Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Services Grant Program for Residential Treatment for Pregnant and Postpartum Women

Short Title: ***Pregnant and Postpartum Women (PPW)***

(Initial Announcement)

Request for Applications (RFA) No. TI-06-008

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

Key Dates:

Application Deadline	**Applications are due by May 16, 2006.**
Intergovernmental Review (E.O. 12372)	**Letters from State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

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I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2006 for grants to expand the availability of comprehensive, high quality residential treatment services for pregnant and postpartum women (postpartum refers to the period after childbirth up to 12 months) who suffer from alcohol and other drug use problems, and for their minor children impacted by perinatal and environmental effects of maternal substance use and abuse.

Residential Treatment for Pregnant and Postpartum Women (PPW) grants are authorized under Section 508 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 26 (Substance Abuse).

SAMHSA's Services Grants are designed to address gaps in substance abuse services and/or to increase the ability of States, units of local government, federally recognized tribes, tribal organizations, and community- and faith-based organizations to help specific populations or geographic areas with serious, emerging substance abuse problems. SAMHSA intends that its Services Grants result in the delivery of services as soon as possible and no later than 4 months after award.

2. EXPECTIONS

2.1 Background

In 1992, in accordance with the statutory authority, section 508 of the Public Health Service Act, SAMHSA developed a gender and culturally specific residential treatment program for pregnant and postpartum women. Providing comprehensive services to women during pregnancy significantly improves the lives of women and infants. Such services are also important after birth, since the effects of alcohol and drug use continue to have negative consequences for women, their children, and the entire family.

For purposes of this grant announcement, residential treatment programs are programs that offer organized substance abuse treatment services that feature a planned regimen of care in a safe 24-hour residential setting with staff supervision. If treatment services are provided off-site, they must be well coordinated and integrated to ensure that specific aspects of the individual treatment plan and services for the children can be addressed in both facilities. Such services must be coupled with access to primary health, mental health and social services for pregnant, postpartum, and other parenting women who suffer from alcohol and drug use problems, and for their minor children impacted by perinatal and environmental effects of maternal substance use and abuse. These systems of care must be designed to improve the overall treatment outcomes for the woman, her children, and the family unit as a whole. For those minor children who do not reside in the treatment facility, it is important that they are actively engaged in the treatment process with their mothers.

2.2 Target Population

Low-income (as defined by federal poverty definitions) women, age 18 and over, who are pregnant, postpartum (the period after childbirth up to 12 months), and their minor children, age 17 and under, who have limited access to quality health services are the target population for the PPW program. SAMHSA/CSAT has identified traditionally underserved populations, especially racial and ethnic minority women, as an important subpopulation. SAMHSA/CSAT is especially concerned about the high morbidity and mortality rates of pregnant women and their infants among African Americans. SAMHSA/CSAT has also identified fathers of the children and partners of the women when deemed to be appropriate and beneficial, as well as extended family members of the women and children in treatment, as members of the target population.

2.3 Program Goals

The PPW program is intended to provide cost effective, comprehensive residential substance abuse treatment services for women and their minor children that can be sustained over time. The service system must address the individual needs of the target population, preserve and support the family unit, and provide a safe and healthy environment for family members. The PPW program is designed to:

- Decrease the use and/or abuse of prescription drugs, alcohol, tobacco, illicit and other harmful drugs (e.g., inhalants) among pregnant and postpartum women;
- Increase safe and healthy pregnancies; improve birth outcomes; and reduce related effects of maternal drug abuse on infants and children;
- Improve the mental and physical health of the women and children;
- Improve family functioning, economic stability, and quality of life; and
- Decrease involvement in and exposure to crime, violence, sexual and physical abuse, and child abuse and neglect.

2.4 Minimum Qualifications

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

- The applicant has the capacity to carry out the program described in this Request for Applications (RFA);
- The plans of the applicant for such a program (i.e., the application) are consistent with the policies of the SSA regarding the treatment of substance abuse; and

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

The letter from the SSA providing these certifications must be included as **Appendix 1.** Applications that do not include the certifications letter will not be considered for an award.

2.5 Program Requirements

General Agreements for Providing Services

Section 508 of the Public Health Service Act mandates that the required services are available to the women entering the program. SAMHSA requires that services also be available for the minor children and family members of both the women and their minor children, as appropriate. Therefore, in Section C: Proposed Implementation Approach, of the applicant's Project Narrative (see Section V of this RFA) applicants must provide a statement agreeing to meet the following three requirements, and demonstrate their capacity to do so:

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

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

3. The grantee will provide the services directly or through formal agreements with other public or non-profit private entities.

The applicant is required, in consultation with the women, to develop a comprehensive individualized service plan to meet the needs of the entire family. The plan must include individual, group, and family counseling, as appropriate, as well as follow-up relapse prevention, and supplemental treatment services, as required.

To accomplish a comprehensive service system, SAMHSA recommends Memoranda of Understanding (MOUs) or Memoranda of Agreements (MOAs) with key agencies and organizations, such as local public housing authorities (for permanent housing for families), child welfare, health, mental health, and child serving agencies, family court, criminal justice, employment and education programs.

In **Appendix 8**, applicants must provide MOUs or MOAs with key agencies and organizations in the network of providers.

Required Supplemental/Recovery Support Services

The following services are either required under Section 508, or are services that SAMHSA believes are necessary for comprehensive substance abuse treatment for women and their children.

These services must be provided either by the grantee or through MOUs/MOAs with providers in the network.

Women

- Outreach, engagement, pre-treatment, screening, and assessment;
- Detoxification;
- Substance abuse education, treatment, and relapse prevention;
- Medical, dental, other physical health care services, including diabetes, hypertension, prenatal and postpartum health care; and referrals for necessary hospital services;
- Training in parenting and life skills;
- 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;
- Transportation and other wraparound services; and
- Peer-to-peer recovery support activities such as groups, mentoring, and coaching.

