	$3,796	$2,000	$3,796	$2,500	$3,796	$4,500
Contractual	**$86,997**	$26,051	$86,997	$67,000	$86,997	$15,000	$86,997	$10,000	$86,997	$14,500
Other	**$15,815**	$4,250	$13,752	$52,387	$11,629	$5,786	$9,440	$8,976	$7,187	$4,000
Total Direct Charges	**$172,713**	$59,348	$172,560	$125,000	$172,403	$72,546	$172,241	$64,904	$172,074	$77,480
Indirect Charges	**$5,093**	$2,083	$5,246	$129	$5,403	$3,861	$5,565	$3,378	$5,732	$4,150
Total Project Costs	**$177,806**	**$61,431**	**$177,806**	**$125,129**	**$177,806**	**$76,407**	**$177,806**	**$68,282**	**$177,806**	**$81,630**

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**

NON-FEDERAL MATCH(enter in Section B column 2 line 6k of form SF424A) **$412,879**

*** 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 policies and procedures that state all employees within the organization will receive a COLA.

Appendix J – 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.