

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

**Grants to Expand Substance Abuse Treatment Capacity in
Targeted Areas of Need
(Short title: Targeted Capacity Expansion-TCE)**

Request for Applications (RFA) No. TI-08-005

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

Key Dates:

Application Deadline	Applications are due by April 18, 2008.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the 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
Director
Center for Substance Abuse Treatment
Substance Abuse and Mental Health
Services Administration

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

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION 4

1. INTRODUCTION 4

2. EXPECTATIONS..... 5

II. AWARD INFORMATION 11

III. ELIGIBILITY INFORMATION 12

1. ELIGIBLE APPLICANTS 12

2. COST SHARING and MATCH REQUIREMENTS 12

3. OTHER 12

IV. APPLICATION AND SUBMISSION INFORMATION 14

1. ADDRESS TO REQUEST APPLICATION PACKAGE..... 14

2. CONTENT AND FORM OF APPLICATION SUBMISSION 14

3. SUBMISSION DATES AND TIMES..... 17

4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS 17

5. FUNDING LIMITATIONS/RESTRICTIONS 19

6. OTHER SUBMISSION REQUIREMENTS 19

V. APPLICATION REVIEW INFORMATION..... 21

1. EVALUATION CRITERIA 21

2. REVIEW AND SELECTION PROCESS 27

VI. ADMINISTRATION INFORMATION 28

1. AWARD NOTICES..... 28

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS..... 28

3. REPORTING REQUIREMENTS 29

VII. AGENCY CONTACTS..... 30

Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA
Grant Applications 31

Appendix B – Guidance for Electronic Submission of Applications 33

Appendix C – Statement of Assurance 36

Appendix D – Sample Logic Model 37

Appendix E – Logic Model Resources 39

Appendix F – Confidentiality and Participant Protection..... 40

Appendix G – Funding Restrictions 44

Appendix H – Sample Budget and Justification 46

Appendix I – Recovery-Oriented Systems of Care..... 51

Appendix J – Recovery Support Services Examples 52

Appendix K – Proposed Number of Service Recipients..... 52

Appendix L – Glossary 56

Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2008 Targeted Capacity Expansion grants. This program is designed to address gaps in treatment capacity by supporting rapid and strategic responses to demands for substance abuse (including alcohol and drug) treatment services in communities with serious, emerging drug problems as well as communities with innovative solutions to unmet needs. The purpose of this program is to expand and or/enhance the community's ability to provide a comprehensive, integrated, and community-based response to a targeted, well-documented substance abuse treatment capacity problem and/or improve the quality and intensity of services.

Funding Opportunity Title:	Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need
Funding Opportunity Number:	TI-08-005
Due Date for Applications:	April 18, 2008
Anticipated Number of Awards:	Up to 22 [See Section II of this RFA for complete award information.]
Average Projected Award Amount:	\$250,000 - \$400,000 [See Section II of this RFA for complete award information.]
Length of Project Period:	Up to 3 years
Eligible Applicants:	Eligible applicants are domestic public and private nonprofit entities [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2008 Targeted Capacity Expansion grants. This program is designed to address gaps in treatment capacity by supporting rapid and strategic responses to demands for substance abuse (including alcohol and drug) treatment services in communities with serious, emerging drug problems as well as communities with innovative solutions to unmet needs. The purpose of this program is to expand and or/enhance the community's ability to provide a comprehensive, integrated, and community-based response to a targeted, well-documented substance abuse treatment capacity problem and/or improve the quality and intensity of services.

The Targeted Capacity Expansion (TCE) grant program is one of SAMHSA's services grant programs. SAMHSA's services grants are designed to address gaps in substance abuse services and/or to increase the ability of States, localities, Tribes, urban Indian centers and/or tribal organizations to help specific populations or geographic areas with serious, emerging substance abuse problems. For example, a community might seek a Targeted Capacity Expansion grant to add state-of-the-art treatment approaches or new services to address emerging trends or unmet needs (e.g., intensive case management and referral to services to address related HIV, tuberculosis, hepatitis B and C, and other primary health care needs of substance abusing clients) and other co-occurring issues such as gambling. An applicant may also propose to sustain recovery efforts by offering a comprehensive menu of services that include recovery support services.

