

**Department of Health and Human Services**

**Substance Abuse and Mental Health Services Administration**

**Cooperative Agreement for the Physician Clinical Support  
System for the Treatment of Substance Use Disorders  
(Short Title: PCSS)  
(Initial Announcement)**

**Request for Applications (RFA) No. TI-07-007**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by May 1, 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 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 application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.</b>

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## **Executive Summary:**

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2007 for the Physician Clinical Support System for the Treatment of Substance Use Disorders (PCSS) cooperative agreement. The purpose of this program is to enhance and further develop the current DATA Physician Clinical Support System designed to assist physicians in treating patients dependent on heroin or prescription opioid drugs with FDA approved products containing buprenorphine.

<b>Funding Opportunity Title:</b>	Physician Clinical Support System for the Treatment of Substance Use Disorders
<b>Funding Opportunity Number:</b>	TI-07-007
<b>Due Date for Applications:</b>	May 1, 2007
<b>Anticipated Number of Awards:</b>	1
<b>Average Projected Award Amount:</b>	Up to \$500,000 per year
<b>Length of Project Period:</b>	Up to 3 years
<b>Eligible Applicants:</b>	Eligibility is limited to the national professional medical organizations authorized by the Drug Addiction Treatment Act of 2000 (DATA) to carry out the training. These are the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, and the American Psychiatric Association.

# **I. FUNDING OPPORTUNITY DESCRIPTION**

## **1. INTRODUCTION**

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2007 for the Physician Clinical Support System for the Treatment of Substance Use Disorders (PCSS) cooperative agreement. The purpose of this program is to enhance and further develop the current DATA Physician Clinical Support System designed to assist physicians in treating patients dependent on heroin or prescription opioid drugs with FDA approved products containing buprenorphine.

The current SAMHSA-funded PCSS is supported by over 70 mentors, 5 clinical experts and a medical director. The target population for the clinical support system includes primary care physicians, pain specialists, psychiatrists and other non-addiction medical practitioners who treat opioid dependent patients and are less familiar with opioid dependence treatment than addictions specialists. However, addictions specialists will also be encouraged to participate in the PCSS or serve as mentors for physicians desiring to treat opioid dependent patients with buprenorphine products.

PCSS is one of SAMHSA's infrastructure programs. SAMHSA's Infrastructure Grants support an array of activities to help the grantee build a solid foundation for delivering and sustaining effective substance abuse prevention and/or treatment and/or mental health services. Awardees may pursue diverse strategies and methods to achieve their infrastructure development and capacity expansion goals. 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.

PCSS cooperative agreements are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses the Drug Addiction Treatment Act of 2000, as amended by the Office of National Drug Control Policy Reauthorization Act of 2006 (Public Law 109-469), hereafter referred to as DATA, and Healthy People 2010 focus area 26 (Substance Abuse).

## **2. EXPECTATIONS**

### **2.1 Background**

The need for medication-assisted treatment for substance use disorders greatly exceeds the Nation's treatment capacity. To address this long-standing problem, DATA was enacted to allow trained, qualified physicians to prescribe specifically approved controlled substances for the treatment of opioid addiction in their office settings or outside traditional opioid treatment programs. The Food and Drug Administration (FDA) approved two brand-name medications (Suboxone and Subutex) containing buprenorphine for this treatment in 2002. SAMHSA was delegated to implement the DATA by the Secretary of the Department of Health and Human Services (DHHS). Since the program's inception in 2004, approximately 13,500 physicians have been trained and over 10,000 are approved to prescribe these medications.

While there has been some success with physician adoption of buprenorphine for opioid addiction treatment, the stigma of addiction continues to discourage primary care physicians from obtaining training in addiction treatment. The lack of physician experience, concerns over practical issues, and limited understanding of the appropriate role of medication in opioid treatment also appear to be factors in the slow adoption of this form of treatment by the medical profession.

