Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Projects to Deliver and Evaluate Peer-to-Peer Recovery Support Services

Short Title: Recovery Community Services Program – RCSP
(Initial Announcement)

Request for Applications (RFA) No. TI-06-004

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

Key Dates:

Application Deadline	**April 4, 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.**

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

Charles G. Curie, M.A., A.C.S.W.
Administrator
Substance Abuse and Mental Health
Services Administration

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I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) announces the availability of FY 2006 funds for grants to deliver and evaluate **peer-to-peer recovery support services** that help prevent relapse and promote sustained recovery from alcohol and drug use disorders. Successful applicants will provide peer-to-peer recovery support services that are responsive to community needs and strengths, and will carry out a quantitative and qualitative evaluation of the services. Recovery Community Services Program (RCSP) grants are authorized under section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 26 (Substance Abuse).

This Recovery Community Services Program complements SAMHSA's Access to Recovery (ATR) program. ATR provides grant funding to States, Territories, and Tribal Organizations to implement voucher programs for substance abuse clinical treatment and recovery support services pursuant to sections 501(d)(5) and 509 of the Public Health Service Act (42 U.S.C. sections 290aa(d)(5) and 290bb-2). ATR is part of a major Presidential Initiative to provide client choice among substance abuse clinical treatment and recovery support service providers, expand access to a comprehensive array of clinical treatment and recovery support options (including faith-based programmatic options), and increase substance abuse treatment capacity.

If you are applying for an RCSP grant and you are from a State that currently has a SAMHSA-funded ATR program, you must discuss in your application how you propose to link your RCSP project with the ATR program in your State. This is to ensure that RCSP applications complement the ATR program. (Note: **Appendix A** includes a listing of current ATR grantees and descriptions of the projects.)

2. EXPECTATIONS

2.1 Target/Involved Population

The primary target for this program is people with a history of alcohol and/or drug problems who are in or seeking recovery, along with their family members and significant others, who will be both the providers and recipients of recovery support services. For purposes of this document, the term *peer* means people who share the experience of addiction and recovery, either directly or as family members/significant others.

2.2 Eligible Services

Peer-to-peer recovery support services are designed and delivered by peers rather than by professionals. Professionals will be good allies, and successful peer initiatives will network and build strong and mutually supportive relationships with formal systems and professionals in their communities. However, peer services will be designed and delivered primarily by individuals in recovery to meet the targeted community's recovery support needs, as the community defines

them. Therefore, although supportive of formal treatment, peer recovery support services are not treatment in the commonly understood clinical sense of the term.

At the same time, peer recovery support services are expected to extend and enhance the treatment continuum in at least two ways. These services will help prevent relapse and promote long-term recovery, thereby reducing the strain on the over-burdened treatment system. Moreover, when individuals do experience relapse, recovery support services can help minimize the negative effects through early intervention and, where appropriate, timely referral to treatment.

Continued sobriety or abstinence (which includes abstinence attained with medication, such as methadone or buprenorphine) is an important part of sustained recovery from addiction. However, recovery is a larger construct than sobriety or abstinence that embraces a reengagement with the community based on resilience, health, and hope. Therefore, peer recovery support services are expected to focus less on the pathology of substance use disorders and more on maximizing the opportunities to create a lifetime of recovery and wellness for self, family, and community. **Appendix C** provides a listing of examples of peer-to-peer recovery support services.

This grant program is not designed to support the provision of professional treatment services of any kind, including aftercare, by any type of provider. Peer support services cannot replace acute treatment, and it would be unethical to utilize peer leaders from the recovery community to provide services, such as treatment, counseling, or psychotherapy, that should be provided by a professional. Peer leaders providing recovery support services under this program will offer supportive services that differ from and complement those provided by alcohol and drug counselors, psychotherapists, or other professionals.

In addition, the program is not designed to support counselors, psychotherapists, other treatment providers, or other professionals of any kind in the provision of recovery support services. Individuals who self-identify as both a professional and a person in recovery may provide recovery support services in their capacity as a peer, but may not provide professional services under this grant.

RCSP is intended to support peer leaders from the recovery community in providing recovery support services to people in recovery and their family members.

2.3 Mix of Services

Applicants must demonstrate that the array of services offered is responsive to community need and complements existing community resources. Applications proposing culturally-specific peer recovery support models are welcome, as are applications proposing to serve specific populations needing or in recovery, such as veterans, people with disabilities, and other segments of the recovery community. The goal is to add to the existing resources in the community with peer-to-peer recovery support services that can meet the stage-appropriate needs of people who are seeking to initiate recovery or working to sustain it. Successful peer-to-peer recovery

support services will include ongoing assessment of participants' support needs and a menu of supportive services to meet the needs at various stages in recovery.

Because peer recovery support services operationalize the construct of social support, it may be helpful for applicants to consider four types of social support cited in the literature (Cobb, 1976; Salser, 2002), and to design a mix of services that includes activities in the following categories:

- Emotional support refers to demonstrations of empathy, caring, and concern that bolster one's self-esteem and confidence. Peer mentoring, peer coaching, and peer-led support groups are examples of peer-to-peer recovery support services that provide emotional support.

- Informational support involves assistance with knowledge, information, and skills. This type of support can include providing information on where to go for resources or might involve teaching a specific skill. Examples of peer recovery support services that provide informational support include peer-led life skills training (e.g., parenting, stress management, conflict resolution), job skills training, citizenship restoration, educational assistance, and health and wellness information (e.g., smoking cessation, nutrition, relaxation training).

- Instrumental support refers to concrete assistance in helping others do things or get things done, especially stressful or unpleasant tasks. Examples in this category might include providing transportation to get to support groups, child-care, clothing closets, and concrete assistance with tasks such as filling out applications or helping people obtain entitlements.

- Affiliational support offers the opportunity to establish positive social connections with other recovering people. It is important for people in recovery to learn social and recreational skills in an alcohol- and drug-free environment. Especially in early recovery – when there may be little that is reinforcing about abstaining from alcohol or drugs – alcohol- and drug-free socialization may help prevent relapse [Meyers & Squires, 2001; Miller, Meyers & Hiller-Sturmhofel, 1999). In addition, community and cultural connections can be important in helping the recovering person establish a new identity around health and wellness as opposed to an identity formed in relation to the cultures of alcohol and drugs (Coyhis, 2002).

Based on assessment of the targeted recovery community, the applicant should determine which services, and in which proportion, are expected to be optimally responsive to community needs. Note: Although alcohol- and drug-free socialization is an acceptable service under this grant, applicants may not limit their services to socialization activities, but, rather, must include a broad range of services from the various social support categories.

2.4 Core Values

Applicants must identify the core values that will guide their approach, and explain how these values will be operationalized in the design and delivery of peer-to-peer recovery support services. Applicants must discuss each of the following values, which are further explained in **Appendix E**: (a) keeping recovery first; (b) participatory process; (c) authenticity of peers helping peers; (d) leadership development, and (e) cultural diversity and inclusion. Applicants

may identify and discuss other values important to the targeted recovery community, but must discuss these five.

2.5 Types of Peer Service Organizations

Applications may be submitted by either independent *recovery community organizations (RCOs)* or *facilitating organizations (FOs)*.

RCOs are organizations comprised of and led primarily by people in recovery and their family members. Generally, these are independent organizations with nonprofit status.