SAMHSA/CSAT intends to fund projects for treatment services in two categories in FY 2008:

Category 1- American Indian/Alaska Native and Asian American/Pacific Islander Populations

To meet the disproportionate substance abuse treatment needs of smaller native communities, this category specifically identifies American Indian/Alaska Natives (AI/AN) and Asian American/Pacific Islanders (AA/PI), including Native Hawaiians, as native populations to receive expanded and/or enhanced treatment services under this program. According to the 2006 National Household Survey on Drug Use and Health, among persons aged 12 or older, the highest rate of current illicit drug use was among American Indians or Alaska Natives (13.7 percent). Furthermore, among youths aged 12 to 17 in 2006, the rate of current illicit drug use among American Indians or Alaska Natives was about twice the overall rate among youths (18.7 percent vs. 9.8 percent, respectively). Through the TCE program, SAMHSA seeks to strengthen outreach to tribal organizations and increase participation in the TCE program.

Category 2- Local Recovery-Oriented Systems of Care

To develop responses at the local level that will enhance substance use disorders services and promote recovery, this category focuses on providing support for local organizations (e.g., grassroots, faith-based, community-based and recovery community organizations) that can link services critical to the target population and that demonstrate the principles of Recovery-

Oriented Systems of Care (ROSCs). For more information on Recovery-Oriented Systems of Care, see Appendix I.

SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4th month of the project at the latest. Applicants for the AI/AN/AA/PI category may negotiate the service delivery start date with their TCE project officer.

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

2. EXPECTATIONS

2.1 Background

Information reported by SAMHSA underscores a significant disparity between the availability of treatment services for persons with alcohol and drug use disorders and the demand for such services. According to the 2006 National Survey on Drug Use and Health, 23.6 million individuals needed treatment for an alcohol or illicit drug use problem. Only 10 percent of these individuals received treatment at a specialty facility in the past year. By providing needed treatment and recovery support services, this program is intended to reduce the health and social costs of substance abuse and dependence to the public, and increase the safety of America's citizens by reducing substance abuse related crime and violence.

Returning Veterans and Their Families

As of fall 2007, approximately 1.4 million men and women have been deployed to serve in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) in support of the Global War on Terror. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

2.2 Program Requirements

Applicants may propose to **expand** substance abuse treatment and outreach and recovery support services, to **enhance** substance abuse treatment and outreach and recovery support services, or to do both.

1) Service Expansion: An applicant may propose to **increase access and availability of services to a larger number of clients**. Expansion applications should propose to increase the number of clients receiving services as a result of the award. For example, if a treatment facility currently serves 50 persons per year and has a waiting list of 50 persons (but no funding to serve

these persons), the applicant may propose to expand service capacity to be able to admit some or all of those persons on the waiting list. **Applicants must state clearly the number of additional clients to be served for each year of the proposed grant (see Appendix K).**

2) Service Enhancement: An applicant may propose to **improve the quality and/or intensity of services**, for instance, by adding state-of-the-art treatment approaches, or adding a new service to address emerging trends or unmet needs. For example, a substance abuse treatment project may propose to add intensive gender-specific programming to the current treatment protocol for a population of women and their children being served by the program. **Applicants proposing to enhance services must indicate the number of clients who will receive the new enhancement services (see Appendix K).**

Applicants may propose to increase treatment capacity through projects that include substance abuse treatment services or through projects that include only outreach, pretreatment, and/or recovery support services (See Appendix J for Recovery Support Services Examples). Applicants who propose to provide only outreach, pretreatment and/or recovery support services (not substance abuse treatment services) must demonstrate in their application that they are an effective and integral part of a network of substance abuse treatment services providers. For Local ROSC applicants, you must demonstrate that you have linkages to a network of substance abuse treatment and recovery support service providers to address the needs of the individuals and families you serve.

