

FY 2006 SPF SIG Frequently Asked Questions

Application Requirements

- Q: Will Tribes/tribal organizations be required to use evidence-based programs, policies and practices?
- A: Yes. It is up to each Tribe or tribal organization to select and implement the evidence-based programs, policies and practices that are deemed most effective in fulfilling the goals of the unique SPF SIG grant project and meeting the needs of the population(s) to be served.
- Q: Are Tribes in competition with the States for these SPF SIGs?
- A: Each application for the SPF SIG will be reviewed and scored on its own merits using the review criteria in the RFA. Reviewers are instructed not to compare applications with one another. Funding decisions will be based on scores and award criteria published in the RFA.
- Q: Will there be tribal representation on the Initial Review Group (IRG)?
- A: Review groups are established to be diverse and to be widely representative of geographical regions as well as ethnicities and cultures.
- Q: Will a review summary be sent out to every applicant--whether successful or not?
- A: Yes. Each applicant will be provided with a summary statement
- Q: Will the SPF SIG reports need to be submitted quarterly or annually?
- A: A term and condition in the Notice of Grant Award will require grantees to submit quarterly progress reports to SAMHSA.

Application Submission and Forms

- Q: Is it required to include the Project Director's Social Security number or can you state "available upon request"?
- A: There is space for the Project Director's Social Security number, but it is not required for this application.

Q: What DUNS number do you put on the original 424 in the application--that of the Governor's office or the SSA?

A: The DUNS number should reflect the legal applicant. Applicants should contact: DUNS (Dun and Bradstreet) at www.dunandbradstreet.com or call 1-866-705-5711.

Q: Do we need to complete the assurance for charitable choice--Form SMA 170 01/2003?

A: Yes. Applicants must complete all Assurances and Certifications. If the item does not apply to their respective organization, they must state "N/A" on the form.

Q: Is there any way that we can ask SAMHSA for an extension of two weeks to submit our application?

A: No. In order to keep the application process equitable for all applicants, SAMHSA will be unable to extend the receipt date beyond May 1, 2006.

Awards/Funding/Budget

Q: Can the applicant budget state the SEOW will be funded by the pre-existing SEOW sub contract for 5 months and then by the SPF-SIG grant for the remaining 7 months?

A: No. All SPF SIG applicants should plan their budgets to cover the SEOW for the entire grant period. Should an FY 2006 SPF SIG applicant that is already receiving an SEOW sub contract be successful in obtaining a SPF SIG grant, the new grant will include full funding for an SEOW and pre-existing SEOW contractual funding will phase out once the grantee receives the FY 2006 SPF SIG funds.

Q: If we apply for \$2.3 million, could we be approved at a lesser award amount?

A: Yes. The RFA states that annual awards are expected to be \$2.3million or less per year. Therefore, SAMHSA may make an SPF SIG award at an amount below that requested by an applicant.

Awards/Funding/Budget

Q: Where it is not based on population, there are rural communities that have other variables other than population, and more money may be needed. How will the grant amount be decided for small (rural) communities?

A: SAMHSA will work within the grant award provisions of the RFA. Applicants need to reflect in their applications what they really need to meet the requirement of the RFA, and justify what they can effectively spend.

Q: Will SAMHSA use tribal consultation when allocating funds to tribal communities?

A: The review criteria and the award criteria in the RFA will be used for making decisions about funding and funding amounts.

Q: Indirect Cost Rate – Does it come off the top of your grant total funds? Is it added to your total grant funds? How will the indirect cost rate affect the 15/85 split?

A: The Indirect Cost Rate (IDC) is part of total grant funds and is therefore part of the 15/85 split.

Q: Can the Tribes take money out of their indirect costs to pay for training?

A: Yes.

Q: SAMHSA's hope is to have an SPF/SIG in every State. Suppose a Tribal organization geographically located within a State applied and was funded. Then, next year, if SAMHSA were to open up this grant opportunity again, and that State applied...could it be funded too?

A: Yes.

Data Collection and Evaluation

Q: What are your expectations regarding the epidemiological workgroup versus the grant's evaluator collecting NOMS (or developing capacity to collect NOMS) at the State/Tribal and local levels?