Children

- Screenings and developmental diagnostic assessments regarding the social, emotional, cognitive, and physical status of the infants and children;
- Therapeutic interventions, including child care, counseling, play and art therapy, occupational, speech 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;
- Education and recreational services;
- Mental health and trauma services; and
- Substance abuse education and prevention.

Family

- Engagement of the family in the treatment process including individual and family counseling/therapy;
- Alcohol and drug education;
- Parenting training;
- Family strengthening and reunification; and
- Referral services for substance abuse, social, psychological, vocational and medical services.

Case Management

- 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.

Residential Treatment Phase and Length of Stay

Within the comprehensive service system (residential, intensive day treatment, outpatient treatment, infrequent ambulatory services, follow-up, etc.) designed to provide services for the target population, SAMHSA/CSAT recommends that the intensive residential treatment phase of the continuum not exceed 12 months.

While the project may propose a residential phase for a specific time frame, e.g., 3, 6, 9, or 12 months, the selected treatment phase should be consistent with the applicant's experience with, and knowledge of, the target population and what is reflected in the literature for women who have previously used such services. Applicants should use information about length of stay for this target population to more accurately estimate the number of women to be served by the project.

Ultimately, the woman's length of stay in the residential treatment phase should be guided by her individual service plan.

Phase-in Plan

In **Appendix 2,** applicants are required to include a detailed phase-in plan with timelines and a reasonable budget for the phase-in period. The phase-in time may not exceed 3 months after the award.

Reimbursement for Services

In **Appendix 3,** you must state whether or not you will seek reimbursements from the client and/or from Medicaid. If you intend to receive such reimbursements, you must attest to your willingness to meet the requirements noted below under Status as a Medicaid Provider and Imposition of Charges.

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

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

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

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

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

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

- Will not be imposed on any such woman with an income of less than 185 percent of the official poverty line, as established by the Director of Management and Budget (OMB) and revised by the Secretary in accordance with section 673 (2) of the Omnibus Budget Reconciliation Act of 1981.

Other Award Requirements

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

Facility Licensing: The residential treatment facility must meet all State and local building, housing, health, safety and fire code regulations, as well as other applicable State and local child-care and residential facility licensing requirements. **Residential facility licensure requirements differ from those of treatment provider licensure discussed in this RFA in Section I-2.4 Minimum Qualifications.** Licensing requirements for facilities offering group residential care for infants and children are sometimes stringent, and may extend to staffing patterns with implications for the number and characteristics of the project staff.

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

Documentation of compliance with residential facility licensure requirements must be provided in the application in **Appendix 4.**

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

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

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

2.6 Documenting the Evidence Base for Services to be Implemented

Applicants must document in their applications that the services/practices they propose to implement are evidence-based services/practices. In addition, applicants must justify use of the proposed services/practices for the target population along with any adaptations or modifications necessary to meet the unique needs of the target population or otherwise increase the likelihood of achieving positive outcomes. Further guidance on each of these requirements is provided below.

Documenting the Evidence-Based Practice/Service

SAMHSA has already determined that certain services/practices have a documented evidence base, and encourages applicants to select services/practices from the following sources (though this is not required):

- SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) (see Appendix C)
- Center for Mental Health Services (CMHS) Evidence Based Practice Tool Kits (see Appendix D)
- List of Effective Substance Abuse Treatment Practices (see Appendix E)

Applicants proposing services/practices that are not included in the above-referenced sources must provide a narrative justification that summarizes the evidence for effectiveness and acceptability of the proposed service/practice. Applicants must also document that the proposed evidence-based clinical and service delivery approaches are gender-specific, culturally and developmentally appropriate for women and their minor children utilizing effective strategies for outreach, engagement, and retention of women in treatment. The preferred evidence of effectiveness and acceptability will include the findings from clinical trials, efficacy and/or effectiveness studies published in the peer-reviewed literature.

In areas where little or no research has been published in the peer-reviewed scientific literature, the applicant may present evidence involving studies that have not been published in the peer-reviewed research literature and/or documents describing formal consensus among recognized experts. If consensus documents are presented, they must describe consensus among multiple experts whose work is recognized and respected by others in the field. Local recognition of an individual as a respected or influential person at the community level is not considered a "recognized expert" for this purpose.

Justifying Selection of the Service/Practice for the Target Population

All applicants must show that the proposed service/practice is appropriate for the proposed target population. Ideally, this evidence will include research findings on effectiveness and acceptability specific to the proposed target population. However, if such evidence is not available, the applicant should provide a justification for using the proposed service/practice with the target population. This justification might involve, for example, a description of adaptations to the proposed service/practice based on other research involving the target population.

Justifying Adaptations/Modifications of the Proposed Service/Practice

SAMHSA has found that a high degree of faithfulness or "fidelity" (see Glossary in Appendix B) to the original model for an evidence-based service/practice increases the likelihood that positive outcomes will be achieved when the model is used by others. Therefore, SAMHSA encourages fidelity to the original evidence-based service/practice to be implemented. However, SAMHSA recognizes that adaptations or modifications to the original model may be necessary for a variety of reasons:

- To allow implementers to use resources efficiently.
- To adjust for specific needs of the client population.
- To address unique characteristics of the local community where the service/practice will be implemented.

All applicants must describe and justify any adaptations or modifications to the proposed service/practice that will be made.

2.7 Data and Performance Measurement

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). Grantees will be required to report performance in several areas relating to the client's substance use, family and living condition, employment status, social connectedness, access to treatment, retention in treatment and criminal justice status. This information will be gathered using the data collection tool referenced below. The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs) which have been defined by SAMHSA as key priority areas relating to substance use.

Applicants must document their ability to collect and report the required data in "Section E: Evaluation and Data" of their applications. Grantees must collect and report data using the Discretionary Services Client Level GPRA tool, which can be found at www.samhsa-gpra.samhsa.gov (click on 'Data Collection Tools/Instructions'), along with instructions for completing it. Hard copies are available in the application kits distributed by SAMHSA's National Clearinghouse for Alcohol and Drug Information.