FOs may not necessarily be comprised primarily of people in recovery. The FO will host a peer-run recovery support service program and will ensure that people in recovery are involved in all aspects of application development, program design, and implementation. Examples of facilitating organizations include: treatment and mental health agencies, community service centers, consortia of community-based organizations not led by recovery community members, universities, and units of government.

Treatment providers, units of government, universities, and all other professionally-based organizations may apply **only** as *FOs*.

Members of the recovery community must have a meaningful leadership role in any project, whether carried out by an *RCO* or *FO*.

Grantees must begin delivering peer-to-peer recovery support services within 6 months of award. In order to comply, it is necessary for an applicant to be an established entity (with a viable organizational infrastructure, including appropriate governance, management, and fiscal management capabilities) and to have experience as a service provider. Applicants must clearly describe their operating experience in their Project Narrative.

2.6 Infrastructure Development (maximum 15% of total grant award)

Organizations funded under RCSP must be sufficiently established and experienced to begin implementing peer recovery support services within 6 months of award. However, SAMHSA recognizes that infrastructure development may be needed to support organization development, in relation to project start-up, as well as service design, in some instances. Although the majority of grant funds should be used for direct services, you may use up to 15% of the total RCSP grant award for the following types of infrastructure development, if necessary, to support the design, development, and initiation of the peer services you will offer:

- Activities related to organizational and project start-up; for example, staff and board development, and enhancements to existing organizational functions, such as risk management, record-keeping, and accounting services.

- Community assessment and development. (Although you must demonstrate knowledge of community needs and resources in your application, if you are funded, you may use a limited

amount of grant funds to conduct additional assessments and refine your service plan, and to further mobilize the targeted recovery community to participate in the program.)

- Building partnerships and entering into service delivery or other agreements to ensure the success of the project.

It is expected that peer leadership development (e.g., recruiting, orienting, training, and supervising peers to provide services) will be an ongoing activity. Peer leadership development is not considered infrastructure development.

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.

The purpose of the RCSP GPRA data is to provide information that helps to establish the value of peer-to-peer recovery support services in preventing relapse and promoting sustained recovery. To accomplish this, you will be required to provide data on a set of required performance indicators.

For adults and adolescents/youth receiving services, GPRA indicators include changes in a positive direction or stability over time on each of the following measures, showing that participants receiving your services:

- Have not used illegal drugs or misused alcohol or prescription drugs during the past month.
- Are currently employed or engaged in productive activities.
- Have reduced their involvement with the criminal justice system.
- Have a permanent place to live in the community.
- Have increased or maintained positive social connections.
- Have experienced increased access to recovery support and other services.
- Are being retained in your program.

Please note: Although SAMHSA recognizes the important role that family members and significant others can play in supporting an individual's recovery, the GPRA tool is not appropriate for family members or others who are not themselves in recovery. Therefore, although you may propose activities and services for family members, you should not plan to conduct GPRA performance data collection and reporting for individuals who are not personally in recovery from substance use disorders.

Applicants must document their ability to collect and report the required data in "Section D: Evaluation and Data" of their applications. You should not, however, include GPRA data collection forms. If you do not have the capability to collect and report on the GPRA measures, you will need to partner with an individual or organization that does.

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

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

The terms and conditions of the grant award also will specify the data to be submitted and the schedule for submission. Grantees will be required to adhere to these terms and conditions of award.

2.8 Evaluation

Grantees must evaluate their projects, and you are required to describe your evaluation plans in your application. The evaluation should be designed to provide regular feedback to the project to improve services. The evaluation must include the required GPRA performance measures (outcome evaluation) described above, as well as process components (process evaluation - described below), which 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, peer leaders) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (organization, community), and at what cost (facilities, personnel, dollars)?

You may use no more than 20% of the total grant award for evaluation and data collection, including GPRA.

2.9 Grantee Meetings

There are 2 meetings per year. You must plan to send at least two to three key staff members (including the Project Director) to a yearly technical assistance meeting, and you must plan to send approximately 5-8 representatives of your project, including key staff and peer leaders from your targeted recovery community, to a yearly RCSP conference. 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 approximately $2.5 million will be available in fiscal year 2006 to fund approximately 7 grants. The average annual award is expected to be about $350,000 in total costs (direct and indirect), and grants will be awarded for a period of up to 4 years.

Out of the $2.5 million available, SAMHSA/CSAT plans to set aside approximately $1.4 million to fund up to 4 RCOs (as defined in Section I-2.5, entitled Types of Peer Services Organizations).

Proposed budgets cannot exceed $350,000 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 MECHANISM

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.

Consortia comprised of various types of eligible organizations are permitted; however, a single organization representing the consortium must be the applicant, the recipient of any award, and the entity responsible for satisfying the grant requirements.

All applicants, including single organizations and consortia, must clearly indicate in their project narrative (in Section C, Management and Organizational Capacity whether they

are a Recovery Community Organization (RCO) or Facilitating Organization (FO). If your application fails to declare which type of organization you are, the Peer Review Committee will categorize your organization. Also, if the Peer Review Committee does not agree with the way you have categorized your organization, they may change your designation (e.g., from RCO to FO or vice versa).

RCSP grantees in the 2001 cohort (whose current awards are ending September 29, 2006) may apply for this program. RCSP grantees in the 2003 and 2004 cohorts are ineligible for this program.

2. COST-SHARING

Cost-sharing is not required in this program, and applications will not be screened out on the basis of cost-sharing.

3. OTHER

3.1 Additional Eligibility Requirements

Applicants 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

SAMHSA believes that only existing experienced 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 the following additional requirement related to the provision of services:

- Each applicant organization must have at least 2 years experience (as of the due date of the application) providing peer recovery support services or some other relevant services or activities in the geographic area(s) covered by the application.

In **Appendix 1** of the application, you must include the **Statement of Assurance** (provided in **Appendix J** of this announcement), signed by the authorized representative of the applicant organization identified on the face page of the application, that the applicant organization meets the 2-year experience requirement.

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

- Official documentation that the applicant organization has 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. Official documentation can be a copy of the organization's charter, its 501(c)(3) status, or other documents that definitively establish that the organization has provided relevant services for the last 2 years.

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 D of this document.

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit by calling 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. 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 Applicants (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 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 K** 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, the Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under "Supporting Documentation."

- **Appendices 1 through 4**– Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than 30 pages for Appendices 1, 3, and 4 combined. There is no page limitation

for **Appendix 2**. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.

- *Appendix 1*: The Statement of Assurance (signed by the authorized representative of the applicant organization identified on the face page of the application) and letters of commitment/support from all organizations that have agreed to participate in the proposed project.
- *Appendix 2*: Data Collection Instruments/Interview Protocols (no page limitation)
- *Appendix 3*: Sample Consent Forms
- *Appendix 4*: Letter to the SSA

- **Assurances** – Non-Construction Programs. Use Standard Form 424B found in PHS 5161-1. Applicants are 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, 3 and 4 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.

<u>Guidance for Electronic Submission of Applications</u>

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 D** 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 D**, 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 **April 4, 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 Indian tribal government.

- 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-06-004

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-06-004

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 the appropriate State and 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.

This 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 4, "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-06-004

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-06-004

In addition:

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

- The applicant must notify the SSA within 30 days of receipt of an award.

[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, SAMHSA's RCSP grant recipients must comply with the following funding restrictions:

- No more than 15% of the total grant award may be used for developing the infrastructure necessary for peer services.

- 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.

RCSP grant funds must be used for purposes supported by the program (peer-to-peer recovery support services) and may not be used to:

- Pay for any lease beyond the project period.

