

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Strategic Prevention Framework State Incentive Grant Program (Short Title: SPF SIG) (Initial Announcement)

Request for Applications (RFA) No. SP-09-001

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

Key Dates:

Application Deadline	Applications are due by November 7, 2008.
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.

Frances M. Harding
Director
Center for Substance Abuse Prevention
Substance Abuse and Mental Health
Services Administration

Terry L. Cline, Ph.D.
Administrator
Substance Abuse and Mental Health
Services Administration

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Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention is accepting applications for fiscal year (FY) 2009 to fund Strategic Prevention Framework State Incentive Grants (SPF SIGs). The purpose of the SPF SIG program is to provide funding to States, federally recognized Tribes and U.S. Territories in order to:

- Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking;
- Reduce substance abuse-related problems; and
- Build prevention capacity and infrastructure at the State-, territorial-, tribal- and community-levels.

Funding Opportunity Title: Strategic Prevention Framework State Incentive Grant

Funding Opportunity Number: SP-09-001

Due Date for Applications: November 7, 2008

Anticipated Total Available Funding: Approximately \$38.1 million

Estimated Number of Awards: Approximately 20 Awards for States/Territories and/or Federally recognized Tribes

Estimated Award Amount: Up to \$2.3 million per year

Length of Project Period: Up to five years

Eligible Applicants: Eligible applicants are the immediate Office of the Chief Executive (e.g., Governor) in the States, Territories, or District of Columbia and federally recognized Tribes that have not previously received a SPF SIG award. [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention is accepting applications for fiscal year (FY) 2009 to fund Strategic Prevention Framework State Incentive Grants (SPF SIGs). The purpose the SPF SIG program is to provide funding to States, Federally recognized Tribes and U.S. Territories* in order to:

- Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking;
- Reduce substance abuse-related problems; and
- Build prevention capacity and infrastructure at the State-, tribal-, territorial- and community-levels.

**For the purposes of this announcement, the dual term “States/Tribes” used throughout the text will also be inclusive of the U.S. Territories and the District of Columbia.*

The Strategic Prevention Framework (SPF) is built on a community-based approach to prevention and a series of implementation principles that can be operationalized at the Federal, State and community levels. Although the direct recipients of SPF SIG funds will be States/Tribes, SAMHSA envisions the SPF SIGs being implemented through partnerships between the States/Tribes and communities.

Descriptions of Required Activities (Part I, Sections 2.2 and 2.3) and Evaluation Criteria (Part V, Sections 1.1 and 1.2) under this announcement are divided into two discrete parts: one directed to States and Territories and the other directed to Federally recognized Tribes. Applicants should pay close attention to the instructions and guidance provided to the eligible group under which they may apply. Where appropriate, instructions that pertain to both groups will be specified accordingly.

The SPF SIG program provides an effective, comprehensive prevention process, a direction and a common set of goals to be adopted and integrated at all levels. Research has shown that to effectively change attitudes, perception, and ultimately, behavior, prevention strategies must include a comprehensive approach that addresses both the individual and the environment. Substance abuse prevention strategies that address the shared environment are the most effective approach for large populations and are the most cost effective. It is critical for States/Tribes to develop an infrastructure that supports the implementation of the most effective programs, policies and practices.

The SPF SIG program is one of SAMHSA’s infrastructure and service delivery grant programs. The program supports an array of activities to help grantees build a solid foundation for delivering and sustaining effective substance abuse prevention services and reducing substance abuse problems. Following the SPF five-step process, SPF SIG grantees develop comprehensive plans for prevention infrastructure and systems at the State and tribal levels. Ultimately, SPF

SIG States/Tribes assist and support selected subrecipient communities to implement effective programs, policies and practices to reduce substance abuse and its related problems.

SAMHSA recognizes that each applicant will start from a unique point in developing infrastructure and will serve subrecipient communities and populations with specific needs. Awardees may pursue diverse strategies and methods to achieve their infrastructure development and capacity expansion goals. Successful applicants will provide a coherent and detailed conceptual “roadmap” of the process by which they have assessed or intend to assess service system needs and plan/implement infrastructure development strategies that meet those needs. The plan put forward in the grant application must show the linkages among needs, the proposed infrastructure development strategy, and increased system capacity that will enhance and sustain effective programs and services.

As of April 2008, approximately 1.64 million men and women have deployed to serve in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) in support of the Global War on Terror. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

The use of alcohol by children and youth under the age of 21 continues to be a severe and persistent problem in States, Territories and Tribes. SAMHSA/CSAP is committed to bringing down the rates of underage drinking. The SPF SIG program offers an excellent vehicle for supporting this goal. Accordingly, SAMHSA/CSAP encourages applicants to carefully consider the problem of underage drinking in their respective communities and population(s) of focus and address it when documented in their needs assessment as part of Step 1 of the SPF process.

The SPF SIG program is authorized under section 516 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 26, Substance Abuse.

2. EXPECTATIONS

The SPF provides an effective prevention process, a direction and a common set of goals to be adopted and integrated at all levels. Through the SPF SIG, grantees will be funded for up to five years to implement the SPF in partnership with community level organizations in their States/Tribes. States/Tribes applying for a SPF SIG grant are expected to define what constitutes a “community” in their State/Tribe. Grantees must allocate a minimum of 85 percent of the total grant award directly to community-level subrecipient organizations, or through sub-State entities (e.g., regions, groups of counties, regional administrative units or other groups as defined by a State) to subrecipients.

Using Evidence-Based Practices

SAMHSA's grants are intended to fund programs, policies or practices that have a demonstrated evidence base and that are appropriate for a State/Tribe's subrecipient communities. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. The SPF SIG is intended to fund State/tribal infrastructures that can support the implementation of a broad array of programs, policies and practices in subrecipient communities selected through the needs assessment process. State/tribal grantees must ensure that their subrecipients' comprehensive plans contain EBP's, as described below. Grantees should use the criteria listed below to guide their State/Tribe's subrecipient communities as they develop their comprehensive plans.

As subrecipient communities choose their evidence-based programs, policies, and practices, they will need to carry out the following tasks:

- Identify the evidence-based program, policy or practice to be implemented in the subrecipient community .
- Identify and discuss the evidence that shows that the program, policy or practice is effective. [Refer to guidelines in the note below.]
- Discuss the population(s) for which the program, policy or practice has been shown to be effective and show that it is appropriate for the subrecipient community. [Refer to guidelines in the note below.]

Note: 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 for that population are encouraged to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus.

Evidence 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 people reviewing your application.

2.1 SPF SIG Implementation Principles

The following implementation principles are provided to guide all SPF SIG applicants as they undertake two tasks: 1) learn about and assimilate the requirements of the five steps underlying the Strategic Prevention Framework and 2) describe how they propose to implement each step in

their SPF SIG applications. The principles provide broad guidelines that inform each step of the process, from strategic planning and capacity building, through evaluation and sustainability. They are intended to promote a comprehensive, systems-oriented approach to prevention in each State/Tribe vis-à-vis the resources of the SPF SIG program.

- The SPF promotes a systems-based approach to substance abuse prevention: Communities and prevention providers work to support the development of a system that has both long- and short-term effects on bringing down the rates of substance abuse. This process involves gradual change over a long period of time. It also calls for States/Tribes and communities to work together strategically to foster the principles of cultural competency and sustainability throughout the SPF process.
- The SPF allows States/Tribes and communities to build capacity and sustain a culturally-competent infrastructure: The SPF affords States/Tribes the opportunity to assess and mobilize community capacity by engaging workforce, financial, and organizational resources to build prevention infrastructure. In working with diverse populations, the principles of cultural competence can ensure that environments as well as relationships are built on inclusion and mutual respect. By addressing sustainability, States/Tribes and communities can ensure the longevity of prevention systems and their program outcomes.
- The SPF is an example of outcome based prevention: The SPF is designed to systematically collect, analyze, interpret, and apply findings from epidemiological and community readiness data about substance use and consequences. Understanding the nature and extent of consumption and consequences from the beginning is critical. This data driven process guides State/Tribes and community level efforts in identifying problems and setting priorities to determine the selection of policies, practices and programs that can best address issues affecting the health and well-being of communities.
- The SPF requires evidence-based programs, policies and practices as the basis for program implementation: Evidence-based principles are approaches and strategies that have been found to be effective in reducing the impact of social- and population-based substance abuse issues. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. States/Tribes and communities are required to implement evidence-based programs to ensure accountability and effectiveness in community-level prevention efforts. (Refer to specific guidelines under Part I, Section 2, Expectations—Using Evidence-Based Practices.)
- The SPF encourages community-level change: Communities support what they help to create, and local people solve local problems. Within the community, the SPF SIGs take a public health approach to preventing substance related problems. This approach focuses on population-level change (change among groups that have one or more personal or environmental characteristic in common). Implementing the SPF via the five steps gives States/Tribes and communities the tools to determine the substance abuse problems affecting their constituents and the most effective strategies to address them.

