

**Department of Health and Human Services**

**Substance Abuse and Mental Health Services Administration**

**Supplements to the Center for Substance Abuse Treatment's  
Residential Treatment for Pregnant and Postpartum Women and  
Residential Treatment for Women and their Children Program**

**Short Title: PPW/RWC Supplement  
(Initial Announcement)**

**Request for Applications (RFA) No. TI-07-006**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by May 25, 2007</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Letters from State Single Point of Contact (SPOC) are due no later than 60 days after the application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate State and local health agencies by the application deadline. Comments from Single State Agency are due no later than 60 days after the application deadline.</b>

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H. Westley Clark, M.D., J.D., M.P.H.  
Director  
Center for Substance Abuse Treatment  
Substance Abuse and Mental Health  
Services Administration

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

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# **I. FUNDING OPPORTUNITY DESCRIPTION**

## **1. INTRODUCTION**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) announces the availability of funds for fiscal year (FY) 2007 to expand/enhance grant activities carried out under the Residential Treatment for Pregnant and Postpartum Women and Residential Treatment for Women and their Children Program funded in 2004.

The purpose of these grants is to expand the availability of comprehensive, high quality residential substance abuse treatment services for low-income women, age 18 and over, who are pregnant, postpartum women, or other parenting women, and their minor children, age 17 and under, who have limited access to quality health services. The system of care should continue to improve the overall treatment outcomes for the women, her children, and the family unit as a whole. SAMHSA/CSAT is announcing the availability of one-year supplemental funding to enable grantees from the 2004 cohort to continue providing residential treatment services to women and their minor children as required under the 2004 Request for Applications (RFA). Additional information on this program may be found in the original funding announcement, TI-04-004, included in this (RFA) package.

## **2. EXPECTATIONS**

### **2.1 Program Requirements**

The applicant must provide a comprehensive service system of care as described in the 2004 RFA. These services must be provided either by the applicant organization or through a network of provider organizations in partnership with the applicant. At a minimum the funds awarded will be used to provide the following required services:

#### Required Services for Women

- Outreach, screening, and assessment;
- Detoxification;
- Substance abuse education and treatment;
- Medical, dental, other physical health care services, including diabetes, hypertension, prenatal and postpartum health care; and referrals for necessary hospital services;
- Training in parenting;
- Education, screening, counseling, and treatment of Hepatitis, HIV/AIDS, other STDs, and related issues;
- Mental health assessment and treatment;
- Trauma-informed services, including assessment and interventions for emotional, sexual, and physical abuse;
- Employment readiness, training, and placement;
- Education and tutoring assistance for obtaining a GED and higher education;

- Childcare during periods in which the woman is engaged in therapy or in other necessary health or rehabilitative activities; and
- Transportation and other wraparound services.

### Required Services for Children

- Screenings and developmental diagnostic assessments regarding the social, emotional, cognitive, and physical status of the infants and children;
- Therapeutic interventions, including counseling, occupational, and physical therapies;
- Pediatric health care, including immunizations, and treatment for asthma, diabetes, hypertension, and any perinatal effects of maternal substance abuse, e.g., HIV;
- Social services and financial supports; and
- Education and recreational services.

### Required Services for the Family

- Individual and family counseling/therapy;
- Alcohol and drug education;
- Parenting training; and
- Referral services for substance abuse, social, psychological, and medical services.

### Required Case Management Services

- Coordinate services;
- Assess and monitor the extent to which required services are appropriate for women and children;
- Assist with community reintegration, before and after discharge, including referrals to appropriate resources; and
- Assist in accessing resources from Federal, State, and local programs that provide a range of treatment services, including substance abuse, health, mental health, housing, employment, education, and training.

PPW grants are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 26 (Substance Abuse).

## **2.2 Data Collection and Performance Assessment**

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). Grantees must collect and report data using the Discretionary Services Client Level GPRA tool, which can be found at [www.samhsa-gpra.samhsa.gov](http://www.samhsa-gpra.samhsa.gov) (click on ‘Data Collection Tools/Instructions’), along with instructions for completing it.