GPRA data must be collected in a face-to-face interview at baseline (i.e., the client's entry into the project), discharge, and 6 months post the baseline. GPRA data must be entered into the GPRA web system within 7 business days of the forms being completed. In addition, 80% of the participants must be followed up. GPRA data are to be collected and then entered into CSAT's GPRA Data Entry and Reporting System (www.samhsa-gpra.samhsa.gov).

Training and technical assistance on data collecting, tracking, and follow-up, as well as data entry, will be provided by CSAT.

2.8 Evaluation

Grantees are required to conduct a process evaluation and participate in a cross-site evaluation, conducted by CSAT, using a common protocol that has been approved by OMB. You must consider your process evaluation plan and participation in the cross-site when preparing the project budget. Grantees are required to participate in all technical assistance and training activities designed to support the cross-site activity.

The process evaluation should be designed to provide regular feedback to the project to improve services. Process evaluation must measure change relating to project goals and objectives over time compared to baseline information. Control or comparison groups are not required.

Process components should address issues such as:

- How closely did implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What effect did the deviations have on the planned intervention and evaluation?
- Who provided (program, staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

The cross-site evaluation will measure the outcomes of treatment at each grantee site on women and their minor children. SAMHSA/CSAT will use this information to document and report the extent to which the goals of the RFA were achieved, as mandated by Congress. Grantees must collect data on the women and their minor children who participate in treatment over the three-year life of the project. Data on women and their minor children will be collected for up to twelve months following intake and at discharge. Much of the data required for the assessment are routinely collected by the projects as part of their own program management efforts. However, common data collection tools need to be used in order to ensure comparability of data gathered across projects. In addition, data will be gathered periodically from project staff to document any changes that might have occurred in the interventions.

This cross-site evaluation seeks to show that from treatment intake to treatment discharge:

- There was a decrease in the use and/or abuse of prescription drugs, alcohol, tobacco, and illicit drugs among pregnant and postpartum women across the projects.
- Women and minor children in these projects experienced improvement in their mental and physical health, and family functioning.
- There was decreased involvement and intent for involvement, in crime, violence, and abuse of all kinds, both as victims and perpetrators.
- There was improvement in quality of life from the client's perspective related to health, social functioning, and environmental support.
- There was a decrease in barriers to accessing treatment resulting in early entry into treatment in the first trimester of their pregnancy and a decrease in barriers to accessing project-related services.

Data collection tools approved for the PPW program are listed below**.** You may download them from the SAMHSA web site at www.samhsa-gpra.samhsa.gov.

- Child Data Collection Tool
- Allen Barriers to Treatment
- Ferrans and Powers Quality of Life Index
- BASIS 32 Survey
- Denver Developmental Screening Inventory II
- Child Well Being Scales
- CRAFFT
- Middle Childhood Developmental Assessment Guide

- Adolescent Developmental Assessment Guide
- Women's Discharge Tool
- Children's Discharge Tool

No more that 20% of the total grant award may be used for evaluation and data collection including GPRA and incentives for completing the evaluation.

2.9 Grantee Meetings

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

II. AWARD INFORMATION

1. AWARD AMOUNT

It is expected that up to $3.4 million will be available to fund up to 8 awards in FY 2006. Annual awards are expected to be $500,000 per year in total costs (direct and indirect) for up to 3 years.

Proposed budgets cannot exceed $500,000 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.

2. FUNDING MECHANISMS

Awards will be made as grants.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example, State and local governments; federally recognized tribes; State recognized tribes, urban Indian organizations (as defined in P.L. 94-437, as amended); public or private universities and colleges; community- and faith-based organizations; and tribal organizations may apply. The statutory authority for this program prohibits grants to for-profit organizations.

2. COST SHARING

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

In **Appendix 5** of the application, you must provide a letter from the funding source(s) attesting that the matching funds are available, and are not derived from Federal sources. Applications that do not contain documentation (in **Appendix 5**) that non-Federal matching funds are available will not be considered for an award.

3. OTHER

3.1 Additional Eligibility Requirements

Applications must comply with the following requirements, or they 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 Section IV-2.3 of this document.

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. Therefore, in addition to the basic eligibility requirements specified in this announcement, applicants must meet three additional requirements related to the provision of treatment services.

The three requirements are:

- A provider organization for direct client services (e.g., substance abuse treatment) appropriate to the grant must be involved in each application. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;

- Each direct service provider organization must have at least 2 years experience (as of the due date of the application) providing services in the geographic area(s) covered by the application; and

- Each direct service provider organization must comply with all applicable local (city, county) and State/tribal licensing, accreditation, and certification requirements, as of the due date of the application. [Note: This requirement will be met by the submission of the letter of certification in Appendix 1 of the application. See Section I-2.4, Minimum Qualifications]

[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license.]

In **Appendix 6** of the application, you must: (1) identify at least one experienced, licensed service provider organization; (2) include a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency if the applicant is a treatment service provider organization; and (3) include the Statement of Assurance (provided in Appendix F of this announcement), signed by the authorized representative of the applicant organization identified on the face-page of the application, that all participating service provider organizations:

- meet the 2-year experience requirement; and
- if the application is within the funding range, will provide the Government Project Officer (GPO) with the required documentation within the time specified.

In addition, if, following application review, an application's score is within the fundable range for a grant award, the GPO will call the applicant and request that the following documentation be sent by overnight mail:

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

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

If the GPO does not receive this documentation within the time specified, the application will be removed from consideration for an award.

IV. APPLICATION AND SUBMISSION INFORMATION

To ensure that you have met all submission requirements, a checklist is provided for your use in Appendix A of this document.

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

You also may download the required documents from the SAMHSA web site at 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
- enhanced instructions for completing the PHS 5161-1 application.

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) and a synopsis of the RFA is available on the Federal grants web site (www.Grants.gov).