Applicants must provide a detailed description of the methods and approaches that will be used to reach the specified target population(s).

Applicants must also provide evidence that the proposed expansion and/or enhancement will address the overall goals and objectives of the project within the 3-year grant period.

Applicants proposing to provide direct treatment services must screen and assess clients for the presence of co-occurring substance use (abuse and dependence) and mental disorders and use the information obtained from screening and assessment to develop appropriate treatment approaches for persons identified as having such co-occurring disorders. For more information on the process of selecting screening instruments to identify co-occurring substance use and mental disorders, go to http://www.coce.samhsa.gov/cod_resources/cod_presentations.aspx.

Applicants that are not community-based organizations are encouraged to develop linkages with community-based organizations with experience in providing services to these communities.

Examples of possible community linkages include, but are not limited to access/referral to:

- primary health care;
- mental health and substance abuse treatment services;
- community-focused educational and preventive efforts;

- school-based activities such as after school programs;
- private industry-supported work placements for recovering persons;
- faith-based organizations;
- organizations serving the homeless;
- HIV/AIDS community-based outreach projects;
- opioid treatment programs;
- organizations providing health education and risk reduction information; and
- STD, hepatitis B (including immunization) and C, rapid HIV and TB testing in public health clinics.

You must identify the role of collaborating organizations in responding to the targeted need. Letters of commitment (outlining services to be provided, level and intensity of resources committed) from participating and coordinating organizations must be included in **Appendix 1** of your application.

Applicants are also encouraged to demonstrate planning and coordination of services at the local level with the Single State Agency for Substance Abuse (SSA).

2.3 Using Evidence-Based Practices

SAMHSA’s services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the target population. An evidence-based practice, also called EBP, refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In your application, you will need to:

- Identify the evidence-based practice you propose to implement.
- Identify and discuss the evidence that shows that the practice is effective. [See note below.]
- Discuss the population(s) for which this practice has been shown to be effective and show that it is appropriate for your target population(s). [See note below.]

Note: SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other interventions that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with an intervention that has not been formally

evaluated with that population are encouraged to provide other forms of evidence that the practice(s) they propose is appropriate for the target population. Evidence may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the target population or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the people reviewing your application.

- Document the evidence that the practice you have chosen is appropriate for the outcomes you want to achieve.
- Explain how the practice you have chosen meets SAMHSA’s goals for this grant program.
- Describe any modifications/adaptations you will need to make to this practice to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service/practice in a way that is as close as possible to the original service/practice. However, SAMHSA understands that you may need to make minor changes to the service/practice to meet the needs of your target population or your program, or to allow you to use resources more efficiently. You must describe any changes to your proposed service/practice that you believe are necessary for these purposes. You may describe your own experience either with the target population or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.
- Explain why you chose this evidence-based practice over other evidence-based practices.

Resources for Evidence-Based Practices:

You will find information on evidence-based practices in SAMHSA’s *Guide to Evidence-Based Practices on the Web* at www.samhsa.gov/ebpwebguide. SAMHSA has developed this Web site to provide a simple and direct connection to Web sites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Guide* provides a short description and a link to dozens of Web sites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

Please note that SAMHSA’s *Guide to Evidence-Based Practices* also references another SAMHSA Web site, the National Registry of Evidence-Based Programs and Practices (NREPP). NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions. *Being included in NREPP, or in any other resource listed in the Guide, does not mean an intervention is “recommended” or that it has been demonstrated to achieve positive results in all circumstances.* You must document that the selected practice is appropriate for the specific target population and purposes of your project.