- The SPF requires States/Tribes to address substance abuse issues across the life span: States/Tribes and communities are encouraged to examine substance abuse related issues and consequences among youths as well as adults. Since community perceptions and norms impact youth behavior, addressing substance abuse related problems across the life span will sustain healthy behaviors over time.

2.2 Required Activities: The Five Steps of the SPF for States

Moving SAMHSA’s SPF from vision to practice is a strategic process that States and community stakeholders must undertake in partnership. Through the SPF SIG, grantees will provide the requisite leadership, technical support and monitoring to ensure that identified communities are successful in implementing the five steps of the framework listed below. These steps are required, and all States and their subrecipient communities must implement all five steps. States and communities are encouraged to build on existing infrastructure/activity, where appropriate. Grantees are expected to use the SPF to guide all prevention activity throughout the State and coordinate and/or leverage all prevention resources whether funded through the SPF SIG or through other sources.

The following requirements and guidelines lay out the five steps of the SPF as they pertain to States and Territories. Under each step, we provide guidance regarding the respective roles of the State and its selected subrecipient communities. (Tribal applicants should refer to Section 2.3, Required Activities: The Five Steps of the SPF for Tribes, for corresponding tribal guidelines and requirements.)

1) Profile population needs, resources, and readiness to address the problems and gaps in service delivery.

State Role: SPF SIG grantees must conduct a State-wide needs assessment, through collection and analysis of epidemiological and community readiness data that includes the following:

- Assessment of State assets and resources;
- Identification of gaps in services and capacity;
- Identification of priority needs and locations;
- Assessment of readiness to act; and
- Specification of baseline data against which progress and outcomes of the SPF can be measured.

The State Epidemiology and Outcomes Workgroup (SEOW) contracts provide States the opportunity to collect and analyze relevant epidemiological data to document substance abuse related consequences and consumption patterns. States will build on the work of existing SEOW workgroups to determine priority needs, including the identification of populations of focus. SAMHSA expects that these data collection efforts will support ongoing monitoring and evaluation throughout the five-year project period, as described in Step 5, below.

Community Role: Subrecipient communities must accurately assess their substance abuse-related problem by identifying the underlying causes associated with priority needs as identified

by the SEOW and the SPF Advisory Council. At a minimum, the SPF SIG subrecipient communities must conduct an assessment that includes:

- Assessment of contributing factors associated with the priority need;
- Assessment of community assets and resources;
- Identification of gaps in services and capacity; and
- Assessment of readiness to act.

2) Mobilize and/or build capacity to address needs.

State Role: SPF SIG grantees must engage State-level stakeholders as a complement to parallel activities occurring within the subrecipient communities that are selected for implementation activities. The State has an obligation to develop a suitable infrastructure to support subrecipient communities (e.g., through EBP Workgroups, SEOW Workgroups, Training and TA, assistance with data collection and monitoring.)

Community Role: Subrecipients must engage key stakeholders at the State and community levels in order to plan and implement successful and sustainable prevention activities. Key tasks may include, but are not limited to, convening leaders and stakeholders; building coalitions; training community stakeholders, coalitions, and service providers; organizing agency networks; leveraging resources; and engaging stakeholders to help sustain the activities.

3) Develop a comprehensive Strategic Plan.

State Role: Using data from the State needs assessment, SPF SIG grantees must develop a comprehensive Strategic Plan that:

- Identifies the priorities that will be targeted in the State Strategic Prevention Framework;
- Articulates a vision for prevention activities to address critical needs;
- Includes key targets (substances and locations) that the State has identified and that communities will address with SPF SIG funds;
- Describes necessary infrastructure development and the process for selecting evidence-based policies, programs and practices to be implemented within the broader service system, and projects timelines for implementation;
- Identifies/coordinates/allocates resources and sources of funding for the plan;
- Identifies appropriate funding mechanism(s) to allocate resources to targeted communities;
- Identifies any training required;
- Includes key policies and relationships among stakeholders;
- Involves public and private service systems in creating a seamless continuum of planning and services;
- Includes plans for sustaining the infrastructure and services that are implemented;
- Includes an Evaluation Plan for the State SPF SIG project;
- Allows for systems improvement and accountability of all parties involved; and
- Includes plans for making adjustments, based on ongoing needs assessment activities.

The State Strategic Plan must be approved by the SAMHSA/CSAP Government Project Officer before implementation activities at the community level can begin.

Community Role: Each subrecipient community must develop a data-driven Strategic Plan that articulates not only a vision for prevention activities, but also strategies for organizing and implementing prevention efforts. The Strategic Plan must be based on documented needs, build on identified resources/strengths, set measurable objectives and include the performance measures and baseline data against which progress will be monitored. Plans must be adjusted as the result of ongoing needs assessment and monitoring activities. The issue of sustainability should be a constant throughout each step of planning and implementation and should lead to the creation of a long-term strategy to sustain effective policies, programs and practices.

4) Implement evidence-based prevention policies, programs and practices and infrastructure development activities.

State Role: Once the Strategic Plan is approved by the SAMHSA/CSAP Government Project Officer, implementation may begin. SPF SIG grantees must provide the infrastructure and other necessary support to local stakeholders in selecting and implementing policies, programs, and practices proven to be effective in research settings and communities. Grantees must ensure that community implementers make culturally competent adaptations without sacrificing the core elements of the policies, programs and practices. Grantees will also need to develop an Evidence-Based Practices (EBP) Workgroup during the first 4 months of the grant, and maintain this Workgroup over the life of the grant. This EBP Workgroup will review each of the selected subrecipient's Strategic Plans and make recommendations for improvement.

Community Role: Similarly, local stakeholders will use the findings of their needs assessments to guide selection and implementation of policies, programs and practices proven to be effective in research settings and communities. Community implementers must ensure that culturally-competent adaptations are made without sacrificing the core elements of the policies, programs and practices. As discussed earlier, as subrecipient communities choose their evidence-based programs, policies, and practices, they will need to carry out the following tasks:

- Identify the evidence-based program, policy or practice to be implemented in the subrecipient community.
- Identify and discuss the evidence that shows that the program, policy or practice is effective. [Refer to guidelines in Part I, Section 2, Expectations—Using Evidence-Based Practices.]
- Discuss the population(s) for which the program, policy or practice has been shown to be effective and show that it is appropriate for the subrecipient community. [Refer to guidelines in Part I, Section 2, Expectations—Using Evidence-Based Practices.]

5) Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.

State Role: SPF SIG grantees will be accountable for the results of the SPF SIG grant projects. SPF SIG grantees are, therefore, expected to play a critical role in providing ongoing monitoring

and evaluation of all SPF SIG activities, as well as training and technical assistance regarding data collection and performance measurement to local communities. Through these efforts, SPF SIG grantees will assess program effectiveness, ensure service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices. SPF SIG grantees will be expected to provide federally required performance data to SAMHSA on a regular basis, as described in Section I-2.5, Data Collection and Evaluation, of this grant announcement. In addition, all SPF SIG grantees must be prepared to adjust their implementation plans based on the results of monitoring/evaluation activities.

Community Role: Ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness and service delivery quality. Sub-recipient communities must provide federally required performance data to the SPF SIG grantees on a regular basis, so that the grantees can monitor, evaluate, sustain and improve the SPF activities in the State.

Formation of the SPF Advisory Council

In implementing the SPF SIG, States are required to form a SPF Advisory Council that includes at least one representative from each of the following:

- The Office of the State Governor or the Chief Executive Officer;
- A core group of drug and alcohol-related agencies identified by the State (including but not limited to public health, education, criminal justice, behavioral/mental health); and
- A representative from SAMHSA/CSAP (the Government Project Officer).

Representatives from other State, community and non-profit organizations that work in substance abuse prevention and mental health promotion/early intervention are also encouraged to be part of the SPF Advisory Council. **The Chair of the SPF Advisory Council is to be appointed by the Governor or by the Chief Executive Officer.**

The SPF Advisory Council should provide ongoing advice and guidance to the SPF SIG project throughout the five years of the grant and create workgroups to monitor progress and accomplish each required step of the SPF. Additionally, grantees are encouraged to include on their Advisory Council representatives of Historically Black Colleges and Universities, and tribal or Hispanic-serving institutions of higher education in the State.