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

2.2 Required Application Components

To ensure equitable treatment of all applications, applications must be complete. In order for your application to be complete, it 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, 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 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. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

- **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.

- **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix H of this document.

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (For example, remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in "Section V – Application Review Information" of this document.

  The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections F through I. There are no page limits for these sections, except for Section H, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under "Supporting Documentation."

- **Appendices 1 through 10 –** 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 30 pages for Appendices 1-7, and 10 combined. There are no page limitations for Appendices 8 and 9. 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:** A letter signed by the SSA certifying that the three requirements listed in **I-2.4**, Minimum Qualifications section, have been met.

  - **Appendix 2: Phase-in Plan**. Include a detailed phase-in plan with timelines and a reasonable budget for the phase-in period. The phase-in time may not exceed 3 months after the award.

- **Appendix 3:** Certifications of the applicant's intent to comply with Section 508 requirements regarding Status as a Medicaid Provider and Imposition of Charges. See **I-2.5** Program Requirements, Reimbursement for Services section.

- **Appendix 4: Facility**. Provide documentation that the facility meets all State and local building, housing, health, safety and fire code regulations, as well as other applicable State and local child care and residential facility licensing.

- **Appendix 5:** Letter from the funding source attesting that the matching funds are available and are not derived from Federal sources.

- **Appendix 6:** (1) Identification of at least one experienced, licensed service provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment service provider organization; (3) the Statement of Assurance (provided in Appendix F of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) letters of commitment/support.

- **Appendix 7:** Letter to the SSA

- **Appendix 8: Memoranda of Understanding or Agreements (MOUs and MOAs)** with key agencies and organizations in the network of providers.

- **Appendix 9: Copies of all Data Collection Instruments/Interview Protocols** that you propose to use.

- **Appendix 10: Copies of Consent Forms.** If consent forms are not in English, provide English translations.

- **Assurances** – Non-Construction Programs. Use Standard Form 424B found in 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 posted on SAMHSA's web site with the RFA and provided in the application kits available at SAMHSA's clearinghouse (NCADI).

- **Certifications** – Use the "Certifications" forms found in PHS 5161-1.

- **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 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

Applicants also must comply with the following basic application requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

- ❑ Information provided must be sufficient for review.

- ❑ Text must be legible. For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under "Guidance for Electronic Submission of 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 below under "Guidance for Electronic Submission of Applications."
    - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the 30-page limit for the Project Narrative.
    - 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 30. 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, following these guidelines will help reviewers to consider your application.

- ❑ 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 limit of a total of 30 pages for Appendices 1-7 and 10 combined should not be exceeded.

- ❑ Send the original application and two copies to the mailing address in Section IV-6.1 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.

Guidance for Electronic Submission of Applications

SAMHSA offers the opportunity for you to submit your application to us either in electronic or paper format. Register one time, and Grants.gov will generate your information for future applications so you don't have to re-enter it. Built-in error-checking increases the completeness and accuracy of your application. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

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

You may search the Grants.gov site 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 apply site, on the Customer Support tab. In addition to the User Guide, you may wish to use the following sources for help:

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

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: DUNS Number registration, Central

Contractor Registry (CCR) registration, Credential Provider registration, and 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 a PDF file. 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 above, and 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 to 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 15,450 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.**

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), the assurances (SF 424B), and the certifications, 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 service (DHL, Federal Express, United Parcel 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 **20850**
ATTN: Electronic Applications

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

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on **May 16, 2006**. **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 to accept electronic submission of applications. Please refer to Section IV-2.3 above for "Guidance for Electronic Submission of Applications."

4. INTERGOVERNMENTAL REVIEW (E.O.12372) REQUIREMENTS

Executive Order 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100, sets up a system for State and local review of applications for Federal financial assistance. A current listing of State Single Points of Contact (SPOCs) is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) web site at www.whitehouse.gov/omb/grants/spoc.html.

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are a federally recognized tribe.

- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.

- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.

- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline:

  For United States Postal Service:

  Crystal Saunders, Director of Grant Review
  Office of Program Services
  Substance Abuse and Mental Health Services Administration
  Room 3-1044
  1 Choke Cherry Road
  Rockville, MD **20857**
  ATTN: SPOC – Funding Announcement No. TI-06-008

  For other delivery 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 **20850**
  ATTN: SPOC – Funding Announcement No. TI-06-008

In addition, community-based, non-governmental service providers who are not transmitting their applications through the State must submit a Public Health System Impact Statement (PHSIS) (approved by OMB under control no. 0920-0428; see burden statement below) to the head(s) of appropriate State or local health agencies in the area(s) to be affected no later than the pertinent receipt date for applications. 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. State and local governments and federally recognized tribal applicants are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424); 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. If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs.

Applicants who are not the SSA must include a copy of a letter transmitting the PHSIS to the SSA in **Appendix 7, "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:

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: SSA – Funding Announcement No. TI-06-008

For other delivery 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 **20850**
ATTN: SSA – Funding Announcement No. TI-06-008

In addition:

- Applicants may request that the SSA send them a copy of any State comments.

- As discussed in Section I-2.5 Program Requirements, the applicant must notify the SSA within 30 days of receipt of an award.

[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 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).]

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/roadmap/index.html:

- 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, PPW grant recipients must comply with the following funding restrictions:

- No more than 20% of the total grant award may be used for evaluation and data collection, including GPRA and incentives for completing the evaluation.

PPW 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 substance abuse treatment.

- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.

- Pay for incentives to induce individuals to enter treatment. However, a grantee or treatment provider may 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.

6. OTHER SUBMISSION REQUIREMENTS

6.1 Where to Send Applications

Guidance for Electronic Submission of Applications is contained in Section IV-2.3 of this announcement. Following are instructions for submission of paper applications.