A: Although the carrying out of this task is up to the legal applicant, both the epidemiological workgroup and evaluator should be involved. The State/Tribe is required to deliver NOMs information to SAMHSA. If the NOMs are incorporated into the evaluation design, the evaluator could assume principal responsibility for the delivery of NOMs to SAMHSA/CSAP. Since the epidemiological workgroup should be using NOMs and other data in their assessment activities, they should also help with identification of data sources, and with data collection and reporting.

Q: With regard to evaluation “outcome components,” please give examples of the following:

- “program/contextual factors associated with outcomes”
- “individual factors”

A: Program/contextual factors refer to the conditions in the community or the general environment around the individual that might shape his/her behavior (e.g., what are the community norms around drug use--is it seen as a “rite of passage” or understood as inappropriate behavior)--those norms may shape the individual’s behavior as well. Additionally, one can think of program/contextual factors in light of the quality of the strategy’s implementation (e.g., the strategy’s process evaluation).

Individual factors refer to the individual characteristics of people, their attitudes, beliefs, skills, knowledge and behavior (e.g., does that individual perceive drug use as harmful, and does that perception shape his/her behavior.)

Q: What instruments validly assess community readiness to launch a community prevention program?

A: There are many instruments of this type at your disposal. We suggest that you review the literature and identify one that best suits the current needs of your community. Over time, you may discover that this instrument may need to change, based on the problems that you identify in the needs assessment. At that time, it would be possible to search for a more appropriate instrument.

Q: When attempting to have a measurable impact, how do we ensure that the community level we choose is sufficient in size that the prevention programming will result in measurable changes?

A: Technically, any community size can produce measurable impacts. Small communities can show effects with census or close to census participation in surveys. In larger ones, census or sampling can help to show measurable change. If you are trying to determine whether you need a large enough “N” to see change because, among prevention populations, most people don’t change their use patterns, then this becomes a much larger, more complex issue that requires further consideration.

- Q: What about the GPRA requirement and the NOMS requirement? How do we separate them out?
- A: By satisfying the NOMS requirement, you satisfy the GPRA requirement. You do not have to separate them out; SAMHSA will do that.
- Q: On the NOMS chart, where it says “not applicable,” what does that mean?
- A: It means that the measure does not apply to you and you do not have to address that measure.
- Q: On the NOMS chart, we see minimum measures...Can we add additional measures if we want to?
- A: Yes, on the NOMs chart these specified (required) CSAP measures are minimum measures, and yes, you may add other measures if there are some other measures your Tribe(s) want to address.

Definitions

- Q: What definition will be used for “evidence based practices/strategies”?
- A: All policies, programs and practices to be implemented in communities using SPF SIG funds should be evidence-based. By evidence-based, we mean policies, programs, and practices that meet any of these three criteria:
- 1) The program, policy or practice has appeared in a peer-reviewed journal and has demonstrated effectiveness.
 - 2) The program, policy or practice appears on at least one federal government approved list of programs or federal government website (e.g., Dept. of Education, Dept. of Justice).
 - 3) Documentation is provided that the program, policy or practice is evidence-based. Details regarding the type of documentation required will be provided upon award.
- Q: Is it safe to assume that the terms “**causal factors**” and “**intervening variables**” are synonymous with risk and protective factors?
- A: Generally speaking, yes. By using the other terms, “causal factors and intervening variables,” we are encouraging grantees to look at the literature and identify any variables that drive the problems in your communities-- whether someone may have previously labeled those variables as risk factors or not.

- Q: How do you define your “**target population**” prior to conducting a needs assessment?
- A: You don’t. The SPF SIG gives applicants the broad-based opportunity to target populations across the life span, from infants to the elderly. A State/Tribe will be better able to designate its SPF SIG target populations once it has completed its epidemiologically-driven needs assessments and can subsequently identify those communities with the greatest needs.
- Q: How do you define “**community**”? How much flexibility is there in this definition?
- A: Applicants for the SPF SIG have great flexibility in defining “community” or “communities” to address the needs identified in the epidemiological workgroups and other needs assessments.
- Q: What are “**environmental strategies**”? Are they a part of this grant?
- A: Environmental strategies focus on ameliorating or reducing risk factors in the society/environmental domain (that is, in systems or environmental contexts)-- including norms tolerant of use and abuse, policies enabling use and abuse, lack of enforcement of laws designed to prevent use and abuse, and inadequate negative sanctions for use and abuse. They may be included as policies, programs, and practices employed to address the needs and problems identified in the needs assessment.
- Q: What is meant by “**cultural competence**”?
- A: Applicants are required to address the issue of cultural competence in their applications and throughout each step of the Strategic Prevention Framework. As communities begin to use SPF SIG funds to implement policies, programs and practices to prevent and reduce substance abuse in communities with the greatest need, they will need to respond in a culturally competent manner by adapting strategies and services to fit the unique needs of diverse ethnic, racial and cultural groups in various settings. More information about this topic is available on the SAMHSA Web site at www.samhsa.gov.
- Q: What is the definition of a “**Tribal Organization**”?
- A: As defined in Public Law 93-638, “Tribal organization means the recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities: *Provided*, That in any case where a contract is let or grant made to an organization to perform services benefiting more than