Milestone Checklist for SPF SIG State Grantees

SPF SIG State grantees must have the following milestones in place:

By the end of the first 4 months:

- SPF Project Director and Staff
- SPF Advisory Council
- SEOW Workgroup's completed needs assessment
- Evidence-Based Practices (EBP) Workgroup

By the end of the first 9 months:

- Approved SPF SIG Strategic Plan
- Approved sub-recipient funding mechanism
- Funding of all subrecipients

By the end of the first 18 months:

- Completion of subrecipients' comprehensive Strategic Plans
- Implementation of subrecipients' programs, policies and practices

By the end of Years 2, 3, 4, and 5:

- Submission of State level outcomes

By the end of Years 2, 3, 4, and 5:

- Submission of subrecipient community- and program-level outcomes

2.3 Required Activities: The Five Steps of the SPF for Tribes

Moving SAMHSA's SPF from vision to practice is a strategic process that Tribes and community stakeholders must undertake in partnership. Through the SPF SIG, grantees will provide the requisite leadership, technical support and monitoring to ensure that identified communities are successful in implementing the five steps of the framework listed below. These steps are required, and all Tribes and their targeted communities must implement all five steps. Tribes and communities are encouraged to build on existing infrastructure/activity, where appropriate. Grantees are expected to use the SPF to guide all prevention activity throughout the Tribe and coordinate and/or leverage all prevention resources, whether funded through the SPF SIG or through other sources.

The following requirements and guidelines lay out the five steps of the SPF as they pertain directly to Tribes: (See Section 2.2 Required Activities: The Five Steps of the SPF for States, for corresponding State and Territorial guidelines and requirements.) Under each step, we provide guidance regarding the respective roles of the Tribe and its targeted communities.

With respect to tribal grantees, SPF SIG grant funds must be used primarily to support infrastructure development and delivery of services, including the following types of activities:

1) Profile population needs, resources, and readiness to address the problems and gaps in service delivery.

Grantees will need to develop a data infrastructure and become familiar with the SPF process prior to developing their Strategic Plan. To facilitate the requirements, grantees will need to organize a Tribal Epidemiology Workgroup, Tribal Advisory Council, and Evidence-Based Practices Workgroup within the first 4 months of the grant (refer to information below for more details). During the first year, grantees will develop the necessary data infrastructure to identify specific tribal needs around consequences and consumption of alcohol, tobacco and other drugs. In addition, grantees will educate key stakeholders around the implementation

of the SPF process; outcomes-based prevention; and evidence-based programs, policies and practices.

Key tasks may include, but are not limited to:

- Implementation and analysis of youth and adult surveys;
- Identification and collection of archival data related to the focus population's substance use consumption and consequences;
- Formation and training of an Advisory Council;
- Assessment of resources available to address identified needs;
- Assessment of readiness to address identified needs;
- Analysis of gaps as it relates to resources and identified needs; and
- A completed needs assessment.

The SAMHSA/CSAP Government Project Officer must complete a final review and approval of the needs assessment prior to the grantee's completion of the Capacity Building Plan described in Step 2, below.

In order to complete the assessment, tribal grantees will be required to form and manage a Tribal Epidemiological Workgroup (or work with an existing Epidemiological Workgroup). If the tribal grantee is already engaged in needs assessment efforts, it should use the existing Epidemiological Workgroup to enhance and supplement the current process and its findings.

SAMHSA expects that these data collection efforts will support ongoing monitoring and evaluation throughout the five-year project period, as described in Step 5, below.

2) Mobilize and/or build capacity to address needs.

Tribal grantees must engage stakeholders in the Tribe(s), to plan and implement successful prevention activities that will be sustained over time. Key tasks may include, but are not limited to:

- Convening leaders and stakeholders (get more details about the SPF Tribal Advisory Council in Step 5);
- Building partnerships;
- Training stakeholders and service providers about the SPF process;
- Organizing agency/provider networks;
- Leveraging resources and engaging stakeholders to help sustain the activities; and
- Developing and implementing a Capacity Building Plan inclusive of the above activities, as well as additional identified needs within the first year of being awarded.

Tribal grantees may identify outside sources to provide the necessary training and technical assistance.

3) **Develop a comprehensive Strategic Plan.**

Using data from the needs assessment, tribal grantees must develop a Strategic Plan that:

- Identifies the priorities to be addressed with SPF SIG grant funds;
- Identifies data-driven goals and objectives that include necessary infrastructure development;
- Includes an implementation section describing evidence-based policies, programs, and practices that will be evaluated for effectiveness and elevated to evidence-based during the project;
- Includes timelines for implementation;
- Includes an Evaluation Plan with identified outcomes and baseline data;
- Identifies/coordinates/allocates resources and sources of funding for the plan;
- Identifies any training required for implementation and ongoing project support;
- Includes key policies and relationships among stakeholders;
- Plans for coordinating services with public and private service systems;
- Includes plans for sustaining the infrastructure and outcomes;
- Includes plans for monitoring and quality improvement; and
- Includes plans for making adjustments, based on ongoing needs assessment and evaluation activities.

The Strategic Plan must be data-driven and focused on addressing the most critical needs in the Tribe. A draft of the Strategic Plan must be available for the SAMHSA/CSAP Government Project Officer's review and approval within the first 15 months of the grant. All plans must be approved, and implementation initiated, by the end of the first 15 months of the grant. **The Strategic Plan must be approved by the SAMHSA/CSAP Government Project Officer before any implementation activities can begin.**

4) **Implement evidence-based prevention programs, policies, and practices; and infrastructure development activities.**

Once the Strategic Plan is approved by the Government Project Officer, implementation may begin. Tribal grantees must select and implement policies, programs, and practices consistent with the definition and guidelines on evidence-based practices given in Part I, Section 2, Expectations—Using Evidence-Based Practices. Grantees must ensure that all policies, programs and practices being implemented make culturally competent adaptations without sacrificing their core elements. Grantees will also need to develop and maintain an Evidence Based Practices (EBP) Workgroup during the first 4 months of the grant, and maintain this Workgroup over the life of the grant. This Workgroup will review the Tribe's Strategic Plan and make recommendations for improvement.

5) **Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.**

Grantees will be accountable for the results of the SPF SIG grant projects. Grantees are therefore expected to play a critical role in providing ongoing monitoring and evaluation of all activities, as well as training and technical assistance regarding evaluation and

performance measurement. Through these efforts, grantees will assess program effectiveness, ensure service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective program, policies, and practices. Grantees must provide the Government Project Officer an Evaluation Plan prior to the end of the first 4 months of the grant award. Grantees will be expected to provide federally required performance data to SAMHSA on a regular basis, as described in Section I-2.5, Data Collection and Evaluation, of this grant announcement. In addition, all grantees must be prepared to adjust their implementation plans based on the results of monitoring and evaluation activities. Grantees should revisit their Plans and update them on a yearly basis; they should report progress on the update to the Government Project Officer. Grantees should report outcome data at the end of Years 2, 3, 4, and 5.

Formation of SPF Tribal Advisory Council

Grantees are required to form a Strategic Prevention Framework Tribal Advisory Council (SPF Tribal Advisory Council) made up of tribal community members that must include at least one representative from each of the following:

- The highest ranking member of a federally recognized Tribe;
- A core group of drug and alcohol-related agencies identified by the Tribe (which may include but not be limited to public health, education, criminal justice, behavioral/mental health);
- A representative from SAMHSA/CSAP;
- Representatives from the Tribe who work in substance abuse prevention are also encouraged to be part of the SPF Advisory Council;
- The Chair of the SPF Advisory Council is to be appointed by the highest ranking member of a federally recognized Tribe;
- Key tribal gatekeepers; and
- Parents, youth and members of the general population.

Additionally, grantees are encouraged to include on their Advisory Council representatives of tribal colleges and universities.

The SPF Tribal Advisory Council must provide ongoing advice and guidance to the project and should create workgroups to monitor progress and accomplish each of the required steps of the SPF.

Milestone Checklist for SPF SIG Tribal Grantees

SPF SIG Tribal grantees must have the following milestones in place:

By the end of the first 4 months:

- SPF Project Director and Staff
- Tribal Epidemiological Workgroup
- SPF Tribal Advisory Council
- Evidence-Based Practices (EBP) Workgroup
- Evaluation Plan

By the end of the first 9 months:

- Epidemiological Workgroup’s needs assessment
- Capacity Building Plan

By the end of the first 15 months:

- Approved comprehensive Strategic Plan

By the end of the first 18 months:

- Implementation of programs, policies and practices

By the end of Years 2, 3, 4 and 5:

- Submission of tribal-level outcomes

2.4 Other Allowable Activities for States and Tribes

SAMHSA/CSAP also encourages States/Tribes to consider the following types of activities that can be beneficial the State/Tribe in the development of a comprehensive prevention infrastructure and system:

- Data infrastructure/management information system (MIS) development;
- Provider/network development;
- For States—development and implementation of a Capacity Building Plan, if necessary;
- Data collection and analysis at the community level;
- Policy development to support needed service system improvements (e.g., standard polices and procedures for programmatic monitoring, funding criteria development, framework for prevention service delivery, local policy, etc.);
- Implementation of a training and technical assistance system;
- For Tribes—identification of other sources to provide needed training and technical assistance.