Send applications 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**

For other delivery 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 **20850**

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include **PPW and TI-06-008** in item number 10 on the face page of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

6.2 How to Send Applications

SAMHSA is collaborating with www.Grants.gov to accept electronic submission of applications. Please refer to Section IV-2.3 of this announcement for "Guidance for Electronic Submission of Applications."

Following are instructions for submission of paper applications.

Mail or deliver an original application and 2 copies (including appendices) to the mailing address provided above, according to the instructions in Section IV-3. The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

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

Your application will be reviewed and scored according to the quality of your response to the requirements listed below for developing the Project Narrative (Sections A-E). These sections describe what you intend to do with your project.

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

- You must use the five 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. Points will be assigned based on how well you address the cultural competence aspects of the evaluation criteria. SAMHSA's guidelines for cultural competence can be found on the SAMHSA web site at www.samhsa.gov. Click on "Grants/SAMHSA's Supporting Grant Information/Useful Information for Applicants/Guidelines and Resources for Grant Applicants."

- The Supporting Documentation you provide in Sections F-I and **Appendices 1-10** 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. Bullet statements in each section do not have points assigned to them. They are provided to invite the attention of applicants and reviewers to important areas within the criterion.

Section A: Statement of Need (10 points)

- Describe the target population (see Glossary in Appendix B) as well as the geographic area to be served, and justify the selection of both. Include the numbers to be served and demographic information. Discuss the target population's language, beliefs, norms and

values, as well as socioeconomic factors that must be considered in delivering programs to this population.

- Describe the nature of the problem and extent of the need for the target population based on data. The statement of need should include a clearly established baseline for the project. Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from local data or trend analyses, State data (e.g., from State Needs Assessments), and/or national data (e.g., from SAMHSA's National Household Survey on Drug Abuse and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.

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

Section B: Proposed Evidence-Based Service/Practice (25 points)

- Clearly state the purpose, goals and objectives of your proposed project. Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, outreach, pre-services, treatment, and/or intervention).

- Identify the evidenced-based service/practice that you propose to implement. Describe the evidence base for the proposed service/practice. (See Section I-2.6, Documenting the Evidence-Base for Services to be Implemented.)

  [Note: If you are proposing to implement a service/practice included in NREPP (see Appendix C), one of the CMHS tool-kits on evidence-based practices (see Appendix D), or the list of Effective Substance Abuse Treatment Practices (see Appendix E), you may simply identify the practice and state the source from which it was selected. You do not need to provide further evidence of effectiveness. If you are proposing services/practices that are not included in these sources, you must provide a narrative justification that summarizes the evidence of effectiveness and acceptability of the proposed service/practice. Applicants must also document that the proposed evidence-based clinical and service delivery approaches are gender-specific, culturally and developmentally appropriate for women and their minor children utilizing effective strategies for outreach, engagement, and retention of women in treatment. The preferred evidence of effectiveness and acceptability will be findings published in the peer-reviewed literature. However, in areas where little or no research has been published in the peer-reviewed scientific literature, you may present evidence involving studies that have not been published in the peer-reviewed research literature and/or documents describing formal consensus among recognized experts.]

- Describe and justify any adaptations necessary to meet the needs of the target population as well as evidence that such adaptations will be effective for the target population.

- Identify and justify any additional adaptations or modifications to the proposed service/practice.

- Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population, while retaining fidelity to the chosen practice.

- Demonstrate how the proposed service/practice will meet your goals and objectives. Provide a logic model (see Glossary in Appendix B and Logic Model Resources in Appendix G) that links need, the services or practice to be implemented, and outcomes.

Section C: Proposed Implementation Approach (30 points)

- Describe how the proposed service or practice will be implemented.

- State your agreement to comply with Section 508 of the Public Health Service Act. Demonstrate your capacity to meet the three requirements listed in this RFA in Section I-2.5 Program Requirements, under General Agreements for Providing Services.

- Describe your plans for providing the required supplemental/recovery support services listed in Section I-2.5 Program Requirements, in this RFA. Identify the services that will be provided at the residential treatment site, and those that will be provided in the community by partners in the network. In **Appendix 6**, include a list of the service provider organizations.

- State your agreement to coordinate and integrate services to accomplish your comprehensive service system. Describe the process used to achieve service coordination and integration among the network of providers, including how off-site providers will participate in treatment planning, service delivery, quality assurance, monitoring, and evaluating effectiveness. Include MOUs and MOAs in **Appendix 8.**

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

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

- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. Describe strategies for identifying and engaging women early in their pregnancy for maximum benefit of the mother and the infant (e.g., the first trimester), and retaining them in treatment.

- Describe how members of the target population helped prepare the application and how you plan to include the target population in the planning and implementation of the project, which may be achieved through a community advisory board, reflective of the target population. If an advisory board is proposed, identify the role and responsibilities of the board.

- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable. Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in **Appendix 6**.

- Describe your plan, in consultation with the women, to develop a comprehensive individualized service plan to meet the needs of the entire family. The plan must include individual, group, and family counseling, as appropriate, as well as follow-up relapse prevention, and supplemental treatment services, as required.

- Describe the plan to address stigma associated with substance abuse and health related issues such as HIV/AIDS to facilitate successful reintegration into the community.

- Describe the continuing care component, including relapse prevention and strategies to access meaningful employment and permanent, safe, drug-free and affordable housing. Address special issues related to women who have been involved with the criminal justice system. Identify continuing care services you will provide to minor children, and other family members.

- Describe your plans to preserve and reunite families, including specific family interventions and approaches that will stabilize and strengthen family relationships. Discuss your plan to encourage participation of fathers of the children and partners of the women when deemed to be appropriate and beneficial as well as extend family members of the women and the children in treatment.

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

- Describe your plan to ensure project sustainability when funding for this project ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Section D: Staff and Organizational Experience (20 points)

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

- 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 cultural characteristics of key staff and indicate if any are members of the target population/community. If the target population is multi-linguistic, indicate if the staffing pattern includes bilingual and bicultural individuals.

- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the target population.