one Indian tribe, the approval of such Indian tribe shall be a prerequisite to the letting or making of such contract or grant...”

Q: It is possible there might not be just American Indians in our identified “Tribal” communities. Do we name the other populations in our surveys, or are we just to address Native Americans in our communities?

A: If the other populations are included your surveys, you will need to determine how or if you will address these other populations in your application.

Distribution of Funds

Q: Please explain the 15 percent/85 percent split. What kind of flexibility is there at the community level to use the 85 percent?

A: As noted in the RFA, 15 percent of SPF SIG award funds each year are to be used for State level administration of the SPF SIG project and/or for applicant’s capacity building and infrastructure development. 85 percent of SPF SIG award funds each year are to be used for the implementation of community level policies, programs and practices, and for community-level capacity building and infrastructure development and local level data collection to support the Strategic Prevention Framework.

Q: There is a 20 percent budget ceiling for evaluation and a 15 percent ceiling for state coordination. Does the 20 percent come from the total award or from only the 15 percent ?

A: The 20 percent comes from the total award—State/Tribe and community combined. The State/Tribal evaluation is determined by the State/Tribe and is paid for out of the 15 percent (some part of this total). In addition, States/Tribes can require or suggest that communities funded with the 85 percent allocate a portion of that money to evaluation. When you add these numbers together, the total can be no more than 20 percent of the total SPF SIG budget.

Q: Can the 85 percent include training and data collection for the Tribe, and can someone come in and train Tribes to develop the surveys?

A: Yes, the 85 percent can include training and data collection for the Tribe, provided these functions are carried out at the community level. Training on data collection and developing surveys will be available from CSAP.

Q: Can the cost for the evaluation piece come out of the 85 percent?

A: Yes, if it used to perform evaluation functions at the community level by community people.

Epidemiological Workgroups

Q: Can the State's epidemiological workgroup lead and the lead evaluator be the same individual?

A: Yes. The lead of the epidemiological workgroup may also be the same individual as the evaluator.

Q: What is the relevance of the \$200,000 for the epidemiological workgroup?

A: SAMHSA expects that a State/Tribe may need to spend approximately \$200,000 per year to support the efforts of the Epidemiological Workgroup. This is not a limit or mandatory minimum. Applicants should make a case in their grant applications regarding the amount they believe is necessary to support the work of the Workgroup.

Q: Do we have the flexibility to do the cultural competence piece the way we want in regard to the epidemiological workgroup efforts?

A: Yes. You have the flexibility to address cultural competence the way you would like to address it in your application.

Governor's Signatures

Q: Please clarify the various documents/forms requiring either the Governor's (or Chief Executive Officer in the case of tribal applicants) signature or that of the Governor's designee.

A: Please refer to the list below:

- Letter from Governor to SSA (DSAMH) authorizing SSA to administer the SPF SIG. Preferably to be signed by the Governor; otherwise, the Governor's designee.
- Form 424.-- This Face Page must be signed by the person legally responsible for application and grant funds-- usually the Governor, or by Governor's designee. (Applicant should type in Office of the Governor, or Office of the Chief Executive Officer- for tribal applicants - in the applicant signature block).
- Form 424B (non-construction assurances). Signed by Governor's designee.
- Form SMA 170 (compliance). Signed by Governor's designee.
- Certifications. Signed by Governor's designee.
- Form LLL (Disclosure of Lobbying Activities). Signed by Governor's designee.
- Checklist. Signed by Governor's designee.