The grantee is expected to build upon the current SAMHSA-funded DATA Physician Clinical Support System to assist physicians in developing skills and confidence to treat clients dependent on heroin and prescription drugs containing opiates. By enlisting the assistance of professional medical organizations and groups, the grantee will offer physicians the information and consultation they need to provide safe and effective pharmacologic treatment for opioid dependence, thereby reducing resistance and barriers to the availabilities of the treatment.

## **2.2 Allowable Activities**

SAMHSA's Physician Clinical Support System for the Treatment of Substance Use Disorders cooperative agreement will support the following types of infrastructure development and physician support activities:

### *Infrastructure Development Activities*

- Organizational/structural change (e.g., to increase access to or efficiency of services);
- Development of interagency coordination mechanisms (between national professional medical organizations or related organizations);
- Provider/network development (e.g., physician clinical support network/system development and enhancement to inform physicians of established standards of care);
- Quality improvement efforts; and
- Physician workforce development.

### *Physician Support Activities*

SAMHSA's PCSS funds will also support physician support activities. Applicants must demonstrate the ability to provide consultative services, telephone consultation, on-site training, observation of practice, and peer mentoring to physicians treating patients for opioid dependence (i.e., prescription opiates, heroin). Applicants may propose other activities, such as conducting a limited number of regional meetings, developing clinical guidelines, on-line Web conferences, or other educational activities to improve physician workforce performance.

Physician support activities must focus on the following content areas:

- Assessment and diagnosis using the Diagnostic and Statistical Manual, Fourth Edition, Text Revision (DSM-IV-TR);
- Induction, maintenance, and detoxification protocols;
- Strategies to avoid and treat complications;
- Ancillary medications;

- Recommended visit and monitoring schedules;
- Special psychosocial strategies on motivating patients, setting limits, or implementing contingency plans;
- Medically supervised withdrawal and opioid withdrawal scales;
- Referrals to counseling, other ancillary services, or self-help groups;
- Diagnosis and treatment of psychiatric co-morbidities or co-occurring disorders, including, but not limited to, chronic pain, poly-substance abuse, hepatitis and HIV disease;
- HIV and hepatitis screening, counseling, testing, and referrals;
- Referrals to higher levels of care;
- Special populations (e.g., pregnant, adolescent, elderly, and pain patients); and
- Important patient recovery indicators.

### **2.3 Data Collection and Performance Measurement**

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). This information will be gathered using the data collection tools referenced below.

You must document your ability to collect and report the required data in “Section D: Performance Assessment and Data” of your application. Grantees must collect and report data using the CSAT Baseline Meeting Satisfaction Survey, the CSAT Follow-up Meeting Satisfaction Survey, the CSAT Baseline Training Satisfaction Survey, or the CSAT Follow-up Training Satisfaction Survey which can be found at [www.samhsa-gpra.samhsa.gov](http://www.samhsa-gpra.samhsa.gov), along with instructions for completing these. Hard copies are available by calling the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

The following GPRA measures have been established for this program:

- Number of consultation events, training events, technical assistance events or contacts;
- Number of physicians participating in each event;
- Percentage of physicians satisfied with educational and support services offered; and
- Percentage of physicians who report that consultation or training events resulted in appropriate practice change(s).

GPRA data must be collected at the end of each event and 30 days following the event. Data are to be submitted using the Web-based CSAT GPRA data collection system (SAIS) within 7 days after data are collected. GPRA data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA’s budget request.

### **2.4 Performance Assessment**

You must assess your project, addressing the performance measures described in Section I-2.3. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and

efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

In addition to assessing progress against the performance measures required for this program, your performance assessment must 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 performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

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

## **2.5 Grantee Meetings**

You must plan to send a minimum of two people (including the Project Director) to at least one grantee meeting in each year of the grant, and you must include funding for this travel in your budget. At these meetings, the grantee will present the results of its project and Federal staff will provide technical assistance. Each meeting will be 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

## **II. AWARD INFORMATION**

<b>Funding Mechanism:</b>	Cooperative Agreement
<b>Anticipated Total Available Funding:</b>	\$500,000
<b>Anticipated Number of Awards:</b>	1
<b>Anticipated Award Amount:</b>	Up to \$500,000

**Length of Project Period:**

Up to 3 years

**Proposed budgets cannot exceed \$500,000 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, and timely submission of required data and reports.