- Pay for professional alcohol and/or drug treatment services. (Note: This program supports peer-to-peer recovery support services that prevent relapse and promote long-term recovery.)

- 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), except, for a period of no longer than 6 months, to assist in the transition from the incarcerated setting to the community. For example, funds under this program could be used to support peer recovery mentoring offered to individuals awaiting discharge from prison. Such mentoring would be designed to help the incarcerated person develop a relationship with a mentor who would continue the relationship with the ex-offender in the community upon his/her release. Similarly, pre-release recovery support groups facilitated by peer leaders from the community might be offered in a correctional facility to assist incarcerated persons awaiting release as they develop plans for maintaining sobriety/abstinence 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.)

- Pay for programs, services, or materials that are routinely provided free of charge to the recovery community.

- Pay to induce individuals to participate in recovery support services. However, grantees may allocate funds for various types of instrumental support for participants, such as bus tokens, coupons for food, access to clothing closet, etc., and for motivational incentives (e.g., prizes of nominal value of up to $20 or equivalent). Grantees may allocate funds to compensate peer leaders who will provide recovery support services; however, some program models will not involve compensation for peer leaders, but will utilize peer leaders who volunteer their services. In addition, a grantee 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. Any funds proposed for instrumental supports for participants, peer compensation, or incentives for data collection must be clearly described in the project narrative and included in the budget and budget narrative.

- Pay for entertainment. However, alcohol- and drug-free socialization activities may be included as part of a mix of peer recovery support services. Such activities should be clearly explained and justified in the project narrative and budget narrative.

- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.

- Pay for advocacy or lobbying.

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 **RCSP** and **TI-06-004** 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 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 1-4 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.

- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. 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)

- Define the target populations that will receive and provide peer recovery support services and provide a rationale for selecting those target populations, as well as the geographic area to be served. (Note: Extensive demographic information is not required.) If you plan to focus on a specific segment of the recovery community, explain why this is necessary or desirable.

- Discuss your understanding of the recovery support needs of the targeted recovery community, and identify the sources of documentation for these needs. Documentation may come from quantitative and/or qualitative sources. The quantitative data could come from community assessments you or others have conducted, or 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). Qualitative sources could include focus groups and key informant interviews you or others have conducted with the targeted community, as well as anecdotal reports.

- Describe how the proposed peer recovery support services will complement existing professional and peer services in your community (e.g., formal treatment and self-help programs).

Section B: Project Approach (35 points)

- Clearly state the purpose, goals, and objectives of your proposed project. Describe how achievement of goals will produce meaningful and relevant results (e.g., increase number, range, and availability of services; help prevent relapse; strengthen linkage between treatment and recovery; increase support for sustained recovery in your community).

- Explain how the proposed services will meet your goals and objectives.

- Discuss and explain the core values that will guide the project design and implementation, and explain how each of these values will be operationalized. At a minimum, discuss each of the following values as it relates to the proposed project: (a) keeping recovery first; (b) participatory process; (c) authenticity of peers helping peers; (d) leadership development; and (e) cultural diversity/inclusion, including the various "cultures of recovery" and/or routes to recovery. (See **Appendix E** for an explanation of these values.) You may identify and discuss other values important to your targeted recovery community, but you must discuss these five.

- Describe how the services will be implemented.

  -Clearly explain each recovery support service you plan to provide. (Note: Be sure to include a mix of services that builds on the strengths and needs in the targeted recovery community.) Explain who will provide each service, to whom, and in what format and setting.

-Explain your plans for building recovery community members' skills to serve as peer leaders and service providers in the delivery of peer-to-peer recovery support services. Include a discussion of your plans for recruiting, screening, orienting, training, and supervising the peers providing recovery support services.

- 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 how the target population--both peer leaders/providers and service recipients--will be identified, recruited, and retained.

- Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, gender, and path to recovery in the target population.

- Describe the role of members of the recovery community in helping to prepare the application, and how they will help plan and implement the project.

- Describe how the project components will be embedded within and/or complement the existing service delivery system, including other SAMHSA-funded projects, if applicable. Discuss how you plan to develop effective partnerships with professional treatment organizations and self-help groups, so as to minimize duplication of services and perceived threats of encroachment on established "territory." 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 1**.

- If a SAMHSA Access to Recovery (ATR) grant is being implemented in your State, you must discuss how you propose to link your RCSP project with the ATR project. Applications from organizations in States that currently have an ATR grant will not be given priority, and those from States that do not currently have an ATR grant will not be penalized. A listing of current SAMHSA ATR grantees and descriptions of the projects can be found in **Appendix A**.

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

Section C: Management and Organizational Capacity (30 points)

- Clearly identify your organization as a Facilitating Organization (FO) or a Recovery Community Organization (RCO).

- Discuss your organization's readiness to implement a program of peer-to-peer recovery support services. Describe previous efforts organizing and mobilizing the targeted

recovery community (by your organization or others), and explain why you think the targeted community is ready to participate in providing and receiving peer-to-peer recovery support services.

- Describe your organization's experience providing peer recovery support services or other relevant services or activities to participants in the proposed geographic area(s).

- Provide a time line for Year 1 of the project (chart or graph) showing key activities, milestones, and responsible staff. Your time-line must show peer services up and running no later than 6 months after grant award. [Note: The timeline should be part of the Project Narrative. It should not be placed in an appendix.]

- 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 Volunteer/Peer Coordinator, and Evaluator.

- Show that the necessary groundwork (e.g., planning, stakeholder mobilization and development, memoranda of agreement, 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 6 months after grant award.

- Describe your organization's capability to manage a Federal grant. Explain in detail your organization's governance structure and your previous management experience, as well as your record-keeping and fiscal management capacities.

- 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 D: Evaluation and Data (15 points)

- Document your ability to collect, manage, and report on the required performance measures as explained in Section I-2.7 of this RFA. (Note: It is not necessary to include any performance measures other than those listed in Section I-2.7 in your evaluation design. SAMHSA/CSAT will provide the necessary protocols and forms for collection and reporting of data on these measures, so you do not need to include data collection forms for these measures in your application.)

- If you choose to collect data on any performance measures in addition to those identified in Section I-2.7, you must specify and justify the additional measures. If you choose to include additional performance measures in your outcome evaluation, you must also describe your plans for data collection, management, analysis, interpretation, and reporting. You must also include your valid and reliable data collection instruments in **Appendix 2**.

- Describe the **process evaluation** and explain how it will reflect the experience and lessons learned from your project. Include in **Appendix 2** any forms or protocols you plan to use for your process evaluation.

Section E: Budget and Sustainability (10 points)

- 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. You must state whether or not the per person costs are within the following reasonable ranges by recovery support service 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 modality:

  - Peer recovery support services (e.g., peer mentoring/coaching, recovery resource/drop-in centers, peer-led recovery support groups): $1,000 to $2,500

  - Peer outreach/pre-treatment/brief intervention: $200 to $1,200

  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 peer outreach/pre-treatment/brief intervention services cost band applies only to peer outreach-pre-treatment/brief intervention programs that do not also offer more intensive services, but operate within a network of providers who do offer such services. Peer recovery support programs that add peer outreach/pre-treatment/brief intervention to a more intensive peer recovery support modality or modalities are expected to fall within the cost band for the more intensive modality.

- 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.