2.5 Data Collection and Evaluation

All SAMHSA grantees are required to collect and submit certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). Applicants must document their ability to collect and report the required data in “Section D: Data Collection and Evaluation” of their application.

Grantees are expected to evaluate their programs regularly and to use results of these evaluations to explain their successes and failures and justify requests for funding.

To meet the GPRA requirements, SAMHSA must collect performance data from grantees. Grantees are required to report these data twice a year (in May and November).

For the SPF SIG program, SAMHSA will assess program performance through both process measures (drawn from administrative data) and outcome measures. These measures are discussed below.

Process Measures

SAMHSA will assess grantee performance in meeting the following process measures based on review of administrative data submitted electronically. All data must be submitted through the CSAP Data Coordination and Consolidation Center Services Accountability and Monitoring System (DCCC-CSAMS).

- Percentage of States/Tribes with established Epidemiological Outcomes Workgroups
- Percentage of States/Tribes with established SPF SIG Advisory Councils
- Percentage of States/Tribes that have performed needs assessments
- Percentage of States/Tribes that have submitted Strategic Plans
- Percentage of States/Tribes with approved Strategic Plans
- Percentage of States/Tribes that have implemented evidence-based programs, polices and practices

Grantees are required to enter State/Tribe-, community-, and program-level data twice a year on DCCC-CSAMS, and to enter their quarterly progress reports on line.

Outcome Measures

Table 1, below, provides a description of the NOMS measures that are required for all SPF SIG grantees.

Table 1: State-, Community- and Program-Level Data

NOMS MEASURES	STATE-LEVEL DATA SOURCE	COMMUNITY/TRIBAL LEVEL DATA SOURCE	PROGRAM-LEVEL DATA SOURCE
<i>Abstinence From Drug Use/Alcohol Abuse</i>			
30-day Substance	Prepopulated	Survey	NOMs Questionnaire
Age of First Substance Use	Prepopulated	Survey	NOMs Questionnaire
Perception of Disapproval/Attitude	Prepopulated	Survey	NOMs Questionnaire
Perceived Risk/Harm Use	Prepopulated	Survey	NOMs Questionnaire
<i>Increased/Retained Employment or Return to/Stay in School</i>			
Perception of Workplace Policy	Prepopulated	Survey	NOMs Questionnaire
School Attendance and Enrollment	Prepopulated	Local School District(s)	Not-Required

NOMS MEASURES	STATE-LEVEL DATA SOURCE	COMMUNITY/TRIBAL LEVEL DATA SOURCE	PROGRAM-LEVEL DATA SOURCE
<i>Decreased Criminal Justice Involvement</i>			
Alcohol Related Car Crashes and Injuries	Prepopulated	Local Law Enforcement	NOMs Questionnaire
Alcohol and Drug related crime	Prepopulated	Local Law Enforcement	Not Required
<i>Increased Access to Services (Service Capacity)</i>			
Number of Persons Served by Age, Gender, Race, and Ethnicity	Aggregate of Community Data	Community/Tribal Grantee	NOMs Questionnaire
<i>Increased Retention in Service Programs – Substance Abuse</i>			
Total Number of Evidence-based Programs, Policies and Practices	Aggregate of Community Data	Community/Tribal Grantee	NOMs Questionnaire
Youth Seeing, Reading, Watching, or Listening to a Prevention Message	Prepopulated	Community/Tribal Survey	NOMs Questionnaire
<i>Increased Social Support/Social Connectiveness</i>			
Family Communication Around Drug Use	Prepopulated	Community/Tribal Survey	NOMs Questionnaire
Cost efficiency of Services	Aggregate of Community Data	Community/Tribal Grantee	Program Providers

The National Outcomes Measures (NOMs) will be reported at the State/tribal level for all SPF SIG grantees, and at the community- and program level as appropriate to each grantee’s SPF SIG project. Grantees will report State-level data for number of persons served by age, gender, race and ethnicity; total number of evidence-based programs; and cost efficiency data related to services. The remaining State-level data will be pre-populated by CSAP.

Subrecipient communities are required to report community- and program-level NOMs measures that are relevant to their priority programs, policies and practices. For example, if a community selects drinking and driving as its priority, it would not be necessary to report on the School Attendance and Enrollment NOM. Additionally, the State will work with its subrecipient communities to identify the specific community- and program-level NOMS measures to be collected.

Grantees will report community- and program level NOMs data for the NOMs domain listed in Table 1. The following types of community- and program-level data will be collected:

- Survey Data: Community and program level surveys to collect NOMs data must use the OMB approved NOMs measures. The measures are provided in the NOMs Adult and Youth Community and Program Tools (Questionnaires).
- Education and Arrest Archival Data: For specific community level NOMs the subrecipient community will need to collect the school and crime NOMs data from the local jurisdictions that collect and publish the data. The data will be collected for the jurisdictions representing the geographic area defined as the community.
- Program Data: The subrecipient communities will collect NOMs measures, including number of people served, number of evidence-based programs, and cost efficiency data.

With prior approval, subrecipient communities may be able to substitute locally available measures for the specified NOMs. For example, if a community-wide survey asks 30-day use questions using slightly different language, the community may ask to substitute its language for the approved NOMs language. Note: tribal grantees, in most cases, will be similar to communities; therefore, they will need to report both tribal- and program-level NOMs.

The instrument for collecting and reporting the NOMs at the community/tribal and program level has been approved by the Office of Management and Budget, and can be found on the website <https://www.csapdccc-csams.samhsa.gov/tools/publictools.aspx?sp=5>. Grantees will be required to use this data collection instrument for collecting and reporting data at the community-, tribal- and program-level, as appropriate to their project. Applicants must describe their current capacity for collecting and reporting the NOMs at the community/program level as well as plans for ensuring that the NOMs can be collected and reported at the community/program level by the time the implementation phase of the proposed SPF SIG project begins. Grantees should work with their Government Project Officers to reach agreement on appropriate performance measures.

SAMHSA recognizes that grantees will not be able to select State subrecipient or tribal communities, nor determine the programs, practices and policies to be implemented, until their needs assessment is complete and their Strategic Plan is approved. Nevertheless, all applicants should be able to discuss, generally, their ability to collect and report data at the community-, tribal- and program-level in Section D, Data Collection and Evaluation.

NOTE: The terms and conditions of the SPF SIG grant award will specify the data to be submitted and the schedule for submission. Grantees will be required to adhere to these terms and conditions. Grantees must agree to comply with any current or future Federal data requirements.

Performance data are currently reported in the aggregate to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request, and are also available on the Web at www.expectmore.gov.

2.6 Performance Evaluation

Grantees must periodically review the data they report to SAMHSA (as required above), evaluate their progress, and use this information to improve management of their grant projects. The evaluation should be designed to help grantees determine whether they are achieving the goals, objectives and outcomes they intend to achieve and whether adjustments need to be made to their project. Grantees will be required to report on progress achieved, barriers encountered, and efforts to overcome these barriers in a quarterly performance report to be submitted on-line.

At a minimum, the evaluation should include the required NOMs identified above. Grantees may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of intervention on participants?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?
- How durable were the effects?

Process Questions:

- How closely did implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What effect did the deviations have on the planned intervention and evaluation?
- 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)?

As stated earlier, grantees must report these data to SAMHSA/CSAP twice a year, in May and November.

No more than 20 percent of the total grant award may be used for data collection, performance measurement, and evaluation (e.g., activities required in Sections I-2.5 and 2.6 above.)

2.7 Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director) to at least two joint grantee meetings in each year of the grant, and must include a detailed budget and narrative for this travel in their budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Attendance is mandatory at these 3-day long meetings, which are usually held in the Washington, D.C., area.