**Cooperative Agreement**

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

Role of Grantee:

- Implement and assess the program in full cooperation with SAMHSA staff members and contractors;
- Establish a steering committee to oversee the enhancement and further development of the Physician Clinical Support System for the Treatment of Substance Use Disorders and determine the direction of the project. The steering committee must be comprised of representatives from participating national professional medical organizations authorized by law to conduct DATA trainings, other stakeholders, and the Government Project Officer;
- Convene the steering committee, at a minimum, yearly and confer by conference call semiannually to develop strategies to further enhance the project;
- Comply with all aspects of the terms and conditions of the cooperative agreement (to be issued with the award);
- Participate in selecting a chairperson for the steering committee;
- Provide required reports, including those related to the Government Performance and Results Act (GPRA); and
- Respond to requests by the Government Project Officer for information or data related to the program.

Role of SAMHSA Staff:

- Participate in the selection of physician and non-physician members of a steering committee that will further enhance and develop the clinical support system. The Government Project Officer (GPO) will serve as a voting member of the steering committee, but will not chair the committee;
- Ensure that consultation services are provided to the States and regions of the country with the greatest need;
- Assist the grantee to plan for health care infrastructure development;
- Help to establish measures of cost effectiveness;
- Assist the grantee to meet quality improvement goals;
- Provide advice and assistance in developing the performance assessment;
- Foster learning, collaboration and coordination with other SAMHSA-funded activities such as the DATA waiver program and Addiction Technology Transfer Centers (ATTCs); and



- Provide some of the on-site training, observation of practice, consultative services, peer monitoring, and other services envisioned under this program.

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANTS**

Eligibility is limited to the national professional medical organizations authorized by the Drug Addiction Treatment Act of 2000 (DATA) to carry out the training of physicians desiring to prescribe and/or dispense FDA approved buprenorphine products for the treatment of addictive disorders. These are the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, and the American Psychiatric Association. Any of these entities may apply individually; they may also apply as a consortium comprised of all or several of the eligible organizations. If a consortium is formed for this purpose, a single organization in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements. If a consortium submits an application, the application must include a written agreement outlining the roles and responsibilities of each participating national professional medical organization. This agreement must be signed by an authorized official of each member of the consortium and attached to the application in **Appendix 4**, “Roles and Responsibilities of Participating National Professional Medical Organizations.”

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

Cost sharing 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 of the PHS 5161-1 application; application submission requirements in Section IV-3 of this document; and 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/index.aspx](http://www.samhsa.gov/grants/index.aspx)

Additional materials available on this 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 face page, 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 specific information about the availability of funds along with 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](http://www.samhsa.gov/grants/index.aspx)) and a synopsis of the RFA is available on the Federal grants Web site ([www.Grants.gov](http://www.Grants.gov)).

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

### 2.2 Required Application Components

Applications must include the 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** – 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, target population, proposed catchment area, proposed strategies/methods, project goals and measurable objectives to achieve infrastructure development and capacity expansion. 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 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix C 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 G. 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.”

- ❑ **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.
  - *Appendix 1:* Letters of Support
  - *Appendix 2:* Data Collection Instruments/Interview Protocols
  - *Appendix 3:* Sample Consent Forms
  - *Appendix 4:* Roles and Responsibilities of Participating National Professional Medical Organizations
- ❑ **Assurances** – Non-Construction Programs. Use Standard Form 424B found in the PHS 5161-1.
- ❑ **Certifications** - You must read the list of certifications provided on the SAMHSA Web site or in the application kit.
- ❑ **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**

**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 **May 1, 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).**

Your application must be received by the application deadline, or you must have proof of its timely submission as specified below.

- **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.

**Applications not meeting the timely submission requirements above will not be considered for review.** 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 will cause the application to be considered late and ineligible for review.