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 15% of the total grant award will be used for infrastructure development and 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 K** 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 2, "Data Collection Instruments/Interview Protocols,"** copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality:

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

- Describe:

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

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

6. Adequate Consent Procedures:

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

- State:

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

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

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

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

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

Note: A Sample Consent Form for Participation in Peer Recovery Support Services is included in **Appendix F** of this RFA. In addition, examples of risks and protections for peer recovery support services are included in **Appendix G.** Additional participant protection challenges for peer services are included in **Appendix H**, along with examples of strategies to address the challenges. These appendices are provided to help you consider some of the participant protection issues that may affect your proposed project. They are not to be considered exhaustive; you must consider the specific risks and protections that will be important for your particular 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 the peer review committee and, when applicable, approved by the CSAT National Advisory Council;
- availability of funds; and
- equitable allocation of grants 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 in the RFA or 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 website. 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

- Grantees must provide quarterly and final progress reports. The final report must summarize information from the quarterly reports, describe the accomplishments of the project, and describe next steps for implementing plans developed during the grant period. Because SAMHSA is extremely interested in ensuring that peer recovery

services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant. Initial plans for sustainability should be described in year 01. In each subsequent year, you should describe the status of your project, as well as the successes achieved and obstacles encountered in that year.

- Grantees must provide annual and final financial status reports.

- 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 are described in Section I-2.7 of this document under, Data and Performance Measurement.

3.3 Publications

If you are funded under this 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 addiction treatment and recovery, substance abuse prevention, and/or mental health services community.

VII. AGENCY CONTACTS

For questions about program issues, contact:

Marsha Baker
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 5-1124
Rockville, MD 20857
(240) 276-1566
marsha.baker@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: Listing of Current Access to Recovery (ATR) Grants

CALIFORNIA

Sue Heavens
CARE Project Coordinator
CA Department of Alcohol and Drug Programs
1700 K Street
Sacramento, CA 95814
916-445-0323
916-445-0846
sheavens@adp.state.ca.us

- Target Area: The Counties of Los Angeles and Sacramento
- Target Populations: The California Department of Alcohol and Drug Programs (ADP) Access to Recovery Program (CARP) will focus on substance-abusing youth between the ages of 12 and 20.

CALIFORNIA RURAL INDIAN HEALTH BOARD

Vicki Sanderford-O'Connor, MA
CAIR Program Director
California Rural Indian Health Board, Inc.
4400 Auburn Blvd., 2nd floor
Sacramento, CA 95841
(916) 929-9761
(916) 929-7246
vicki.o'connor@ihs.gov

- Target Area: Statewide (58 counties)
- Target Populations: The California Rural Indian Health Board (CRIHB) Access to Recovery (ATR) proposes to expand services to rural- and urban-dwelling American Indian/Alaska Natives (AI/AN) residing in the State of California.

CONNECTICUT

Pam Hall
ATR Program Manager
CT Advanced Behavioral Health
213 Court Street
Middletown, CT 06457
(860) 704-6204
(860) 638-5302
phall@abhet.com

- Target Area: Statewide
- Target Populations: The Connecticut Access to Recovery (ATR) Program represents a significant increase in access to and the availability of substance abuse clinical treatment

and recovery support services to the Connecticut population of at-risk, non-dependent adults who abuse drugs and people in need of recovery support services.

FLORIDA

Gerri DeLong Goldman, MSW, LCSW, CAP
ATR Project Director
FL Department of Children and Families
1317 Winewood Blvd., Bldg. 6, Rm. 312
Tallahassee, FL 32399
(850) 414-7474
gerri_goldman@dcf.state.fl.us

- Target Area: Florida's Access To Recovery (ATR) program is being implemented in five designated regions to represent a full array of major urban cities, mid-size to small towns, rural, and coastal areas comprising the State's diverse population. The targeted areas include the Florida Department of Children and Families (DCF) districts as follows: District 7 (Orlando), District 8 (Charlotte/Lee counties), District 13 (Ocala), District 15 (Martin/St. Lucie counties), and the Suncoast Region (Tampa/St. Petersburg).
- Target Populations: Florida's ATR program is targeting high need priority populations including adults, 18 and older, who are (a) involved with the criminal justice system/drug courts, (b) involved with the child welfare system/putting children at risk, or (c) who have co-occurring disorders or abuse prescription drugs.

IDAHO

Scott Addison, MA, MPA
Project Director
ID Dept. of Health and Welfare
P.O. Box 83720
Boise, ID 83720-0036
(208) 33-6610
(208) 334-6699
addisons@idhw.state.id.us

- Target Area: Rural and Frontier Idaho
- Target Populations: Idaho will provide services to both youth and adults. Specific emphasis will be placed on the delivery of services to the Native American and Hispanic-Latino populations because research has shown they are the most underserved groups in Idaho.

ILLINOIS

Rex Alexander, MA
ATR Project Director
IL Department of Human Services/Division of
Alcoholism and Substance Abuse
100 W Randolph, Suite 5-600

Chicago, IL 60601
312-814-1575
312-814-2419
DHSASAG@dhs.state.il.us

- Target Area: Counties to be targeted in Illinois include: Cook, Champaign, Christian, Clark, Coles, Crawford, Cumberland, DeWitt, Douglas, Edgar, Effingham, Ford, Iroquois, Jasper, Logan, Macon, McLean, Moultrie, Piatt, Sangamon, Shelby, and Vermillion.
- Target Populations: The Illinois Access to Recovery (ATR) Program, "Pathways to Re-Entry and Recovery," is focused on a subpopulation of probationers with substance use disorders referred to clinical treatment by the Circuit Court of Cook County and the Illinois Fifth and Sixth District Courts.

LOUISIANA

Charlene Gradney, MSW, LCSW
ATR Project Director
LA Department of Health and Hospitals, Office for
Addictive Disorders
1201 Capitol Access Road
Baton Rouge, LA 70802
(225) 342-1075
(225) 342-3931
cgradney@lhh.la.gov

- Target Area: Statewide. The Louisiana Access to Recovery (ATR) program was implemented on March 1, 2005, in the following regions: Region 1 (New Orleans), Region 2 (Baton Rouge), Region 6 (Alexandria/Pineville), and Region 7 (Shreveport/Bossier City). The remaining six districts of the 10 regions of Louisiana's public sector service system (i.e., Region 3 (Terrebonne/Lafourche), Region 4 (Lafayette), Region 5 (Lake Charles). Region 8 (Monroe), Region 9 (Florida Parishes Human Services Authority), and Region 10 (Jefferson Parish Human Services Authority) are scheduled for implementation by July 1, 2005.
- Target Populations: The Louisiana ATR program targets all residents with special emphasis on women and adolescents with addictions to alcohol, cocaine, heroin, and Oxycontin.

MISSOURI

Debra McBaine
ATR Project Director
MO Division of Alcohol and Drug Abuse
1706 E. Elm Street
Jefferson City, MO 65101
(573) 751-4942
(573) 751-7814
debra.mcbaine@dmh.mo.gov

- Target Area: Statewide
- Target Populations: Missouri will expand clinical treatment and recovery support services for adults, ages 17 and older.

NEW JERSEY

Vicki Fresolone
NJ ATR Project Director
120 S. Stockton Street, 3rd Floor
Trenton, NJ 08625
609-777-2164
609-292-3816
vicki.fresolone@dhs.state.nj.us

- Target Area: Statewide
- Target Populations: The New Jersey Access Initiative (NJAI) will provide clinical treatment and recovery support services with priority given to clients ages 16 to 34 who abuse heroin.