## **2.3 Performance Assessment**

Grantees are also required to conduct a process evaluation and to participate in a cross-site evaluation conducted by CSAT. You must consider your process evaluation and participation in the cross-site when preparing the project budget. Grantees are required to participate in all technical assistance and training activities to support the cross-site evaluation.

## **II. AWARD INFORMATION**

### **1. AWARD AMOUNT**

The estimated funding available is \$5.5 million. Support for individual projects funded under this announcement is not to exceed \$500,000. This amount includes both direct and indirect costs. Proposed budgets cannot exceed the allowable amount. It is expected that up to 14 projects will be funded for a period of up to 1 year. No support beyond 1 year is anticipated.

### **2. FUNDING MECHANISM**

Awards will be made as grants.

## **III. ELIGIBILITY INFORMATION**

### **1. ELIGIBLE APPLICANTS**

Eligibility for this funding opportunity is limited to the cohort of 14 PPW/RWC grantees funded in FY 2004 whose awards expire in September 2007. The purpose of this funding opportunity is to allow these grantees to compete for an additional year of funding.

### **2. COST-SHARING**

Cost-sharing or matching is not required in this program.

### **3. OTHER**

#### **Additional Eligibility Requirements**

The applicant must use the PHS 5161-1 application package and comply with the formatting requirements in Appendix A of this document and certain program requirements, such as provisions relating to participant protection and the protection of human subjects specified in Section V, and Appendix C of this document.

## IV. APPLICATION AND SUBMISSION INFORMATION

### 1. ADDRESS TO REQUEST APPLICATION PACKAGE

Required application forms and guidelines are included in this mailing. You may download additional copies of the application forms from the SAMHSA Web site at [www.samhsa.gov/grants/index.aspx](http://www.samhsa.gov/grants/index.aspx).

Additional materials available on the SAMHSA web site include:

- a technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- list of certifications and assurances referenced in item 21 of the (SF) 424 v2.

### 2. CONTENT AND FORM OF APPLICATION SUBMISSION

#### 2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the application face page, budget forms, assurances, certification, and checklist. You must use the PHS 5161-1.
- Cover Letter – Invites applications from eligible applicant(s).
- Request for Applications (RFA) – Includes instructions for the grant application. This document is the RFA.

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

#### 2.2 Required Application Components

Applications should be complete and contain all information needed for review. In order for your application to be complete, it must include the following 10 sections.

- **Face Page** – Use Standard Form (SF) 424 v2, which 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](http://www.dunandbradstreet.com) or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]

- ❑ **Abstract** – Your total abstract 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 in publications, reporting to Congress or press releases.
- ❑ **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- ❑ **Budget Form** – Use the SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. If you are requesting supplemental funding for one year, complete Section B only. A sample budget and justification is included in Appendix F of this document.
- ❑ **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A through D may not exceed 25 pages. More detailed instructions for completing each section of the Project Narrative are provided in Section V of this document under “Evaluation Criteria.”

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 G. There are no page limits for these sections, except for Section E, the Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.”

- ❑ **Attachments 1 through 3** – In your application, include the attachments listed below.
  - *Attachment 1*: Data Collection Instruments/Interview Protocols
  - *Attachment 2*: Sample Consent Forms
  - *Attachment 3*: Letter to the SSA (if applicable; see Section IV.4)
- ❑ **Assurances** – Non-Construction Programs. Use Standard Form 424B found in the PHS 5161-1. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be provided in the application kit you receive.
- ❑ **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page of the application.
- ❑ **Disclosure of Lobbying Activities** – Use 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.

- **Checklist** – Use the Checklist found in the PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications and is the last page of your application.

### **2.3 Application Formatting Requirements**

Applications must comply with basic application requirements. Failure to comply with these requirements may affect the ability of your application to be funded. See Appendix A of this document for a list of the specific formatting requirements and screenout criteria for SAMHSA grant applications.

## **3. SUBMISSION DATES AND TIMES**

Applications are due by close of business on **May 25, 2007**.