Section E: Evaluation and Data (15 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.7 of this RFA. Specify and justify any additional measures you plan to use for your grant project.

- Describe plans for data collection, management, analysis, interpretation and reporting. Describe the existing approach to the collection of data, along with any necessary modifications. Be sure to include data collection instruments/interview protocols in **Appendix 9**.

- Discuss the reliability and validity of evaluation methods and instrument(s) in terms of the gender/age/culture of the target population.

- Describe the process evaluation, including assessments of implementation. Show how the evaluation will be integrated with requirements for collection and reporting of performance data, including data required by SAMHSA to meet GPRA requirements.

- Describe how the evaluation will be used to ensure fidelity to the practice.

- Document your ability to collect and report data in the required cross-site evaluation.

- Provide a per-person or unit cost of the project to be implemented, based on the applicant's actual costs and projected costs over the life of the project. Applicants must state whether or not the per person costs are within the following reasonable ranges by treatment modality. Applicants must also discuss the reasonableness of the per person costs. If proposed costs exceed reasonable ranges, a detailed justification must be provided.

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

  - Residential: $3,000 to $10,000
  - Outpatient (Non-Methadone): $1,000 to $5,000
  - Outpatient (Methadone) : $1,500 to $8,000
  - Intensive Outpatient: $1,000 to $7,500
  - Screening/Brief Intervention/Brief Treatment/Outreach/Pretreatment Services: $200 to $1,200
  - Drug Court Programs (regardless of client treatment modality): $3,000 to $5,000

  SAMHSA/CSAT computes per person costs as follows: The total support requested for the life of the project is multiplied by .8 (.2 will be the allowance for GPRA reporting requirements). The resulting amount is then divided by the number of persons the applicant proposes to serve over the life of the project.

  The outreach and pretreatment services cost band only applies to outreach and pretreatment programs that do not offer treatment services but operate with a network of substance abuse treatment facilities. Treatment programs that add outreach and pretreatment services to a treatment modality or modalities are expected to fall within the cost band for that treatment modality.

NOTE: Applicants should be aware that the Review Group will also be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

SUPPORTING DOCUMENTATION

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

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

Section H: Biographical Sketches and Job Descriptions**.**

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

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

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the seven bullets below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven bullets, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining 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 protection of human subjects identified during peer review of the application may result in the delay of funding.

1. Protect Clients and Staff from Potential Risks

   - Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.

   - Describe the procedures you will follow to minimize or protect participants against potential risks, **including risks to confidentiality**.

   - Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

   - Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

   - Describe the 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.

   - If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.).

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

4. Data Collection

   - Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

   - Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

   - Provide in **Appendix 9, "Data Collection Instruments/Interview Protocols,"** copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:

  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

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

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.

- State:

  - Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Appendix 10, "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) 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.

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 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 peer reviewers and, when applicable, approved by the Center for Substance Abuse Treatment's National Advisory Council;
- a letter (in Appendix 1) from the SSA certifying that the three requirements listed in Section I-2.4, Minimum Qualifications, have been met;
- a letter (in Appendix 5) from the funding source(s) attesting that the matching funds are available, and are not derived from Federal sources;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among target populations and program size.

SAMHSA/CSAT will make no more than one award per applicant per geographic community.

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. It is sent by postal mail and is addressed to the contact person listed on the face page of the application.

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- Successful applicants 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/generalinfo/grants_management.aspx.

- Successful applicants 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).

- Depending on the nature of the specific funding opportunity and/or the proposed project as identified during review, additional terms and conditions may be negotiated with the grantee 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.

- Successful applicants 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. Applicants are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

3.1 Progress and Financial Reports

- Grant performance will require the submission of semiannual and final progress reports, as well as annual and final financial status reports.

- Because SAMHSA is extremely interested in ensuring that treatment services can be sustained, your progress reports should explain plans to ensure the sustainability (see Glossary in Appendix B) of efforts initiated under this grant.

- SAMHSA will provide guidelines and requirements for these reports to grantees 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 the grantee's progress toward meeting its goals.

3.2 Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., "GPRA data") from grantees. The performance requirements for SAMHSA's Services Grant Program for Residential Treatment for Pregnant and Postpartum Women are described in Section I-2.7 of this document under "Data and Performance Measurement."

3.3 Publications

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.

- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.

- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

VII. AGENCY CONTACTS

For questions about program issues contact:

Linda White Young
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

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

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-2.3 of this announcement under "Guidance for Electronic Submission of 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-2.3 of this announcement under "Guidance for Electronic Submission of 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, 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:

  - 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-6.1 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 – Glossary

Best Practice: Best practices are practices that incorporate the best objective information currently available regarding effectiveness and acceptability.

Catchment Area: A catchment area is the geographic area from which the target population to be served by a program will be drawn.

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

Fidelity: Fidelity is the degree to which a specific implementation of a program or practice resembles, adheres to, or is faithful to the evidence-based model on which it is based. Fidelity is formally assessed using rating scales of the major elements of the evidence-based model. A toolkit on how to develop and use fidelity instruments is available from the SAMHSA-funded Evaluation Technical Assistance Center at http://tecathsri.org or by calling (617) 876-0426.

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

Logic Model: A logic model is a diagrammatic representation of a theoretical framework. A logic model describes the logical linkages among program resources, conditions, strategies, short-term outcomes, and long-term impact. More information on how to develop logics models and examples can be found through the resources listed in Appendix G.

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

Practice Support System: This term refers to contextual factors that affect practice delivery and effectiveness in the pre-adoption phase, delivery phase, and post-delivery phase, such as: a) community collaboration and consensus building; b) training and overall readiness of those implementing the practice; and c) sufficient ongoing supervision for those implementing the practice.

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

Sustainability: Sustainability is the ability to continue a program or practice after SAMHSA grant funding has ended.

Target Population: The target population is the specific population of people whom a particular program or practice is designed to serve or reach.