NEW MEXICO

Elaine Benavidez, MSW, LSW
Project Director
NM Department of Health, Behavioral Health Services Division
1190 St. Francis Drive
Santa Fe, NM 87502
505-827-2604
505-827-0097
elaine.benavidez@state.nm.us

- Target Areas: City of Albuquerque (Bernalillo County), Santa Fe County, Las Cruces County, Five Sandoval Indian Pueblos
- Target Populations: New Mexico is using ATR funds to serve adults over 18 in four counties and to serve adult (age 18 and over) members of the five Sandoval Indian Pueblos, with particular outreach to women, Native American and Hispanic women, and people exiting from jails or prisons after in-prison clinical treatment.

TENNESSEE

Stephanie Perry, MD
Project Director
Assistant Commissioner
TN Bureau of Alcohol & Drug Abuse Services
312 Eighth Ave. North, 26th Floor
Snodgrass Tennessee Tower
Nashville, TN 37247-4401
(615) 741-1921

(615) 532-2419
stephanie.perry@state.tn.us

- Target Area: Tennessee Access to Recovery (ATR) will expand clinical treatment and recovery support services in the Appalachians and other rural areas of Tennessee.
- Target Populations: ATR services will be provided to adults ages 18 and older with a current or past history of substance abuse or addiction with a focus on individuals who abuse or are addicted primarily to methamphetamine.

TEXAS

Karen Eells, MSSW, LMSW
Program Coordinator
TX Department of State Health Services
909 W. 45th
Austin, TX 78758
512-206-5947
512-206-5718
karen.eells@dshs.state.tx.

- Target Area: Bexar County, Dallas County, Tarrant County, El Paso County and Travis County.
- Target Populations: Texas has chosen to focus on individuals from the criminal and juvenile justice system. Texas will implement the project in four drug court sites during the first year: Bexar County, Dallas and Tarrant County, El Paso County, and Travis County. Each of these sites has multiple types of courts that will participate, including felony, family, adult, juvenile, re-entry, diversion, and pretrial drug courts.

WASHINGTON

Vincent Collins, MSW
Project Director
WA State Department of Social & Health Services
Division of Alcohol and Substance Abuse
PO Box 45330
PO Box 45330, WA 98504
360-725-3713
collivl@dshs.wa.gov

- Target Area: Snohomish, Clark, Pierce, Yakima, King, and Spokane counties.
- Target Populations: The State of Washington Access to Recovery (ATR) initiative focuses on providing vouchers for substance abuse clinical treatment and/or recovery support services to low-income individuals in crisis who are involved with child protective services, shelters and supported housing, free and low-income medical clinics, and community detoxification programs.

WISCONSIN

John Easterday
Project Director
WI Department of Health and Human Services
1 Wilson Street Room 850
Madison, WI 53707
608-267-9391
608-266-2579
easstejt@dhfs.state.wi.us

- Target Area: Milwaukee County
- Target Populations: The Wisconsin Wiser Choice ATR Program is being implemented in Milwaukee County. The State targets families with children and persons involved in the criminal justice system with substance use/abuse disorders.

WYOMING

Michael Bronson, MA
Program Director
WY Dept. of Health/Substance Abuse Division
6101 Yellowstone Rd.
Cheyenne, WY 82002
(307) 777-3360
(307) 777-5949
mbrons1@state.wy.us

- Target Area: The Wyoming Access to Recovery Voucher Program's targeted service area is Natrona County. Casper is the largest metropolitan area in Natrona County and the seat of the judiciary. Natrona is the epicenter of the current methamphetamine epidemic in the State.
- Target Populations: Services are targeted for adolescents who have been adjudicated through the Wyoming Circuit Court System and their families. The targeted county has the second highest need for clinical treatment services in the State. Natrona County has a circuit court that is fully committed to work with the juvenile population that is targeted for this voucher system.

Appendix B: References Cited

Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38, 5: 300-314.

Meyers, R. & Squires, D. (2001). *The community reinforcement approach.* Retrieved May 3, 2005, from Behavioral Health Recovery Management Web site: http://www.bhrm.org/guidelines/CRAmanual.pdf

Miller, W., Meyers, R. & Hiller-Sturmhofel, S. (1999). The community-reinforcement approach. *Alcohol Research & Health*, 23(2), 116-121.

Salser, M. (2002). Consumer-Delivered Services as a Best Practice in Mental Health Care Delivery and The Development of Practice Guidelines. Psychiatric Rehabilitation Skills, 6(3): 355-383/

Appendix C: Peer-to-Peer Recovery Support Services Examples[1]

Peer-Facilitated Recovery Support Meetings/Groups

- General support groups
- Specialized support groups (e.g., homelessness, HIV, Hepatitis C, dual diagnosis, PTSD, culturally-specific)
- Family support groups
- Talking circles
- Recovery workshops
- Learning circles or study groups (recovery topics)
- Recovery drop-in centers
- Support groups for parents in recovery

Recovery Coaching or Mentoring

- Adult to adult
- Youth to youth (with adult supervision)
- Community member in recovery to incarcerated person awaiting release
- Family member to family member

Peer Information and Referral

- Information about and assistance obtaining public assistance, SSI/SSD and other benefits
- Assistance with finding housing, assistance with public housing placements
- Crisis assistance and peer interventions
- Information about restoration of citizenship for ex-offenders
- Legal clinics or referral to legal services

Life Skills

- Classes on money management, savings, and budgeting
- Peer counseling and/or peer support for issues of daily living (money, meals, medication, living skills)
- Classes in nutrition, meal planning, food buying, cooking
- Workshops on renting an apartment, buying a house, setting up utilities, etc.
- Workshops on parenting in recovery
- Workshops for families in recovery
- Social skills workshops and groups

Health and Wellness

- Classes in HIV and STD prevention

[1] This list is illustrative, not exhaustive.

- HIV management workshops
- Psychoeducational workshops or discussion groups (e.g., understanding depression, body image, maintaining intimate relationships)
- Wellness workshop series (e.g., stress management, meditation, yoga, acupuncture, massage)
- Health workshop series
- Sexuality workshop series
- Addiction workshop series
- Relapse prevention workshops
- Smoking cessation workshops
- Classes in cooking and nutrition
- Spiritual health/spirituality

Gender-Specific

- Men's and women's support groups
- Pre-employment assessment and services for men and women entering/returning to the workforce
- Reproductive health workshops
- Parenting skills workshops

Education and Career Planning

- English as Second Language classes
- GED classes
- Reading and study skills program
- Information regarding college and career choices for adults
- Job skills and career aptitude workshops
- Vocational training or linkages to vocational rehabilitation
- Work readiness groups
- Assistance with scholarships and financial aid
- Assistance with college applications
- Preparation for SAT and other college entrance tests
- Peer counseling/peer support for job readiness, job training, interviewing skills, appropriate attire, wardrobe maintenance and other employment behaviors and skills
- Job training, job coaching
- Resume writing workshops
- Computer skills training

Leadership Skills Development

- Peer-leadership development workshops
- Peer support group training and facilitation (how to conduct meetings and groups)
- Peer helping skills training and development (process skills)
- Peer volunteer content training: public health issues (HIV, TB, etc.), community resources, addiction treatment and recovery issues

- Communication skills
- Conflict resolution skills
- Citizenship classes
- Diversity training
- Learning circles
- Consciousness-raising groups

Other Services

- Physical Education and Fitness
- Cultural Activities
- Alcohol- and Drug-Free Social Recreational Activities
- Library, resource center, clearinghouse
- Information and referral
- Hotline/Warmline
- Transportation assistance service
- Shower facilities for homeless
- Food bank
- Respite programs
- Thrift store

Appendix D: 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 E: Core Values for RCSP Peer-to-Peer Recovery Support Services

The current RCSP builds on the work of earlier SAMHSA/CSAT initiatives with the recovery community, as well as efforts in the mental health and HIV/AIDS consumer communities, that have focused on the importance and value of peer-to-peer service. The program is built on the recognition that individuals in recovery, their families, and their community allies are critical resources that can effectively extend, enhance, and improve formal treatment. RCSP is designed to achieve its goals by focusing on recovery community resources and motivation that already exist within most communities; employing a peer-driven, strength-based, and wellness-oriented approach that is grounded in the "culture(s) of recovery"; and utilizing existing community resources.