**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).**

- **For packages submitted via DHL, Federal Express (FedEx), or United parcel Service (UPS), proof of timely submission shall be the date on the tracking label affixed to the package by the carrier upon receipt by the carrier. That date must be at least 24 hours prior to the application deadline. The date affixed to the package by the applicant will not be sufficient evidence of timely submission.**
- For packages submitted via the United States Postal Service (USPS), proof of timely submission shall be a postmark not later than 1 week prior to the application deadline, and the following upon request by SAMHSA:
  - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
  - a receipt from the Post Office containing the post office name, location, and date and time of mailing.

You will be notified by postal mail that your application has been received.

**Failure to meet the timely submission requirements above may affect the ability of your application to be reviewed.** Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. Allow sufficient time for your package to be delivered.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application, and that results in the designated office not receiving your application in accordance with the requirements for timely submission, it may affect the ability of your application to be funded.



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

SAMHSA is collaborating with [www.Grants.gov](http://www.Grants.gov) to accept electronic submission of applications only for select funding opportunities. 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 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](http://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 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**. Change the zip code to **20850** if you are using another delivery service.

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

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

or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

This PHSIS consists of the following information:

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

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

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 3, "Letter to the SSA."** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent not later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. Change the zip code to **20850** if you are using another delivery service.

In addition:

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

## **5. FUNDING RESTRICTIONS**

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at <http://www.hhs.gov/grantsnet> (Grants Policies and Regulations):

- 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 PPW/RWC Supplement grant recipients must comply with the following funding restrictions:

1. No more than 15% of the total grant award may be used for developing the infrastructure necessary for expansion of services.
2. No more than 20% of the total grant award may be used for data collection and performance assessment, including incentives for participating in the required data collection follow-up.

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

## **6. OTHER SUBMISSION REQUIREMENTS**

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

### **Submission of Electronic Applications**

SAMHSA is collaborating with [www.Grants.gov](http://www.Grants.gov) to accept electronic submission of applications. 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](http://www.Grants.gov) apply site. You will be able to download a copy of the application package from [www.Grants.gov](http://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 “**PPW/RWC Supplements - TI-07-006**” in item number 12 on the face page 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.
- In developing the Project Narrative section of your application, use these instructions. **These are to be used instead of the “Program Narrative” instructions found in the PHS 5161-1.**
- Independent reviewers will review and score your application and report to SAMHSA on the quality of your response to the requirements listed below, on issues that may impede the effective implementation of your project, and on participant protection issues that may need to be addressed. Deficiencies in your application may delay or prevent grant award or lead to special terms and conditions being placed on your award. In Sections A-D of the Project Narrative, you must clearly describe how you intend to use grant funds. Sections A-D of your application may not exceed 25 pages.
- The Supporting Documentation you provide in Sections E-G and Attachments 1-3 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, applicants are encouraged to respond to each bulleted statement.

#### **Section A: Progress to Date (20 points)**

Describe your organization’s experience with the existing grant program. Report on accomplishments to date. Discuss any obstacles/problems that have been encountered and actions taken towards their resolution.

## **Section B: Proposed Approach for Program Expansion/Enhancement (30 points)**

Based on your previous evaluation results of this project, describe your plans to expand or enhance your existing program and how your planned activities will meet the expected goals and objectives of the supplemental program. Clearly describe all activities that will be supported with the supplemental grant funds. Discuss how the supplemental activities will be integrated into the ongoing project. Describe roles and responsibilities of collaborating organizations, where applicable. Provide the projected number of persons to be served, along with a clinical and demographic description of the projected number of persons to be served. Demonstrate how the proposed approach appropriately addresses factors such as age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender of the target population. Provide the evidence base for any new services. Describe your plan to continue the expansion/enhancement activities after the funding period ends.

## **Section C: Implementation Plan and Staffing (35 points)**

Present your plan for implementing and managing the supplemental activities. Include a timeline for implementation showing key activities, milestones and responsible staff. Identify any cash or in-kind contributions that will be made to the project by the applicant or other partnering organizations.