II. AWARD INFORMATION

Funding Mechanism:	Cooperative Agreement
Anticipated Total Available Funding:	Approximately \$38.1 million
Estimated Number of Awards:	Approximately 20 Awards for States/Territories and/or Federally recognized Tribes
Estimated Award Amount:	Up to \$2.3 million per year
Length of Project Period:	Up to five years

Proposed budgets cannot exceed \$2.3 million dollars 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. Total awards will be based on the per capita population, utilizing the base amount of \$500,000. An additional \$7.20 will be added for each person above the population base, with the total grant award not to exceed \$2.3 million.

This program is being announced prior to the appropriation for FY 2009 for SAMHSA's programs, with funding estimates based on the President's budget request for FY 2009. Applications are invited based on the assumption that sufficient funds will be appropriated for FY 2009 to permit funding of a reasonable number of applications solicited. All applicants are reminded, however, that we cannot guarantee that sufficient funds will be appropriated to permit SAMHSA to fund any applications.

Cooperative Agreement

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

Role of Grantee: SPF SIG grantees must comply with the terms of the SPF SIG Cooperative Agreement, including implementation of all required SPF SIG activities described in Part I, Section 2, Expectations, in this grant announcement. The SPF SIG grantees must agree to provide SAMHSA with all required performance data, and collaborate with SAMHSA/CSAP staff in all aspects of the SPF SIG Cooperative Agreement.

Role of SAMHSA Staff: The Government Project Officer (GPO) will serve as an active member of the Grantee's SPF Advisory Council. Through participation on the Advisory Council, the GPO will provide guidance and technical assistance to help awardees achieve SPF SIG goals. The GPO also will participate on policy, steering, advisory or other workgroups; assure that SPF SIG projects are responsive to SAMHSA's mission and implement the SAMHSA Strategic Prevention Framework; monitor and review progress of SPF SIG projects; monitor development

and collection of process and outcome data from SPF SIG grantees; ensure compliance with data/performance measurement requirements; ensure the SPF SIG's collaboration with the State Epidemiological Workgroup; and review and approve the Grantees' Strategic Plan and relevant sub-recipient funding mechanisms.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are the immediate Office of the Chief Executive (e.g., Governor) in the States, U.S. Territories or District of Columbia; and Federally recognized Tribes. The Chief Executive of the State, Territory, or District of Columbia; or of the Federally recognized Tribe must sign the application. Following the initial award, the Chief Executive or highest ranking official may delegate responsibility for the grant, including signatory authority for continuation applications, to a State Agency, State Official, or duly authorized official. **Only those applicants that have not previously received a SPF SIG are eligible.**

All tribal applicants must be listed in the Federal Register Notice as Federally recognized Tribes.

(Go to <http://www.indians.org/Resource/FedTribes99/fedtribes99.html> for a link to Federally recognized Tribes.) Refer to Appendix F, Glossary, for a definition of the term "Federally recognized Tribes.")

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER

You must comply with the following requirements, or your application will be screened out and will not be reviewed: Use the PHS 5161-1 application form; follow the application submission requirements in Section IV-3 of this document; and adhere to the formatting requirements provided in Appendix A of this document.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

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

Additional materials available on this Web site include:

- Frequently asked questions (FAQs) for the SPF SIG Program;
- 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 FORM OF APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page (SF 424 v2), budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (www.samhsa.gov/grants/index.aspx) and a synopsis of the RFA is available on the Federal grants Web site (www.Grants.gov).

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

2.2 Required Application Components

Applications must include the required ten application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Appendices, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

- **Face Page** – SF 424 v2 is the face page. This form is part of the PHS 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 www.dunandbradstreet.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]
- **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first

five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

- **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix E of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

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

- **Appendices 1 through 4** – Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Appendices 1, 3 and 4 combined. There are no page limitations for Appendix 2. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the appendices as: Appendix 1, Appendix 2, etc.
 - *Appendix 1:* Letters of Support
 - *Appendix 2:* Data Collection Instruments/Interview Protocols
 - *Appendix 3:* Sample Consent Forms
 - *Appendix 4:* Letter to the SSA (if applicable; see Section IV-4 of this document)
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 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.

- **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

2.3 Application Formatting Requirements

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

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on **November 7, 2008**. Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 11:59 PM (EST). **Hand carried applications will not be accepted. Applications may be shipped using only DHL, 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.

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 will not accept or consider any applications sent by facsimile.

SAMHSA accepts electronic submission of applications through 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. 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 www.whitehouse.gov/omb/grants/spoc.html.

- Check the list to determine whether your State participates in this program. You do not need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SPOC – Funding Announcement No. SP-09-001. Change the zip code to **20850** if you are using another delivery service.

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 www.samhsa.gov/grants/management.aspx:

- Institutions of Higher Education: OMB Circular A-21
- State and Local Governments and federally recognized Indian Tribal Governments: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's SPF SIG grant recipients must comply with the following funding restrictions:

- Grant funds must be used for purposes supported by the program.
- No more than 20 percent of the grant award may be used for data collection and performance assessment expenses.
- Grant funds may not be used to pay for the purchase or construction of any building or structure to house any part of the grant project. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

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

6. OTHER SUBMISSION REQUIREMENTS

You may submit your application in either electronic or paper format:

Submission of Electronic Applications

SAMHSA accepts electronic submission of applications through www.Grants.gov. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the www.Grants.gov apply site. You will be able to download a copy of the application package from www.Grants.gov, complete it off-line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

Please refer to Appendix B for detailed instructions on submitting your application electronically.

Submission of Paper Applications

You must submit an original application and 2 copies (including appendices). The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

Send applications to the address below:

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using another delivery service.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**SPF SIG Grant SP-09-001**” 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.

Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).

SAMHSA will not accept or consider any applications sent by facsimile.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D. The bulleted items below provide important guidance on how to structure and present your Project Narrative.

- 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 PHS 5161-1.**
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. Be sure to 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 www.samhsa.gov . Click on “Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence.”
- The Supporting Documentation you provide in Sections E-H and Appendices 1-4 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.

Please note: In the pages that follow, States/Territories should address the requirements in Section 1.1 and Tribes should address the requirements in Section 1.2.

1.1: Requirements for States/Territories (Project Narrative Sections A-D)

Sections A-D outlining the Project Narrative requirements for States/Territories are described below, followed by Sections E-H, Supporting Documentation. (Tribal applicants should refer to Section 1.2, Requirements for Tribes, for Project Narrative descriptions pertaining only to Tribes.)

Section A: Statement of Need (10 Points)

- Describe the characteristics of communities in your State and the population(s) who will receive services.
- Document the need to implement the Strategic Prevention Framework in the State. Include information about the prevalence of substance abuse and related underlying causes. States must use data they collected through the SEOW contracts. Additional documentation of need may come from local data or trend analyses, in addition to other sources (e.g., States needs assessment, SAMHSA's National Survey on Drug Use and Health or the National Center for Health Statistics/Center for Disease Control Reports). For data sources that are not well known, discuss the reliability and validity of the instruments and the appropriateness of the evaluation approach and methodology.
- Document the need to enhance infrastructure to increase the capacity to implement, sustain, and improve effective substance abuse prevention services in the State. Include information about available assets and resources.). States must use data they collected through the SEOW contracts. Additional documentation may come from local data or trend analyses, in addition to other sources (e.g., States needs assessment, SAMHSA's National Survey on Drug Use and Health or the National Center for Health Statistics/Center for Disease Control Reports. For data sources that are not well known, discuss the reliability and validity of the instruments and the appropriateness of the evaluation approach and methodology.
- Describe the service gaps, barriers and other problems related to the need for infrastructure development. Describe the stakeholders and resources in the proposed community that can help implement the needed infrastructure development.