Because peer services emphasize strength, wellness, community-based delivery, and provision by peers rather than experts, these services can be viewed as promoting self-efficacy, community connectedness, and quality of life, all important factors in sustained recovery.

Previous efforts among CSAT's RCSP grantees have pointed to the importance of five core values in recovery community organizing, including organizing to provide peer services. These values are:

- **Keeping recovery first** – placing recovery at the center of the effort, grounding peer-to-peer services in the strengths and innate resiliency that recovery represents;

- **Participatory process** – involving the targeted recovery community in project design and implementation, so that recovery community members identify their own strengths and needs, and design and deliver peer services that address them;

- **Authenticity of peers helping peers** – drawing on the power of example, as well as the hope and motivation that one person in recovery can offer to another, providing opportunities to give back to the community, and embracing the notion that both people in a relationship based on mutuality can be helped and empowered in the process;

- **Leadership development** – building leadership among members of the recovery community so that they are able to guide and direct the service program and deliver support services to their peers; and

- **Cultural diversity and inclusion –** developing a recovery community peer support services program that is inclusive of various groups and that honors differing routes to recovery, including medication-assisted recovery.

Appendix F: Sample Consent Form for Participation in Peer-to-Peer Recovery Support Services

I, _____, consent to participate in peer recovery support
(participant's name - printed)

services offered by [grantee: insert name of grantee organization] (hereafter referred to as "the organization.")

I understand that these are peer-to-peer services, offered to support my recovery, help me avoid relapse, and promote my overall functioning and well-being. I understand that these are not professional services by a treatment provider, mental health counselor, or other professional, and that I may seek professional services elsewhere should I choose to do so.

The specific service I will be receiving is:

_____
[grantee: insert name of recovery support service]

I expect to be receiving this service from _____ to _____.

I understand that my participation in this service is voluntary, and I have the right to terminate my participation in the service at any time without negative consequences.

I understand that I may be subject to certain risks as a consequence of my participation in this service, including:

> [grantee: list potential risks for the recovery support service – see **Appendix G** for some examples]

I also understand that the organization is taking the following steps to help protect me from those risks:

> [grantee: list protections for risks identified above – see **Appendix G** for some examples]

Page 2 - Consent to Participate in Peer Recovery Support Services

If I have any questions about this peer-to-peer recovery support services, I understand that I may contact:

[grantee: insert name of RCSP project director with phone number and email address]

Signed:

_____ Date: _____
(Print name of participant or, if applicable, legal guardian)

_____
(Signature)

Witnessed:

_____ Date: _____
(Print name of program staff)

_____
(Signature)

This consent is effective as of the date of signing. It may be revoked in writing at any time. This consent will expire 15 months after the date of signing if not revoked before then.

Appendix G: Analysis of Examples of Risks and Protections for Peer Recovery Support Services

Recovery Community Services Program **Protections for Participants in Peer Services** **Sample Framework for Analysis**		
SAMHSA Guidelines	**Examples of Risks**	**Examples of Protections**
Client & Staff Protection from Risk	• Participant's issues/problems beyond expertise of peer provider • Potential for mental anguish and/or reoccurrence of a mental condition (e.g., PTSD). • Potential for relapse and/or destabilization. • Public disclosure may expose program participants/volunteers to stigma & discrimination.	• Provide verbal and written notification of potential risks associated with participation. • Obtain informed consent forms that specify potential risks. • Maintain referral network and be capable of providing referrals to professional service organizations for help when necessary. • Establish and continually promote norms that support self-care. • Provide ongoing training, supervision, and support for peer leaders who provide recovery support services • Use mentors or coaches. • Provide ongoing written communication about voluntary participation. • Provide opportunities to participate without self-disclosure. • Maintain anonymity in publications and public arenas.
Fair Selection of Participants	• Exclusion from program and/or services based on age, race, ethnicity, culture, language, sexual orientation, disability, literacy, gender, and path to recovery. • Unfair "targeting" of population for participation based on age, race, ethnicity,	• Describe the diversity of potential participants from program target community. • Develop program leadership that reflects diversity of target community. • Provide diversity and cultural competency training for staff, volunteers and participants.

	culture, language, sexual orientation, disability, literacy, gender, and path to recovery.	• Increase cultural competency through hiring and volunteer recruitment procedures. • Utilize peers in outreach efforts. • Continue to assess participation barriers and develop strategies to address.
Absence of Coercion	• Coerced participation. • Peer pressure to participate. • Access to program "benefits" primarily based on level of participation. • Monetary compensation for participation. • Mandatory participation attached to continued access to program or agency services.	• Provide on-going written and verbal communication about voluntary nature of participation. • Provide range of opportunities for participation from high to low visibility (i.e., some involving no disclosure of recovery status). • Obtain written consent to participate. • Establish feedback & grievance procedures that can be utilized by program participants to communicate perceived problem areas. • Provide appropriate monetary and non-monetary incentives in fair and equitable manner.
Methods of Data Collection	• Coerced participation in data collection effort. • Participant mandated to provide data. • Participant unable to give informed consent. • Properly maintaining confidential information (e.g., information not properly stored in locked file cabinet, or electronically stored information not protected by user name, password, firewall, etc.) • Unauthorized access by program staff/volunteers to confidential information (i.e.	• Maintain confidential information separately, and in locked cabinet. • Train all project staff and volunteers in project's policy for maintaining confidentiality of participants' information. • Consistently safeguard confidentiality of participant information • Utilize user names, passwords, etc. when confidential information is stored electronically. • Ensure that staff/volunteers adhere to data collection policies and procedures

	names, contact information, etc). • Staff and/or volunteers not adhering to data collection & instrument protocol.	(including collecting only that information that is absolutely necessary) • Establish a feedback and grievance procedure for program participants to report problem areas.
Privacy and Confidentiality	• Same as 1 thru 4 above.	• Same as 1 thru 4 above.
Consent Procedures	• Lack of knowledge of consent procedure. • Low reading & comprehension skills. • Complicated language & terminology in consent form. • Peer pressure to consent to participate.	• Emphasize voluntary participation in all activities, including data gathering, and provide opportunities to participate in activities that do not require disclosure. • Provide explanation of consent forms at events. • Read consent form to participants to clarify content. • Translate consent forms in the appropriate language (use only CSAT-approved translation). • Provide translation at project events when informing participants of consent procedures.

Appendix H: Additional Consideration: Peer vs. Professional Support Services

Issue	Strategy
• Distinguishing between Peer-to-Peer and Professional Services. • Addressing specific issues when program participants are both professionals and peers. • Addressing "turf" issues with other substance abuse treatment service agencies.	• Implement a "Do No Harm" approach. • Provide training for project staff/volunteers on nature and boundaries of peer services. • Have an ethics policy and plan, and train project staff/volunteers in ethics for peer services. • Provide training for project staff on referral to other community (peer and professional) services. • Develop and communicate guidelines for individuals who are both peers and professionals. • Reach out to professional service organizations to inform them of peer services and opportunities for collaboration.