## **Section D: Evaluation and Data Collection (15 points)**

Describe how you will incorporate individuals served as a result of the supplemental activities into your ongoing Government Performance and Results Act (GPRA) activities. Remember to include evaluation and data collection costs in your requested budget.

Provide an updated evaluation plan that incorporates the new activities to be funded with the supplemental funds. Identify data that will be collected to provide regular feedback to the project to determine if the goals of the supplemental program are being met. Include, as **Attachment 1** to your application, copies of the instruments and/or protocols you will use and include, in **Attachment 2**, copies of consent forms. Provide available outcome evaluation results for the project to be supplemented.

**[Note: If there is other information about your proposed project that you deem important to the application, discuss it in the appropriate section(s) above, while staying within the 25 page limit.]**

Although the budget for the proposed project is not an evaluation 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**

The supporting documentation for your application is made up of Sections E through G. This documentation provides additional information necessary for the review of your application.

The supporting documentation should be included immediately following Sections A through D of the Project Narrative of your application. There are no page limits for the supporting documentation, except for Section E, Biographical Sketches/Job Descriptions. (There is no requirement to conduct a literature review or to cite literature in your application. However, if literature is cited, provide references, including titles and authors.)

**Section E: 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 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 of the PHS 5161-1 instruction page, available at [www.hhs.gov/forms/PHS-5161-1.doc](http://www.hhs.gov/forms/PHS-5161-1.doc).

**Section F: Budget Justification, Existing Resources, Other Support.** Provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support, including any cost-sharing arrangements, you expect to receive for the proposed project. Be sure to show that no more than 20% 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 F of this document.

**Section G: Confidentiality and SAMHSA Participant Protection/Human Subjects.** You must describe and provide an update of your procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section G of your application, using the guidelines provided below. Problems with confidentiality, participant protection, and protection of human subjects identified during peer review of your application may result in the need to request additional information and may delay funding.

**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 eight bullets below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these eight 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 may result in the delay of 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 target population 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 effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive exceed \$20.
- 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 **Attachment 1** 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. If applicable, describe how the specimens and process will be monitored to ensure the safety of participants.
- 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 **Attachment 2** 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. 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](mailto: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 reviewed according to the evaluation criteria listed in Section V. For those programs where the individual award is over \$100,000, applications must also 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 the independent reviewers and, when applicable, approval by the Center for Substance Abuse Treatment's National Advisory Council;
- the applicant's progress in meeting project goals and objectives and timely submission of required data and reports for the underlying grant; and
- availability of funds.

## **VI. AWARD 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, the Notice of Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows you to receive Federal funding for work on the grant project.

If you are not funded, you may re-apply if there is another receipt date for the program.



## **2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS**

If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at [www.samhsa.gov/grants/management.aspx](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/generalinfo/grant\\_reqs.aspx](http://www.samhsa.gov/grants/generalinfo/grant_reqs.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. Failure to meet stated goals and objectives may result in suspension or termination of the grant award.
- 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**

You must comply with the following reporting requirements:

### **3.1 Progress and Financial Reports**

As a SAMHSA grantee, you will be required to submit progress and financial reports. The reports will be submitted at least annually and no more than quarterly (unless a high risk determination is made). The format and requirements for completing and submitting the reports will be provided to you by your Government Project Officer (GPO).

## 3.2 Publications

Grantees funded under this program 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 programmatic issues, contact:

Linda White Young  
Public Health Advisor  
Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road, Room 5-1081  
Rockville, Maryland 20857  
(240) 276-1581  
[linda.white-young@samhsa.hhs.gov](mailto:linda.white-young@samhsa.hhs.gov)

For grants management issues, contact:

Kimberly Pendleton  
Office of Program Services, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road, Room 7-1097  
Rockville, Maryland 20857  
(240) 276-1421  
[kimberly.pendleton@samhsa.hhs.gov](mailto:kimberly.pendleton@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.
- Applications must be received by the application deadline or have proof of timely submission, as detailed in Section IV-3 of the grant announcement.
- Information provided must be sufficient for review.
- Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-6 of this announcement under “Submission of Electronic Applications.”)
  - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
  - Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.
- To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-6 of this announcement under “Submission of Electronic Applications.”)
  - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the page limit for the Project Narrative stated in the specific funding announcement.
  - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by the page limit. This number represents the full page less margins, multiplied by the total number of allowed pages.
  - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

*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. These are:
  - 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.
  
- Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. 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 the specific funding 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 [www.Grants.gov](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 [www.Grants.gov](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](mailto: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 products (e.g., Microsoft Word, Microsoft Excel, etc.).** If you do not have access to Microsoft Office 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 one inch each. Adhering to these standards will help to ensure the accurate transmission of your document. If the type size in the Project Narrative of an electronic submission exceeds 15 characters per inch, or the text exceeds 6 lines per vertical inch, SAMHSA will reformat the document to Times New Roman 12, with line spacing of single space. Please note that this may alter the formatting of your document, especially for charts, tables, graphs, and footnotes.
- *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 and exceeds the allowed space as defined in Appendix

A, then **any part of the Project Narrative in excess of these limits will not be submitted to review.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

While keeping the Project Narrative as a separate document, please consolidate all other materials in your application to ensure the fewest possible number of attachments. Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. Please name and number your attachments, indicating the order in which they should be assembled. 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. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV-3 of this announcement. The paper submission must be clearly marked: **“Back-up for electronic submission.”** The paper submission must conform with all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

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. **Include the Grants.gov tracking number in the top right corner of the face page for any paper submission. 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 target population(s) 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.
- 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 exceed \$20.

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

#### 4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Attachment 1, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use.

#### 5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

**NOTE:** If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

#### 6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
  - Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

**NOTE:** If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 2, “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 evaluation design proposed by the applicant may require compliance with these regulations.

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](mailto: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. A grantee or treatment or prevention provider may also provide up to \$20 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.
- 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

### Illustration of a Sample Detailed Budget and Narrative Justification to Accompany SF 424A: Section B for 01 Budget Period

**OBJECT CLASS CATEGORIES**

**Personnel**

<b>Job Title</b>	<b>Name</b>	<b>Annual Salary</b>	<b>Level of Effort</b>	<b>Salary being Requested</b>
Project Director	J. Doe	\$30,000	1.0	\$30,000
Secretary	Unnamed	\$18,000	0.5	\$ 9,000
Counselor	R. Down	\$25,000	1.0	\$25,000

**Enter Personnel subtotal on 424A, Section B, 6.a. \$64,000**

**Fringe Benefits** (24%) \$15,360

**Enter Fringe Benefits subtotal on 424A, Section B, 6.b. \$15,360**

**Travel**

2 trips for SAMHSA Meetings for 2 Attendees (Airfare @ \$600 x 4 = \$2,400) + (per diem @ \$120 x 4 x 6 days = \$2,880)		\$5,280
Local Travel (500 miles x .24 per mile)		120

[Note: Current Federal Government per diem rates are available at [www.gsa.gov](http://www.gsa.gov)]

**Enter Travel subtotal on 424A, Section B, 6.c. \$ 5,400**

**Equipment** (List Individually)

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) \$5000.

**Enter Equipment subtotal on 424A, Section B, 6.d.**

**Supplies**

Office Supplies	\$500
Computer Software - 1 WordPerfect	500

**Enter Supplies subtotal on 424A, Section B, 6.e. \$1,000**

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

**Contractual Costs**

**Evaluation**

Job Title	Name	Annual Salary	Salary being Requested	Level of Effort	
Evaluator	J. Wilson	\$48,000	\$24,000	0.5	
Other Staff		\$18,000	\$18,000	1.0	
Fringe Benefits (25%)		\$10,500			
<b>Travel</b>					
2 trips x 1 Evaluator (\$600 x 2)					
per diem @ \$120 x 6					
Supplies (General Office)					
					\$ 1,200
					720
					500
Evaluation Direct					\$54,920
Evaluation Indirect Costs (19%)					\$10,435
Evaluation Subtotal					\$65,355