Section B: Proposed Approach (35 Points)

- Clearly state the purpose of the proposed project, with goals and objectives. Describe how implementation of the Strategic Prevention Framework will lead to achievement of these goals and objectives, and how this will increase system capacity to support effective substance abuse prevention services.
- Describe the proposed project. Provide evidence that the proposed activities meet the infrastructure needs and show how the proposed infrastructure development strategy will meet the goals and objectives. In this description, you should do the following:

- Document that the project will build upon the principles of the SPF;
 - Describe how you will implement the five required steps of the SPF at the State level;
 - Describe how you will implement a complementary/parallel five-step process within the subrecipient communities that will be selected for implementation activities;
 - Describe the roles that you expect States and communities to play in each of the five steps; and
 - Describe how you will coordinate and/or leverage all prevention resources, whether funded through the SPF SIG grant or through other sources within the State.
- Describe the State’s plan to build on an existing Epidemiological Workgroup, and to utilize the information generated by these workgroups to drive funding decisions
 - Describe the State’s plans for forming and mobilizing a new SPF Advisory Council or enhancing an existing advisory body to meet the requirements for the SPF Advisory Council described in Section I-2.2, SPF Advisory Council. Include a description of the SPF Advisory Council’s membership, roles and functions, and frequency of meetings. Describe how you will ensure that the Office of the Governor or the Chief Executive Officer will be directly involved in the ongoing activities of the Council and in the oversight of the grant.
 - Discuss the language, beliefs, norms and values of your State’s communities, the socioeconomic factors that must be considered in delivering services, and how your proposed approach will address these issues.
 - Describe how the State will assist its subrecipient communities in selecting evidence-based policies, programs and practices.
 - Describe any other organizations that will participate and their roles and responsibilities. Demonstrate their commitment to the project and include letters of commitment/coordination/support from these community organizations in **Appendix 1** of your application.
 - Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the subrecipient communities.
 - Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
 - Describe how your activities will improve substance abuse prevention services.
 - 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 C: Staff, Management, and Relevant Experience (25 points)

- Provide a realistic time line for the entire project period (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.] Refer to Part I, Section 2.2, Milestone Checklist for SPF SIG States.
- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally-appropriate/competent services.
- Provide a complete list of staff positions for the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as prevention personnel.
- Discuss how key staff has demonstrated experience in serving the population of focus and are familiar with the culture and language of the population of focus. If the subrecipient community is multicultural and multilingual, describe how the staff is qualified to serve this population.
- Describe the resources available for the proposed project (e.g., facilities, equipment).
- Explain how you will ensure that services will be provided in a location that is adequate, accessible, compliant with the American with Disabilities Act (ADA), and amenable to the target population. If the ADA does not apply to your organization, please explain why.

Section D: Data Collection and Evaluation (30 points)

- Document your ability to collect and report on the required performance measures (NOMs) as specified in Sections I-2.5 and I-2.6 of this document. Specify and justify any additional measures you plan to use to report on your State's priority needs. If specific NOMs do not pertain to your State's priority needs, describe what you propose as a substitute for the NOMs. (For example, in some cases, States may choose priority needs that are not included in the NOMs--i.e., alcohol-related deaths. Nevertheless, States are still required to collect and report data on such priority needs.)
- Describe plans for data collection, management, analysis, interpretation and reporting.
 - Describe the existing data collection system, its ability to capture required performance measures, and any necessary modifications at the State-, community- and program-levels.
 - Describe planned approaches to surveying program participants or gathering archival data on an ongoing basis to connect program results to needs assessment and other data.

- Document your ability to collect and report pertinent data from the subrecipient communities.
- Include project-specific data collection instruments/interview protocols (i.e., those not required by CSAP) in Appendix 2.
- Discuss reliability and validity of evaluation methods and instruments in terms of the gender, age group and cultural traditions of subrecipient communities.
- Describe your plan for tracking the data generated by your project over time, and utilizing these data in your ongoing project planning and development.
- Describe your approach to ensuring that adequate evaluation and data collection capacity at the community level of your SPF SIG project will be in place.
- Describe how data will be used to manage the project and assure continuous quality improvement.
- Describe your plan for conducting the evaluation as specified in Section I-2.6 of this RFA and document the State's ability to conduct the evaluation.

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.

1.2 Requirements for Tribes (Project Narrative Sections A-D)

Sections A-D outlining the requirements of the Project Narrative for Tribes are described below, followed by Sections E-H, Supporting Documentation. (States and Territories should refer to Section 1.1, Requirements for States/Territories, for Project Narrative descriptions pertaining only to States and Territories.)

Section A: Statement of Need (10 points)

- Describe the proposed tribal community and the population(s) who will receive services.
- Document the need to implement the SPF in the Tribe. Include information about the prevalence of substance abuse and related underlying causes. Documentation of need may come from available local data or trend analyses. For data sources that are not well known, discuss the reliability and validity of instruments, and appropriateness of the evaluation approach and methodology.
- Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective substance abuse prevention services in the Tribe. Documentation of need may come from available local data or trend analyses. For data sources that are not well known, discuss the reliability and validity of instruments, and appropriateness of the evaluation approach and methodology.

- Describe the service gaps, barriers and other problems related to the need for infrastructure development. Describe the stakeholders and resources in the target area that can help implement the needed infrastructure development.

Section B: Proposed Approach (35 points)

- Clearly state the purpose of the proposed tribal project, with goals and objectives. Describe how implementation of the SPF will lead to achievement of these goals and objectives, and how this will increase tribal capacity to support effective substance abuse prevention services.
- Describe the proposed tribal project. Provide evidence that the proposed activities meet the infrastructure needs and show how the proposed infrastructure development strategy will meet the goals and objectives. In this description, Tribes should do the following:
 - Document that the project will build upon the principles of the SPF.
 - Describe how the five required steps of the SPF will be implemented at the tribal level.
 - Describe how the Tribe will coordinate and/or leverage all prevention resources, whether funded through the SPF SIG grant or through other sources within the Tribe.
- Describe the Tribe’s plan to develop or expand an Epidemiological Workgroup, and describe the Tribe’s plan to utilize the information generated by these workgroups to drive funding decisions.
- Describe the Tribe’s plans for forming and mobilizing a new SPF Tribal Advisory Council or enhancing an existing advisory body to meet the requirements for the SPF Tribal Advisory Council described at the end of Section I-2.3, “Formation of a SPF Tribal Advisory Council.” Include a description of the SPF Tribal Advisory Council’s membership, roles and functions, and frequency of meetings. Describe how the Tribe will ensure that the Chief Executive Officer will be directly involved in the ongoing activities of the Council and in the oversight of the grant.
- Discuss the language, beliefs, norms and values of the Tribe, as well as socioeconomic factors that must be considered in delivering programs, policies and practices to this Tribe, and how the proposed approach addresses these issues.
- Describe how the Tribe will implement evidence-based policies, programs and practices consistent with the definition and guidelines in Part I, Section 2, Expectations—Using Evidence-Based Practices to achieve outcomes.
- Describe any other organizations that will participate in the proposed tribal project, including their roles and responsibilities; and demonstrate their commitment to the project. Include letters of commitment/coordination/support from these organizations in **Appendix 1** of your application.

- Describe how the proposed tribal project will address issues related to age, race, ethnicity, culture, language, sexual orientation, literacy, and gender.
- Describe how members of the Tribe were involved in the preparation of the application, and how they will be involved in the planning, implementation, and evaluation of the project.
- Describe potential barriers to successfully conducting the proposed project and how the Tribe proposes to overcome them.
- Describe how the proposed project activities will improve substance abuse prevention services in the Tribe.
- Describe the Tribe's plans to continue the proposed 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 C: Staff, Management, and Relevant Experience (25 points)

- Provide a realistic time line for the entire project period (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.] Refer to Part I, Section 2.3, Milestone Checklist for SPF SIG tribal grantees.
- Discuss the capability and experience of the tribal applicant and other participating organizations with similar projects and populations, including experience in providing culturally-appropriate/competent services.
- Provide a complete list of staff positions for the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as prevention personnel.
- Discuss how key staff have demonstrated experience in serving the tribal community and are familiar with their cultures and languages. If a tribal community is multicultural and multilinguistic, describe how the staff is qualified to serve this population.
- Describe the resources available for the proposed project (e.g., other funding sources, manpower, facilities, equipment).

Section D: Data Collection and Evaluation (30 points)

- Document your ability to collect and report on the required performance measures (NOMs) as specified in Sections I-2.5 and I-2.6 of this document. Specify and justify any additional measures you plan to use to report on your Tribe's priority needs. If specific NOMs do not pertain to your Tribe's priority needs, describe what you propose as a

substitute for the NOMs. (For example, in some cases, Tribes may choose priority needs that are not included in the NOMs -- i.e., alcohol-related deaths. Nevertheless, Tribes are still required to collect and report data on such priority needs.)

- Describe plans for data collection, management, analysis, interpretation and reporting.
 - Describe the existing data collection system, its ability to capture require performance measures, and any necessary modifications.
 - Describe planned approaches to surveying program participants or gathering archival data on an ongoing basis to connect program results to needs assessment and other data.
 - Document the Tribe's ability to collect and report data from the proposed tribal community(ies).
 - Include project-specific data collection instruments/interview protocols (i.e., those not required by CSAP) in **Appendix 2**.
- Discuss reliability and validity of evaluation methods and instruments in terms of the gender, age group and cultural traditions of the tribal community(ies).
- Describe the Tribe's plan for tracking the data generated by the proposed project over time, and utilizing these data in ongoing project planning and development.
- Describe the Tribe's approach for ensuring that adequate evaluation and data collection capacity at the tribal level of the proposed SPF SIG project will be in place.
- Describe how data will be used to manage the proposed project and assure continuous quality improvement.
- Describe the Tribe's plan for conducting the evaluation as specified in Section I-2.6 of this RFA, and document the Tribe's ability to conduct the evaluation.