Appendix I: Glossary

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.

Peer: An individual who shares the experience of addiction and recovery, either directly or as a family member or significant other.

Peer-to-Peer Recovery Support Services: Recovery support services designed and delivered by peers to assist others in or seeking recovery, and/or their family members and significant others, to initiate and/or sustain recovery from alcohol and drug use disorders and closely related consequences.

Recovery Support Services: Supportive services designed to assist people in or seeking recovery and their family members and significant others initiate and/or sustain recovery by providing supports in four major areas: emotional, informational, instrumental, and affiliational support. Recovery support services are based, philosophically, on the notion that recovery is a larger construct than sobriety or abstinence and embraces a reengagement with the community based on resilience, health, and hope. Therefore, recovery support services are designed to focus less on the pathology of substance use disorders and more on maximizing opportunities to create a lifetime of recovery and wellness for self, family, and community.

Recovery Community: Persons having a history of alcohol and drug problems who are in or seeking recovery or recovered, including those currently in treatment, as well as family members, significant others, and other supporters and allies.

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.

Appendix J: 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 documentation. 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.

- Official documentation that the applicant organization has been providing relevant services for a minimum of 2 years before the date of the application in the area(s) in which services are to be provided. Official documentation can be a copy of the organization's charter, its 501(c)(3) status, or other documents that definitively establish that the organization has provided relevant services for the last 2 years.

_____ _____

Signature of Authorized Representative Date

Appendix K: Sample RCSP Budget

Sample RCSP Budget and Narrative

Personnel:

The Project Director will be responsible for oversight of the project and will work closely with the Project Coordinator and Evaluator to ensure all facets of the project are completed according to RCSP Request for Applications (RFA) requirements. Budgeted at 20% FTE, the Project Director will provide daily administrative, financial, and program oversight of the project.

The Project Coordinator is a full-time (100% FTE) position and will be responsible for the day-to-day operation of the project, including supervision of the Project Associates and Secretary.

The two (2) Project Associates, each at 100% FTE, will plan and conduct the day-to-day activities in the Peer Recovery Drop-In Center and run support groups at partner sites throughout the State. The Project Associates' primary responsibilities include outreach, leading peer skill attainment and support groups, conducting computer labs, maintaining the community resource file, providing peer coaching, supervising the peer leaders, and assisting the Evaluator in meeting GPRA requirements.

The Project Secretary, at 0.5 FTE, will be responsible for management of the office, including the telephones, filing, and word processing and copying of documents and materials for the project.

The agency is offering 0.05 FTE of the Director of Community Relations' salary ($3,000) as an in-kind contribution to the project. The Director of Community Relations will assist Project Morning Star staff with outreach to stakeholders and recovery community members leaving treatment programs in the local area.

Fringe Benefits:

The following is an agency breakdown of fringe benefits:

FICA	7.65
Health Insurance	8.25
Dental Insurance	3.00
Life Insurance	1.00
Simple IRA	3.00
Workers Compensation	.35
Unemployment Insurance	.75

Fringe Benefits (24% of $132,000 = $31,680)

Travel:

As required by the RCSP RFA, the agency has budgeted for two trips to Washington, D.C. for CSAT grantee meetings. Airfare for the first trip, which is for 6 individuals, has been budgeted at $700 per person. Per diem has been budget at $140/day for 6 individuals for 3 days. The second trip is for 2 individuals at $700 per person for travel, with per diem budgeted at $140/day for 2 individuals for 3 days.

Local travel has been budgeted at 1,500 miles a month at the rate of $0 .40 a mile for 12 months. Local mileage will primarily be utilized by the project associates to attend meetings at stakeholder agencies, conduct outreach and recruiting activities, and lead peer support groups at partner sites. Our project covers the entire State, and we have weekly support groups at our six partner sites. Mileage is also included for transporting participants in the van (see below) in the 6 cities surrounding the Peer Resource Center (rural area of our State).

Equipment:

The applicant organization does not have capital to purchase a van; therefore, we are requesting to purchase a 2005 Aerostar Van with grant funds. The 7-passenger van will be used exclusively for the RCSP project to transport approximately 80 participants to the project site and/or to project activities. The estimated cost of $25,000 will be depreciated over a 5-year useful life.

Transportation is to cover the 6 cities in the rural area we serve, which has no public transportation. The van will be utilized to bring participants to the RCSP project where they will participate in peer coaching, support groups, skills workshops, and related recovery activities. We will also occasionally use the van to transport members who have no transportation to other recovery support services. Purchase price for the 2005 Aerostar van is $25,000. Attached is documentation on appropriate letterhead by leasing agent and car dealership showing purchase price at $25,000 and lease price at $23,000 over the life of the project. We also investigated the possibility of purchasing a used van, but found none available.

A total of 8 computer systems @ $1,400 are requested. Four (4) computers are for staff, to be used in carrying out the day-to-day functions of the RCSP project. Four (4) computers have been budgeted for the RCSP project. These computers are for use by approximately 100 project participants for completing on-line GED training, preparing job applications and resumes, and learning basic computer applications (e.g., word processing, spread sheets, PowerPoint) as part of the Center's job skills training initiative.

Funds in the amount of $5,040 are requested for a copier, which is used to reproduce hand-outs for the training workshops and support groups and to duplicate other needed information and materials for the project. (The cost of the copier represents a lease with a partnering organization using space in our building, at the rate of $700/month x 12 months @.60%).

Supplies:

Supplies have been budgeted at $300/month for 12 months. Needed supplies include the day-to-day office supplies (e.g., pens, paper, folders, binders), as well as items required for the weekly skills training workshops and computer labs.

Funds in the amount of $800 are requested for 4 computer software packages @ approximately $200 per item). These will include word processing and spreadsheet applications for the office, and educational packages for use by the participants in the Resource Center.

Contracts:

(Note to Applicants: For consultants, estimate the number of days and estimated cost/day or level of effort of 1 FTE for each consultant. Provide a detailed justification for each. For any anticipated contracts, provide the purpose, line item costs, and basis for the cost. Please note that procurements must comply with the requirements of the Code of Federal Regulations (see 45 CFR Part 74.40 or 45 CFR Part 92.36 as applicable). Generally, procurement standards require free and open competition, lease vs. purchase analysis, cost analysis, and justification for need.)

Evaluation Contract

Janice Wilson, Ph.D. will serve as evaluator for the project. Dr. Wilson will provide 20% of her time for the evaluation. Dr. Wilson will be responsible for the process evaluation and meeting the RCSP GPRA requirements. An Evaluation Assistant, at 20% FTE, will assist with date collection and data management.

General supplies for the evaluation contract staff have been budgeted at $500.00 for paper, binders, folders, etc.

Training Contract

Elizabeth Gibson, M.A., LCDC, be utilized for 40 days at $250.00/day as an expert training consultant. A self-identified person in recovery and licensed chemical dependency counselor, Mr. Gibson will design and conduct 2 train-the-trainer workshops for Project Staff and peer leaders/coaches on support group facilitation. She will also provide ongoing consultation on the peer coaching and skills-training curriculum, and she will assist in writing the curricula. Ms. Gibson will also present 2 workshops to staff and peer leaders on recovery models and development of strength-based peer support activities.