**Training**

Job Title	Name	Level of Effort	Salary being Requested		
Coordinator	M. Smith	0.5	\$ 12,000		
Admin. Asst.	N. Jones	0.5	\$ 9,000		
Fringe Benefits (25%)			\$ 5,250		
<b>Travel</b>					
2 Trips for Training					
Airfare @ \$600 x 2					
Per Diem \$120 x 2 x 2 days					
Local (500 miles x .24/mile)					
			\$ 1,200		
			480		
			120		
<b>Supplies</b>					
Office Supplies					
Software (WordPerfect)					
			\$ 500		
			500		
<b>Other</b>					
Rent (500 Sq. Ft. x \$9.95)					
Telephone					
Maintenance (e.g., van)					
Audit					
			\$ 4,975		
			500		
			\$ 2,500		
			\$ 3,000		
Training Direct					\$ 40,025
Training Indirect					\$ -0-

**Enter Contractual subtotal on 424A, Section B, 6.f. \$105,380**

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

**Other**

Consultants = Expert @ \$250/day X 6 day      \$ 1,500  
(If expert is known, should list by name)

**Enter Other subtotal on 424A, Section B, 6.h.      \$ 1,500**

**Total Direct Charges (sum of 6.a-6.h)**

**Enter Total Direct on 424A, Section B, 6.i.      \$192,640**

**Indirect Costs**

15% of Salary and Wages (copy of negotiated  
indirect cost rate agreement attached)

**Enter Indirect subtotal of 424A, Section B, 6.j.      \$ 9,600**

**TOTALS**

**Enter TOTAL on 424A, Section B, 6.k.      \$202,240**

**JUSTIFICATION**

PERSONNEL - Describe the role and responsibilities of each position.

FRINGE BENEFITS - List all components of the fringe benefit rate.

EQUIPMENT - List equipment and describe the need and the purpose of the equipment in relation to the proposed project.

SUPPLIES - Generally self-explanatory; however, if not, describe need. Include explanation of how the cost has been estimated.

TRAVEL - Explain need for all travel other than that required by SAMHSA.

CONTRACTUAL COSTS - Explain the need for each contractual arrangement and how these components relate to the overall project.

OTHER - Generally self-explanatory. If consultants are included in this category, explain the need and how the consultant's rate has been determined.

INDIRECT COST RATE - If your organization has no indirect cost rate, please indicate whether your organization plans to a) waive indirect costs if an award is issued, or b) negotiate and establish an indirect cost rate with DHHS within 90 days of award issuance.



**CALCULATION OF FUTURE BUDGET PERIODS**  
**(based on first 12-month budget period)**

**Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified and no cost of living increases will be honored. (NOTE: new salary cap of \$186,600 is effective for all FY 2007 awards.) \***

	First 12-month Period	Second 12-month Period	Third 12-month Period
Personnel			
Project Director	30,000	30,000	30,000
Secretary**	9,000	18,000	18,000
Counselor	25,000	25,000	25,000
TOTAL PERSONNEL	64,000	73,000	73,000

\*Consistent with the requirement in the most recent Appropriations legislation.

\*\*Increased from 50% to 100% effort in 02 through 03 budget periods.

Fringe Benefits (24%)	15,360	17,520	17,520
Travel	5,400	5,400	5,400
Equipment	-0-	-0-	-0-
Supplies***	1,000	520	520

\*\*\*Increased amount in 01 year represents costs for software.

Contractual Evaluation****	65,355	67,969	70,688
Training	40,025	40,025	40,025

\*\*\*\*Increased amounts in 02 and 03 years are reflected of the increase in client data collection.

Other	1,500	1,500	1,500
Total Direct Costs	192,640	205,934	208,653
Indirect Costs (15% S&W)	9,600	9,600	9,600
TOTAL COSTS	202,240	216,884	219,603

The Federal dollars requested for all object class categories for the first 12-month budget period are entered on Form 424A, Section B, Column (1), lines 6a-6i. The total Federal dollars requested for the second up to the fifth 12-month budget periods are entered on Form 424A, Section E, Columns (b) – (e), line 20. The RFA will specify the maximum number of years of support that may be requested.