NOTE: Although the budget for the proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

SUPPORTING DOCUMENTATION

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

Section F: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 20 percent of the total grant award will be used for data collection and performance assessment. An illustration of a budget and narrative justification is included in Appendix E of this document.

Section G: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available on the SAMHSA Web site.

Section H: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section H of your application, using the guidelines provided below.

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 bullets below. Appendix C of this RFA provides a more detailed discussion of issues applicants should consider in addressing these seven bullets. 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 bullets, 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.

- Identify foreseeable risks or adverse effects due to participation in the project and/or in the data collection (performance assessment) activities (including physical, medical, psychological, social, legal, and confidentiality) and provide your procedures for minimizing or protecting participants from these risks. Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Describe the population of focus and explain why you are including or excluding certain subgroups. Explain how and who will recruit and select participants.
- State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons), and the value of any such incentives. 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 to be effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20. (See Appendix C: Confidentiality and Participant Protection.)

- Describe data collection procedures, including sources (e.g., participants, school records) and the data collecting setting (e.g., clinic, school). Provide copies of proposed data collection instruments and interview protocols in **Appendix 2** of your application, “Data Collection Instruments/Interview Protocols.” State whether specimens such as urine and/or blood will be obtained and the purpose for collecting the specimens. If applicable, describe how the specimens and process will be monitored to ensure both the safety of participants and the integrity of the specimens.
- Explain how you will ensure privacy and confidentiality of participants’ records, data collected, interviews, and group discussions. Describe where the data will be stored, safeguards (e.g., locked, coding systems, storing identifiers separate from data), and who will have access to the information.
- Describe the process for obtaining and documenting consent from adult participants and assent from minors along with consent from their parents or legal guardians. Provide copies of all consent forms in **Appendix 3** of your application, “Sample Consent Forms.” If needed, give English translations.
- Discuss why the risks are reasonable compared to expected benefits 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 of 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>.

Applicants whose projects must comply with the Human Subjects Regulations must, in addition to the bullets above, 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 clients 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.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above. For those programs where the individual award is over \$100,000, applications also must be reviewed by the appropriate National Advisory Council.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved by the CSAP’s National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

After your application has been reviewed, you will receive a letter from SAMHSA through postal mail that describes the general results of the review, 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 reapply 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; or
 - requirements to address problems identified in review of the application.
- 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. 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-2.5, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit quarterly 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.

3.2 Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) 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 SPF SIG grant program are described in Section I-2.5 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:

Mr. Mike Lowther
Division Director, Division of State Programs
Center for Substance Abuse Prevention
1 Choke Cherry Road, Room 4-1037
Rockville, MD 20857
(240) 276-2581
mike.lowther@samhsa.hhs.gov

Mr. Allen Ward
Lead Public Health Advisor, Division of State Programs
Center for Substance Abuse Prevention

1 Choke Cherry Road, Room 4-1048
Rockville, MD 20857
(240) 276-2444
allen.ward@samhsa.hhs.gov

For questions on grants management issues contact:

Edna Frazier
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1087
Rockville, Maryland 20857
(240) 276-1405
edna.frazier@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 PHS 5161-1 application form.
- 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 Times New Roman 12 point font, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in Section IV-6 of this announcement under “Submission of Electronic 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.

- The 10 application components required for SAMHSA applications should be included and submitted in the following order:
 - Face Page (Standard Form 424 v2, which is in PHS 5161-1)
 - Abstract
 - Table of Contents
 - Budget Form (Standard Form 424A, which is in PHS 5161-1)
 - Project Narrative and Supporting Documentation
 - Appendices
 - Assurances (Standard Form 424B, which is in PHS 5161-1)
 - Certifications
 - Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
 - Checklist (a form in PHS 5161-1)

- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection specified in Section V-1 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 PHS 5161-1.
- Pages should be typed single-spaced in black ink 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. Appendices 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 Appendices 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-6 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. 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 help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday, excluding Federal holidays.

If this is the first time you have submitted an application through Grants.gov, you must complete four 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; 3) Credential Provider registration; and 4) Grants.gov registration.

It is strongly recommended that you submit your grant application using Microsoft Office 2003 products (e.g., Microsoft Word 2003, Microsoft Excel, etc.). The new Microsoft Vista operating system and Microsoft Word 2007 products are not currently accepted by Grants.gov. If you do not have access to Microsoft Office 2003 products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described in Appendix A of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.
- *Amount of space allowed for Project Narrative:* The Project Narrative for an electronic submission may not exceed 12,875 words. **If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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

Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. **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.**

The Grants.gov Web site does not accept electronic signatures at this time. Therefore, you must submit a signed paper original of the face page (SF 424 v2), the assurances (SF 424B), and hard copy of any other required documentation that cannot be submitted electronically. **You must include the Grants.gov tracking number for your application on these documents with original signatures, on the top right corner of the face page, and send the documents to the following address. The documents must be received at the following address within 5 business days after your electronic submission.** Delays in receipt of these documents may impact the score your application receives or the ability of your application to be funded.

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**
ATTN: Electronic Applications

For other delivery services, change the zip code to 20850.

If you require a phone number for delivery, you may use (240) 276-1199.

Appendix C– Confidentiality and Participant Protection

1. Protect Clients and Staff from Potential Risks

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

2. Fair Selection of Participants

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

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the

grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.

- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Appendix 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 **Appendix 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

Applicants may also have to comply with the Protection of Human Subjects Regulations (45 CFR 46), depending on the evaluation and data collection procedures proposed and the population to be served.

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific performance assessment design proposed by the applicant may require compliance with these regulations. 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>.

Applicants whose projects must comply with the Protection of Human Subjects Regulations must describe the process for obtaining Institutional Review Board (IRB) approval fully in their applications. While IRB approval is not required at the time of grant award, these applicants will be required, as a condition of award, to provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to enrolling any clients in the proposed project.

General information about Protection of Human Subjects Regulations can be obtained on the Web at <http://www.hhs.gov/ohrp>. You may also contact OHRP by e-mail (ohrp@osophs.dhhs.gov) or by phone (240-453-6900). SAMHSA-specific questions related to Protection of Human Subjects Regulations should be directed to the program contact listed in Section VII of this RFA.

Appendix D – Funding Restrictions

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

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

- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.

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

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

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

JUSTIFICATION: Fringe reflects current rate for agency.

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

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

FEDERAL REQUEST

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

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

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

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

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

FEDERAL REQUEST (Enter in Section B column 1 line 6d of form SF424A) **\$ 0**

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

FEDERAL REQUEST

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

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

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

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

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

FEDERAL REQUEST (Consultant)

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

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

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

FEDERAL REQUEST (Contract)

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

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

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

FEDERAL REQUEST (Enter in Section B column 1 line 6f of form SF424A) **\$ 9,187**

(Combine the total of consultant and contact)

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

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

FEDERAL REQUEST

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

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

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

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

Indirect cost rate: Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement.

For information on applying for the indirect rate go to: samhsa.gov then click on Grants – Grants Management – HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (Enter in Section B column 1 line 6j of form SF424A) **\$5,093**
 8% of personnel and fringe (.08 x \$63,661)

BUDGET SUMMARY:

Category	Federal Request
Personnel	\$52,765
Fringe	\$10,896
Travel	\$2,444
Equipment	0
Supplies	\$3,796
Contractual	\$9,187
Other	\$15,819
Total Direct Costs*	\$94,907
Indirect Costs	\$5,093
Total Project Costs	\$100,000

*** TOTAL DIRECT COSTS:**

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

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

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

Appendix F – Glossary

Adaptation: Modification made to a chosen intervention; changes in audience, setting, and/or intensity of program delivery. Research indicates that adaptations are more effective when underlying program theory is understood; core program components have been identified; and both the community and needs of a population of interest have been carefully defined.

Age of Onset: The age of first use as it relates to alcohol, tobacco, and illicit drugs.

Agent: In the Public Health Model, the agent is the catalyst, substance, or organism causing the health problem. In the case of substance abuse, the agents are the sources, supplies, and availability.

ATOD: Acronym for alcohol, tobacco, and other drugs.

Baseline: The level of behavior that is recorded before an intervention or service is provided.

Capacity: The various types and levels of resources that an organization, collaborative group or coalition has at its disposal to meet the implementation demands of specific interventions.

Capacity Building: Increasing the ability and skills of individuals, groups, and organizations to plan, undertake, and manage initiatives. The approach also enhances the capacity of the individuals, groups, and organizations to deal with future issues or problems.