Wraparound Service: Wraparound services are non-clinical supportive services—such as child care, vocational, educational, and transportation services—that are designed to improve the individual's access to and retention in the proposed project.

Appendix C – Overview of SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)

The National Registry of Evidence-based Programs and Practices (NREPP – formerly the National Registry of Effective Prevention Programs) is a voluntary rating and classification system for mental health and substance abuse prevention and treatment interventions. The system is designed to categorize and disseminate information about programs and practices that meet established evidence rating criteria. SAMHSA is committed to making NREPP a leading national resource for contemporary and reliable information on the scientific basis and practicality of interventions to prevent and/or treat mental and addictive disorders.

The system began in 1998 in SAMHSA's Center for Substance Abuse Prevention (CSAP), and is being revised and expanded to include all interventions to prevent and/or treat mental and addictive disorders. SAMHSA's Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS) are participating in this expansion. SAMHSA will launch the expanded system in Spring 2006.

However, approximately 160 programs are on the current Registry as either Model, Effective, or Promising Programs. Information on these programs is available through the current Model Programs web site at www.modelprograms.samhsa.gov

Appendix D - Center for Mental Health Services Evidence-Based Practice Toolkits

SAMHSA's Center for Mental Health Services and the Robert Wood Johnson Foundation initiated the Evidence-Based Practices Project to: 1) help more consumers and families access services that are effective; 2) help providers of mental health services develop effective services; and 3) help administrators support and maintain these services. The project is now also funded and endorsed by numerous national, State, local, private and public organizations, including the Johnson & Johnson Charitable Trust, the MacArthur Foundation, and the West Family Foundation.

The project has been developed through the cooperation of many Federal and State mental health organizations, advocacy groups, mental health providers, researchers, consumers and family members. A website (www.mentalhealthpractices.org) was created as part of Phase I of the project, which included the identification of the first cluster of evidence-based practices and the design of implementation resource kits to help people understand and use these practices successfully.

Basic information about the first six evidence-based practices is available on the web site. The six practices are:

1. Illness Management and Recovery
    - Family Psychoeducation
    - Medication Management Approaches in Psychiatry
    - Assertive Community Treatment
    - Supported Employment
    - Integrated Dual Disorders Treatment

Each of the resource kits contains information and materials written by and for the following groups:

- Consumers
- Families and Other Supporters
- Practitioners and Clinical Supervisors
- Mental Health Program Leaders
- Public Mental Health Authorities

Material on the web site can be printed or downloaded with Acrobat Reader, and references are provided where additional information can be obtained.

Once published, the full kits will be available from National Mental Health Information Center at www.mentalhealth.org or 1-800-789-CMHS (2647).

Appendix E - Effective Substance Abuse Treatment Practices

To assist potential applicants, SAMHSA's Center for Substance Abuse Treatment (CSAT) has identified the following listing of current publications on effective treatment practices for use by treatment professionals in treating individuals with substance abuse disorders. These publications are available from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686, www.health.org and http://alt.samhsa.gov/communication/.

CSAT Treatment Improvement Protocols (TIPs) are consensus-based guidelines developed by clinical, research, and administrative experts in the field.

- *Substance Abuse Treatment for Adults in the Criminal Justice System.* Treatment Improvement Protocol (TIP) Series 44. DHHS Publication No. (SMA) 05-4056, NCADI # BKD526.
- *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs.* Treatment Improvement Protocol (TIP) Series 43. DHHS Publication No. (SMA) 05-4048, NCADI # BKD524.
- *Substance Abuse Treatment for Persons With Co-Occurring Disorders.* Treatment Improvement Protocol (TIP) Series 42. DHHS Publication No. (SMA) 05-3922, NCADI # BKD515.
- *Substance Abuse Treatment: Group Therapy.* Treatment Improvement Protocol (TIP) Series 41. DHHS Publication No. (SMA) 05-3991, NCADI # BKD507.
- *Buprenorphine in the Treatment of Opioid Addiction*. (TIP) Series 40. DHHS Publication No. (SMA) 04 -3939, NCADI # BKD500.
- *Substance Abuse Treatment and Family Therapy*. Treatment Improvement Protocol (TIP) Series 39. DHHS Publication No. (SMA) 04-3957, NCADI # BKD504.
- *Integrating Substance Abuse Treatment and Vocational Services.* TIP 38 (2000) NCADI # BKD381
- *Substance Abuse Treatment for Persons with HIV/AIDS.* TIP 37 (2000) NCADI # BKD359
- *Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues.* TIP 36 (2000) NCADI # BKD343
- *Enhancing Motivation for Change in Substance Abuse Treatment.* TIP 35 (1999) NCADI # BKD342
- *Brief Interventions and Brief Therapies for Substance Abuse.* TIP 34 (1999) NCADI # BKD341
- *Treatment for Stimulant Use Disorders.* TIP 33 (1999) NCADI # BKD289
- *Treatment of Adolescents with Substance Use Disorders.* TIP 32 (1999) NCADI # BKD307
- *Screening and Assessing Adolescents for Substance Use Disorders.* TIP 31 (1999) NCADI # BKD306
- *Continuity of Offender Treatment for Substance Use Disorders from Institution to Community.* TIP 30 (1998) NCADI # BKD304
- *Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities.* TIP 29 (1998) NCADI # BKD288
- *Naltrexone and Alcoholism Treatment.* TIP 28 (1998) NCADI # BKD268

- *Comprehensive Case Management for Substance Abuse Treatment.* TIP 27 (1998) NCADI # BKD251
- *Substance Abuse Among Older Adults.* TIP 26 (1998) NCADI # BKD250
- *Substance Abuse Treatment and Domestic Violence.* TIP 25 (1997) NCADI # BKD239
- *A Guide to Substance Abuse Services for Primary Care Clinicians.* TIP 24 (1997) NCADI # BKD234
- *Treatment Drug Courts: Integrating Substance Abuse Treatment with Legal Case Processing.* TIP 23 (1996) NCADI # BKD205
- *Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System.* TIP 21 (1995) NCADI # BKD169
- *Detoxification from Alcohol and Other Drugs.* TIP 19 (1995) NCADI # BKD172
- *Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System.* TIP 17 (1995) NCADI # BKD165
- *Alcohol and Other Drug Screening of Hospitalized Trauma Patients.* TIP 16 (1995) NCADI # BKD164
- *Intensive Outpatient Treatment for Alcohol and Other Drug Abuse.* TIP 8 (1994) NCADI # BKD139