Management/Leadership

Q: If there is an existing advisory group addressing a number of public health issues, can we add members to the group?

A: Yes. States and Tribes may adapt an existing advisory council as long as it meets the membership requirements in the RFA, and as long as its chair, for the purposes of this grant, is appointed by the Governor of the State or Territory or the Chief Elected Officer, or highest ranking member of the Tribe.

Q: Does the chair of the SPF SIG Advisory Council need to be appointed in advance of the award and named in the SPF SIG application?

A: No, but the RFA requires the Governor's Office to appoint the Advisory Council Chair, should a grant be awarded.

Q: Does the CSAP Project Officer--who is a member of the SPF/SIG Advisory Council in the States that he/she monitors--have a vote?

A: No. Generally, the CSAP Project Officer serves in a non-voting status.

Q: We understand that control/comparison groups are not required--but are they strongly encouraged and/or favored in the review of applications?

A: Your grant application will be reviewed strictly according to the evaluation criteria included in the SPF SIG RFA. The RFA does not include language "strongly encouraging" control/comparison groups.

Resources/Connections/TA

Q: Can SAMHSA provide us with some TA/training models for measurement tools?

A: Yes. Please refer to the SAMHSA web-site, www.preventionplatform.samhsa.gov

SPF Process Issues

Q: How can States do an adequate assessment of a problem when the data that are available are not appropriate or detailed sufficiently to elucidate the problem?

A: The SPF SIG provides funding to States/Tribes to support capacity building expressly for this purpose. We recommend that all applicants work with the data they currently have and begin to develop enhanced data collection procedures based on the guidance to be provided by their epidemiological workgroups, as supported by this grant.

- Q: How do we involve the “community” in the planning and implementation when we don’t know the population until the assessment is done?
- A: The involvement of the State- or Tribally-designated “community” in planning and implementation is a process taking place after the SPF SIG is awarded. Initially, the State/Tribe must work with critical stakeholders and advisory bodies to begin identifying the broad-based problem and begin the strategic planning process. Then, the State/Tribe can begin the needs assessment step of the SPF with the help of its epidemiological workgroup, ensuring as it does so to gradually broaden representation and participation from the targeted “community” in the project’s key steps and milestones.
- Q: Will Tribes be given 1 year to 18 months to get to the third step of the SPF—that is, submitting the comprehensive SPF/SIG Plan to CSAP for approval?
- A: Yes, if that amount of time is needed to successfully move through the assessment and capacity-building stages of the SPF. However, it is CSAP’s hope that States/Tribes would be able to get to the third step by the end of the first year.
- Q: Much of this grant is about capacity building. Is there any way for communities to look at building capacity first, because that could be a long process?
- A: This grant provides for continuous capacity building as part of the SPF process. The State/Tribe must do what it deems necessary to build capacity in communities. If the State/Tribal Strategic Plan (Step 3 of the SPF) identifies gaps in capacity at the community level, the State/Tribe may provide support from the grant to help communities build their prevention capacity and infrastructure.

Underage Drinking

- Q: What is the definition of underage drinking?
- A: Underage drinking is defined as the illicit consumption of alcohol by individuals under the age of 21 in the United States. Where the legal drinking age is other than 21 (e.g., in some of the Territories), consumption of alcohol by persons under the legal age in that Territory would be considered underage drinking.

Miscellaneous

Q: In the original SIGs, the RFA discussed the competitive sub-grant process and required the SSA applicant to discuss this process. What is the expectation about this process in the SPF SIG application?

A: The SPF SIG RFA does not require a competitive process for granting funds to the community. Your proposed allocation mechanism should be discussed in the approach.

Q: Please address the issues of multiple Tribes. Also, could your SPF/SIG Cooperative Agreement have cooperative agreements among Tribes?

A: Yes, in accordance with the definition of “tribal organizations” you must request letters of agreement, memoranda of understanding, etc. that would describe what you would consider necessary as an agreement with other Tribes.

Q: If a State was to get funded and both the Tribe and the State would propose to address a problem in the same high school...would this be considered a duplication of services?

A: It would not be considered a duplication of services if the State and Tribe collaborated and coordinated services being provided to the same high school. SAMHSA/CSAP would encourage the State and Tribe to collaborate and coordinate services if such a case were to occur.