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. 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](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(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**. 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 <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 Physician Clinical Support System for the Treatment of Substance Use Disorders cooperative agreement recipient must comply with the following funding restrictions:

- Cooperative agreement funds must be used for purposes supported by the program;

- No more than 20% of the cooperative agreement award may be used for data collection and performance assessment expenses;
- Cooperative agreement 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.);

Cooperative agreement funds may not be used for:

- Needs assessment;
- Strategic planning;
- Financing/coordination of funding streams;
- Policy development to support needed service improvements (e.g., rate-setting activities, establishment of standards of care, development/revision of credentialing, licensure, or accreditation requirements);
- Performance measurement development;
- Data infrastructure/MIS development;
- Training physicians to qualify for the DATA waiver. SAMHSA already has adequate mechanisms in place to subsidize the 8-hour training that is required for some candidates to meet DATA qualification requirements.

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 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 **“Physician Clinical Support System - RFA # TI-07-007”** 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 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](http://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-G 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, applicants are encouraged to respond to each bulleted statement.

**Section A: Statement of Need (10 points)**

- Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve the PCSS for the proposed target population.
- 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 project, with goals and objectives. Describe how achievement of goals will increase system capacity to support effective substance abuse services.
- Describe the proposed project. Provide evidence that the proposed activities meet the infrastructure needs and show how your proposed infrastructure development strategy will meet the goals and objectives.
- Describe the Project Steering Committee including its membership, roles and functions, and frequency of meetings.
- Identify stakeholders and any other organizations that will participate and describe their roles and responsibilities. Demonstrate their commitment to the project. Include letters of commitment/coordination/support from these organizations in **Appendix 1** of your application.



- 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 treatment 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.]
- 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 list of staff who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as the evaluator and treatment/prevention personnel.
- Describe the resources available for the proposed project (e.g., facilities, equipment).

**Section D: Performance Assessment and Data (30 points)**

- Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this document, including data required by SAMHSA to meet GPRA requirements. Specify and justify any additional measures you plan to use for your grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement.
- Describe your plan for conducting the performance assessment as specified in Section I-2.4 of this RFA and document your ability to conduct the assessment.

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

## **SUPPORTING DOCUMENTATION**

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

**Section F:** Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 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 C 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 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 at [www.hhs.gov/forms/PHS-5161-1.doc](http://www.hhs.gov/forms/PHS-5161-1.doc).

## **2. REVIEW AND SELECTION PROCESS**

SAMHSA applications are peer-reviewed according to the review 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 Center for Substance Abuse Treatment's National Advisory Council;
- availability of funds; and

## **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 the grantee 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, 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-2.3, you must comply with the following reporting requirements:

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

- You will be required to submit annual and final progress reports, as well as annual and final financial status reports.
- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.
- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

#### **3.2 Government Performance and Results Act**

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 the Physician Clinical Support program are described in Section I-2.3 of this document under “Data Collection and Performance Measurement.”

#### **3.3 Publications**

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA’s Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded 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:

Anton C. Bizzell, M.D.  
Medical Officer  
Division of Pharmacologic Therapies  
Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 2-1067  
Rockville, Maryland 20857  
240-276-2702  
[anton.bizzell@samhsa.hhs.gov](mailto:anton.bizzell@samhsa.hhs.gov)

For questions on 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 (a form within PHS 5161-1)
  - 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:
  - 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 – 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

Job Title	Name	Annual Salary	Level of Effort	Salary being Requested
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		

**Travel**

2 trips x 1 Evaluator (\$600 x 2)			\$ 1,200
per diem @ \$120 x 6			720
Supplies (General Office)			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

**Travel**

2 Trips for Training			
Airfare @ \$600 x 2			\$ 1,200
Per Diem \$120 x 2 x 2 days			480
Local (500 miles x .24/mile)			120

**Supplies**

Office Supplies			\$ 500
Software (WordPerfect)			500

**Other**

Rent (500 Sq. Ft. x \$9.95)			\$ 4,975
Telephone			500
Maintenance (e.g., van)			\$ 2,500
Audit			\$ 3,000

Training Direct	\$ 40,025
Training Indirect	\$ -0-

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



**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 Consolidated Appropriations Act, Public Law 108-447.

\*\*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 through 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.