Other Effective Practice Publications:

CSAT Publications -

- *Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual* (2002) NCADI # BKD444
- *Anger Management for Substance Abuse and Mental Health Clients: Participant Workbook* (2002) NCADI # BKD445
- *Multidimensional Family Therapy for Adolescent Cannabis Users.* CYT Cannabis Youth Treatment Series Vol. 5 (2002) NCADI # BKD388
- *Navigating the Pathways: Lessons and Promising Practices in Linking Alcohol and Drug Services with Child Welfare.* TAP 27 (2002) NCADI # BKD436
- *The Motivational Enhancement Therapy and Cognitive Behavioral Therapy Supplement: 7 Sessions of Cognitive Behavioral Therapy for Adolescent Cannabis Users.* CYT Cannabis Youth Treatment Series Vol. 2 (2002) NCADI # BKD385
- *Family Support Network for Adolescent Cannabis Users.* CYT Cannabis Youth Treatment Series Vol. 3 (2001) NCADI # BKD386
- *Identifying Substance Abuse Among TANF-Eligible Families.* TAP 26 (2001) NCADI # BKD410
- *Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 Sessions.* CYT Cannabis Youth Treatment Series Vol. 1 (2001) NCADI # BKD384
- *The Adolescent Community Reinforcement Approach for Adolescent Cannabis Users.* CYT Cannabis Youth Treatment Series Vol. 4 (2001) NCADI # BKD387
- *Substance Abuse Treatment for Women Offenders: Guide to Promising Practices.* TAP 23 (1999) NCADI # BKD310
- *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice.* TAP 21 (1998) NCADI # BKD246

- *Bringing Excellence to Substance Abuse Services in Rural and Frontier America.* TAP 20 (1997) NCADI # BKD220
- *Counselor's Manual for Relapse Prevention with Chemically Dependent Criminal Offenders.* TAP 19 (1996) NCADI # BKD723
- *Brief Counseling for Marijuana Dependence: A Manual for Treating Adults.* 2005, NCADI # BKD520.
- *Substance Abuse Relapse Prevention for Older Adults: A Group Treatment Approach*, 2005 NCADI # BKD525

NIDA Manuals – These publications are available through NCADI or call 1-800-729-6686. http://www.nida.nih.gov/PubCat/PubsIndex.html.

- *Brief Strategic Family Therapy.* Manual 5 (2003) NCADI # BKD481
- *Drug Counseling for Cocaine Addiction: The Collaborative Cocaine Treatment Study Model.* Manual 4 (2002) NCADI # BKD465
- The NIDA Community-Based Outreach Model: A Manual to Reduce Risk HIV and Other Blood-Borne Infections in Drug Users. *(2000) NCADI # BKD366*
- An Individual Counseling Approach to Treat Cocaine Addiction: The Collaborative Cocaine Treatment Study Model. *Manual 3 (1999) NCADI # BKD337*
- *Cognitive-Behavioral Approach: Treating Cocaine Addiction.* Manual 1 (1998) NCADI # BKD254
- *Community Reinforcement Plus Vouchers Approach: Treating Cocaine Addiction.* Manual 2 (1998) NCADI # BKD255

NIAAA Publications – * These publications are available in PDF format or can be ordered on-line at www.niaaa.nih.gov/publications/guides.htm. An order form for the Project MATCH series is available on-line at www.niaaa.nih.gov/publications/match.htm. All publications listed can be ordered through the NIAAA Publications Distribution Center, P.O. Box 10686, Rockville, MD 20849-0686.

- **Assessing Alcohol Problems: A Guide for Clinicians and Researchers: Second Edition*. (2003) NIH Pub. No. 03-3745
- **Alcohol Problems in Intimate Relationships: Identification and Intervention*. A Guide for Marriage and Family Therapists (2003) NIH Pub. No. 03-5284
- **Helping Patients with Alcohol Problems*: *A Health Practitioner's Guide.* (2003) NIH Pub. No. 03-3769
- *Cognitive-Behavioral Coping Skills Therapy Manual.* Project MATCH Series, Vol. 3 (1995) NIH Pub. No. 94-3724
- *Motivational Enhancement Therapy Manual.* Project MATCH Series, Vol. 2 (1994) NIH Pub. No. 94-3723

Appendix F - Statement of Assurance

As the authorized representative of the applicant organization, I assure SAMHSA that if [*insert name of organization*] application is within the funding range for a grant award, the organization will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization listed in Appendix 1 of the application, that has agreed to participate in the project; and

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

_____ _____

Signature of Authorized Representative Date

Appendix G – Logic Model Resources

Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. *International Quarterly of Community Health Education*, *18*(4), 449-458.

Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly*, *13*(2), 43-62.

Hernandez, M. & Hodges, S. (2003). *Crafting Logic Models for Systems of Care: Ideas into Action*. [Making children's mental health services successful series, volume 1]. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies. http://cfs.fmhi.usf.edu or phone (813) 974-4651

Hernandez, M. & Hodges, S. (2001). Theory-based accountability. In M. Hernandez & S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health*, pp. 21-40. Baltimore: Brookes.

Julian, D.A. (l997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, *20*(3), 251-257.

Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning*, *18*(4), 333-341.

Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3rd Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.

Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation.* San Francisco, CA: Jossey-Bass Inc.

Appendix H – 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.]

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

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

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

Other

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

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 $183,500 is effective for all FY 2006 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.