Other:

Rent has been budgeted at $500.00 a month at a rate of $10.00 per square foot. Office space for the RSCP Project includes 1 conference room, 4 offices, 1 training room, and a front office area. Office space may not be included as a direct charge if an indirect cost rate is negotiated and claimed for this grant.

Telephone has been budgeted at $200.00 a month.

$5,000 has been budgeted for the annual audit of the project, which will be conducted by a Certified Public Accountant.

Postage has been budgeted at $650/month x 12 months for a total requested of $7,800. This includes regular mail and Fed Ex service (@$200/month), as well as the monthly mailing of our newsletter (300 pieces at $1.50 = $450).

$6,000 has been budgeted for books, magazines, videos, journals, and existing training curricula focusing on recovery issues. These will be used in the peer skills attainment workshops and recovery support groups.

We are requesting $2,000 for 8 non-entertainment community drug-free activities ($250.00 x 8 events per year) aimed at having participants plan and implement recovery-themed events to create community awareness, reduce stigma, recruit new participants, and increase community partners. One of these events will be an observance of SAMHSA National Alcohol and Drug Recovery Month. (Note to Applicants: Include activities by name if known [e.g., Recovery Walkathan, Community Sober Jam, Recovery Expo].)

Non-entertainment Peer Drug-Free Socialization Activities have been budgeted for $5,000 @ $250.00 per event x 20 events. These periodic activities provide opportunities for people in recovery to increase social networking skills and to interact in different social settings that promote drug-free attitudes. These activities are particularly important for our project population because most of our participants are new in recovery and many are returning to the community from incarceration. Peer Drug-Free Socialization Activities include various leisure and learning opportunities such as recovery-themed movie/discussion sessions, coffee/book club meetings, recovery picnics, and alcohol- and drug-free dances and outings. (Note to Applicants: Include activities by name if known.)

$5,000 has been allocated for peer instrumental support packages. These packages include basic items needed by many people in early recovery, including homeless people, returning ex-offenders, women with children, and others with few resources and many needs. Items included in the instrumental support packages include personal hygiene items (toothbrush, toothpaste, comb, brush, soap, hand towel), simple food supplies (canned goods, protein bars), and basic household items (paper towels, toilet paper, vouchers for Laundromat). Each instrumental package is valued at approximately $15-$20. Participants are allowed 2 instrumental support packages per quarter, and sign for them in a log book.

We have allocated $2,800 for participant incentives for 2-3 peer leaders who will facilitate support groups and/or serve as peer coaches. Only peer leaders who complete our training program will be eligible for the peer incentives. Each peer leader will receive a monthly incentive of approximately $80, provided they fulfill their responsibilities. We execute letters of agreement with the peer leaders that detail the requirements for these incentives, and will track the services they provide to ensure they carry out the requirements.

$6,000 has been allocated for GPRA incentives (up to $20 per participant to complete 2 follow-up surveys), to enable Project Morningstar to meet our GPRA target of 150 individuals surveyed per year.

Insurances: Liability insurance has been budgeted at $2,500. Van insurance has been budgeted at $2,000. (Note to Applicants: This is the allocable share of annual costs of $2,500 ($2,500/20 FTEs = $125/FTE * 5 FTEs = $625). This insurance may not be claimed as a direct charge if an indirect cost rate is used for this grant.)

Printing costs are budgeted in the amount of $1,000 for flyers and newsletters. (Approximately 35% of the newsletter printing costs are provided by a local vender who is in recovery as a contribution to the project.)

Staff training and development expenses are requested in the amount of $5,000. These costs will be used for 5 training events @ $1,000 per event (to include tuition, materials, and travel costs). We are looking into appropriate training events for each of the following: Project Coordinator, two Project Associates, and two Peer Leaders. The trainings will be selected to provide and/or enhance the knowledge and skills needed to carry out a program of peer-to-peer recovery support services. Topics under consideration include: motivational interviewing, conflict resolution skills, job enhancement and/or job coaching skills; and parenting skills.

Indirect Costs:

Indirect Costs have been budgeted at 15%, and a copy of the negotiated indirect cost agreement is attached. (Note to Applicants: If you are planning to negotiate an indirect cost rate, indicate so in this section. Indirect costs may be charged as direct so long as your organization treats all of these costs the same and all costs are justified.)

Total Budget Request: **$ 349,691**

OBJECT CLASS CATEGORIES

Personnel

Job Title	Name	Annual Salary	Level of Effort	Salary Being Requested SAMHSA	Other Sources Non-Federal	
Project Director	R. Munoz	$80,000	0.25	$20,000		
Dir. Community Relations	J. Ruiz	$60,000	0.05	none	In-kind contribution	
Project Coord.	J. Moss	$40,000	1.0	$40,000		
Project Assoc.	Unnamed	$30,000	1.0	$30,000		
Project Assoc.	Unnamed	$30,000	1.0	$30,000		
Secretary	Unnamed	$22,000	0.5	$11,000		
Subtotal – Personnel						**$131,000**

Fringe Benefits (24%) **$31,440**

Travel

2 trips for SAMHSA Meetings		
1st Trip for 6 Attendees (Airfare @ $700 x 6 = $4,200) + (per diem @ $140 x 6 x 3 days = $2,520)	$6,720	
2nd Trip for 2 Attendees (Airfare @ 700 x 2 = $1,400) + (per diem @ $140 x 2 x 3 days = $840)	$2,240	
Local Travel (1,500 miles/month x .40 x 12 mths.)	$7,200	
Subtotal – Travel		**$16,160**

Equipment

2005 Aerostar Van(7 passengers)	$25,000	
Computers (8) @ $1,400 per computer system	$11,200	
Copier (shared lease with partnering organization – ($700/month x 12 months @.60%)	$5,040	
Subtotal – Equipment		**$37,240**

Supplies

Office Supplies ($300 x 12 mths.)	$3,600	
Computer Software packages (4 packages @$200)	$800	
Subtotal – Supplies		**$4,400**

Contractual Costs

Evaluation Contracts:

				Salary Being Requested		
Job Title	**Name**	**Annual Salary**	**Level of Effort**	**SAMHSA**	**Other Sources Non-Federal**	
Evaluator	J. Wilson	$60,000	0.2	$12,000		
Eval. Assistant	To Be Named	$18,000	0.2	$3,600		
						$15,600
Evaluation Supplies (General Office)				$500		

Training Contracts:

E. Wilson (40 days x $250/day)	$10,000	
Subtotal – Contracts		**$26,100**

Other

Rent (500 Sq. Ft. x $10)	$5,000	
Telephone ($200 x 12)	$2,400	
Audit	$5,000	
Postage ($650 x 12 months)	$7,800	
Recovery Materials	$6,000	
Community Drug-Free Activities ($250 x 8 activities)	$2,000	
Peer Drug-Free Socialization Activities ($250 x 20 activities)	$5,000	
Instrumental Supports (125 clients x 2 packages x $20)	$5,000	
Peer Incentives (3 peers x 12 months x $80)	$2,880	
GPRA Incentives (150 individuals x 2 surveys x 20)	$6,000	
Liability Insurance	$2,500	
Van Insurance	$2,000	
Printing	$2,000	
Staff Training and Development	$5,000	

Subtotal – Other	**$58,580**
Total Direct Charges	**$304,520**
Indirect Costs 15% of Salary and Wages. (Copy of negotiated indirect cost rate agreement attached.)	**$45,171**
TOTAL	**$349,691**