Catchment Area: A catchment area is the geographic area from which the population(s) of focus to be served by a program will be drawn.

Coalition: A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy, and drug-free community.

Community: People with a common interest living in a defined area. For example, a neighborhood, town, part of a county, county, school district, congressional district or regional area.

Community Readiness: The degree of support for or resistance to identifying substance use and abuse as significant social problems in a community. Stages of community readiness for prevention provide an appropriate framework for understanding prevention readiness at the community and state levels.

Cooperative Agreement: A cooperative agreement is a form of Federal grant. Cooperative agreements are distinguished from other grants in that, under a cooperative agreement, substantial involvement is anticipated between the awarding office and the recipient during performance of the funded activity. This involvement may include collaboration, participation, or intervention in the activity. HHS awarding offices use grants or cooperative agreements (rather than contracts) when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

Cultural Competence: Refers to an ability to interact effectively with people of different cultures. Cultural competence is comprised of four components: (a) Awareness of one's own cultural worldview, (b) Attitude towards cultural differences, (c) Knowledge of different cultural practices and worldviews, and (d) Cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.

Cultural Diversity: Differences in race, ethnicity, language, nationality, or religion among various groups within a community. A community is said to be culturally diverse if its residents include members of different groups.

Cultural Sensitivity: An awareness of the nuances of one's own and other cultures.

Culture: The shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people that may be unified by race, ethnicity, language, nationality, or religion.

Environment: In the Public Health Model, the environment is the context in which the host and the agent exist. The environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is a societal climate that encourages, supports, reinforces, or sustains problematic use of drugs.

Epidemiology Workgroups: For purposes for the SPF grants, these are groups of individuals that collect, analyze, and apply implications from data about alcohol, tobacco and illicit drug-related problems to improve prevention practice. The workgroups bring systematic, analytical thinking to understanding the causes and consequences of the use of alcohol, tobacco and other drugs.

Epidemiological profile: A summary and characterization of the consumption (use) patterns and consequences of the abuse of alcohol, tobacco, marijuana, heroin, cocaine, methamphetamines, inhalants, prescription drugs, or other substances. The epidemiological profile identifies the sources of data on consumption patterns as well as the indicators used to identify consequences (e.g., morbidity and mortality). It should provide a concise, clear picture of the burden of substance abuse in the State using tables, graphs, and words as appropriate to communicate this burden to a wide range of stakeholders.

Evaluation: A formalized approach to studying the goals, processes, and outcomes of projects, policies, and programs. Evaluations can involve quantitative methods of social research or qualitative methods or both.

Evidence-Based Practice: An evidence-based practice, also called EBP, refers to approaches to prevention or treatment that are validated by some form of documented research evidence. When implementing EBPs, State and tribal grantees will need to:

- Identify the evidence-based program, policy or practice to be implemented in the subrecipient community.
- Identify and discuss the evidence that shows that the program, policy or practice is effective.
- Discuss the population(s) for which the program, policy or practice has been shown to be effective and show that it is appropriate for the subrecipient community.

Refer to Part I, Section 2, Expectations—Using Evidence-Based Practices for detailed guidelines on EBP's and other acceptable forms of evidence.

Expected Outcomes: The intended or anticipated results of carrying out program activities. There may be short-term, intermediate, and long-term outcomes.

Federally Recognized Tribe: Any Indian or Alaska Native tribe, band, nation, pueblo, village or community that the Secretary of the Interior acknowledges as an Indian tribe pursuant to the Federally Recognized Indian List Act of 1994 (25 U.S.C. 479a).

Fidelity: The degree to which a specific implementation of a program or practice resembles, adheres to, or is faithful to the evidence-based model on which it is based. Fidelity is formally assessed using rating scales of the major elements of the evidence-based model.

Goal: A broad statement of what the project is intended to accomplish (e.g., delay in the onset of substance abuse among youth).

Grant: A grant is the funding mechanism used by the Federal Government when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

Host: In the Public Health Model, the host is the individual affected by the health problem. In the case of substance abuse, the host is the potential or active user of drugs.

Impact Evaluation: Evaluation that examines the extent of the broad, ultimate effects of the project (i.e., did youth drug use decrease in the target area?).

Implementation: Implementation involves carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. During program implementation, organizations detail the evidence-based programs, policies and practices that need to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs.

Intervention: For the purposes of this grant announcement, “intervention” is the broad, umbrella term referring to the prevention programs, policies and practices to be implemented by the State/Tribe through the SPF process. When programs, policies and practices are combined into a comprehensive approach to address grantee priority needs, this overarching approach is generally referred to as a “prevention strategy.”

Logic Model: A comprehensive and sequential method of moving from defining needs to developing goals, objectives, activities, and outcome measures. The Logic Model shows the link between each component. The goal is often built around the ultimate impact that is sought by the program. The objectives are often built around the underlying causal factors. The activities then may indicate several interventions.

Multi-sector: More than one agency or institution working together.

Multi-strategy: More than one prevention strategy, such as information dissemination, skill building, use of alternative approaches to substance abuse reduction, social policy development, and environmental approaches, working with each other to produce a comprehensive plan.

Needs Assessment: A formal process of collecting and analyzing data to estimate the size, clarify, and nature of drug use/abuse; a second area involves assessing capacity, resources, readiness and gaps in service delivery. In the SPF process, these data is used to estimate the consumption and consequences patterns associated with substance abuse.

Objectives: What is to be accomplished during a specific period of time to move toward achievement of a goal, expressed in specific measurable terms.

Outcome Evaluation: Evaluation that describes the extent of the immediate effects of project components, including what changes occurred.

Outcomes-Based Prevention: An approach to prevention planning that begins with a solid understanding of a substance abuse problem, progresses to identify and analyze factors/conditions that contribute to the problem, and finally matches intervention approaches to these factors/conditions ultimately leading to changes in the identified problem, i.e., behavioral outcomes.

Policies: Policies can be broadly defined as standards for behavior that are formalized to some degree [i.e., written], and embodied in rules, regulations, and operations procedures. Government regulations are one type of such policies, but they can also include non-governmental regulations put into place at institutions like schools, colleges, liquor stores, bars,

restaurants, and workplaces. Ultimately, policy can be used to effect environmental change, thereby reducing substance use.

Populations of Focus: The persons, organizations, communities, or other types of groups that the project is intended to reach.

Practice: An activity, or collective set of activities, intended to improve outcomes for people with or at risk for substance abuse. Such activities may include direct service provision, or they may be supportive activities, such as efforts to improve access to and retention in services, organizational efficiency or effectiveness, community readiness, collaboration among stakeholder groups, education, awareness, training, or any other activity that is designed to improve outcomes for people with or at risk for substance abuse.

Programs: For substance abuse prevention a combination of strategies or approaches intended to prevent an undesirable outcome (preventive intervention), promote a desirable outcome (promotion intervention) or alter the course of an existing condition.

Program Planning: Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance abuse prevention needs of the community. During this phase, organizations select logic models and evidence-based policies and programs. They also determine costs and resources needed for effective implementation.

Process Evaluation: Evaluation that describes and documents what was actually done, how much, when, for whom, and by whom during the course of the project.

Public Health Approach: A public health approach focuses on change for entire populations. Population-based public health considers an entire range of factors that determine health.

Relapse Prevention: Relapse Prevention is a collection of interdependent techniques which are intended to enhance self-control. The goal of this treatment is to provide tools for individuals in recovery to help them maintain abstinence from substances through the identification of high risk situations for relapse and the implementation of more effective coping strategies. Relapse Prevention is a maintenance strategy in the treatment of addictive behaviors and therefore is not an ATOD Prevention strategy.

Stakeholder: A stakeholder is an individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

Substance Abuse: Substance abuse is the overindulgence in and dependence of a drug or other chemicals including alcohol leading to effects that are detrimental to the individual's physical and mental health, or the welfare of others. The disorder is characterized by a pattern of continued pathological use of a medication, non-medically indicated drug, alcohol, or toxin that results in repeated adverse social consequences related to drug use, such as failure to meet work, family, or school obligations, interpersonal conflicts, or legal problems.

Sustainability: Sustainability in its simplest form describes a characteristic of a process or outcome that can be maintained at a certain level indefinitely. To elaborate further, it is the ability of a program to deliver an appropriate level of benefits for an extended period of time after major financial, managerial, and technical assistance from an external donor is terminated.

Technical Assistance (TA): Services provided by professional prevention staff intended to provide technical guidance to prevention programs, community organizations, and individuals to conduct, strengthen, or enhance activities that will promote prevention.