In addition to the Web site noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this

type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

2.4 Services Delivery

You must use SAMHSA's services grant funds primarily to support direct services. This includes the following types of activities:

- Providing outreach and other strategies to increase participation in, and access to, treatment services to underserved populations. If you are proposing to provide only outreach and other strategies to increase access, you must show that there are treatment services available and your organization has the ability to connect individuals with those services.
- Providing direct treatment (including screening, assessment, and care management) services for populations at risk. Treatment must be provided in outpatient, day treatment or intensive outpatient, or residential programs.
- Providing recovery support services, including peer-based, recovery support services and case management, that help prevent relapse and promote sustained recovery from alcohol and drug use disorders. Appendix J provides a listing of examples of recovery support services.

Service delivery should begin by the 4th month of the project at the latest. Category 1 applicants may negotiate the service delivery start date with their TCE project officer.

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

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use up to 15% of the total services grant award for the following types of infrastructure development, if necessary to support the direct service expansion of the grant project, such as:

- Developing partnerships with other service providers for service delivery.
- Enhancing your computer system, management information system (MIS), electronic health records, etc.
- Training/workforce development to help substance abuse treatment and recovery support staff and other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.

2.6 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). You must document your ability to collect and report the required data in “Section E: Performance Assessment and Data” of your application. Grantees will be required to report performance on the following performance measures: 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 CSAT Discretionary Services Client Level GPRA Tool, which can be found at <http://www.samhsa.gov/grants/tools.aspx>, along with instructions for completing it. Hard copies are available in the application kits available by calling the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. Data will be collected at baseline (i.e., the client’s entry into the project), discharge, and 6 months post baseline. Data are to be entered into CSAT’s GPRA Data Entry and Reporting System via the Internet 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 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.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA’s budget request.

2.7 Performance Assessment

Grantees must assess their projects, addressing the performance measures described in Section I-2.6. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

In addition to assessing progress against the performance measures required for this program, your performance assessment must also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of the intervention on participants?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?
- How durable were the effects?

Process Questions:

- How closely did implementation match the plan?

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

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.6 and 2.7 above.

2.8 Grantee Meetings

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

II. AWARD INFORMATION

Funding Mechanism:	Grant
Anticipated Total Available Funding:	Up to \$7.0 million
Anticipated Number of Awards:	Category 1 (AI/AN/AA/PI) - Up to 14 Category 2 (Local ROSC) - Up to 8
Anticipated Award Amount:	Category 1 (AI/AN/AA/PI) - Up to \$250,000 Category 2 (Local ROSC) - Up to \$400,000
Length of Project Period:	Up to 3 years

Proposed budgets cannot exceed the amount specified above in the Anticipated Award Amount for each category in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility for Category 1 (AI/AN/AA/PI) is restricted to federally recognized Tribes, State recognized Tribes, urban Indian organizations, tribal organizations, and Asian American/Pacific Islander organizations, including Native Hawaiian organizations, in recognition of their responsibility for, and interest in, providing for the needs of their citizens, and because the success of the program will depend upon their authority and ability to broadly coordinate a variety of resources. (See Appendix L- Glossary).

Eligible applicants for Category 2 (Local ROSC) are domestic public and private nonprofit entities. For example, State and local governments, federally recognized American Indian/Alaska Native Tribes and tribal organizations, urban Indian organizations, public or private universities and colleges; and community, faith-based and recovery community organizations may apply.

Tribal organization means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of tribal organizations are eligible to apply, but each participating entity must indicate its approval. The statutory authority for this program prohibits grants to for-profit agencies.

Funding is not designed to meet Statewide treatment needs, but to meet the needs of individual communities in cities, towns, counties, and multi-county partnerships. Therefore, States that apply must identify a specific city, town, county or multi-county partnership that will be the targeted geographic area of need.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

3. OTHER

3.1 Additional Eligibility Requirements

You must comply with the following requirements, or your application will be screened out and will not be reviewed: use of the PHS 5161-1 application form; application submission requirements in Section IV-3 of this document; and formatting requirements provided in Appendix A of this document.

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. You must meet three additional requirements related to the provision of services. The three requirements are:

- A provider organization for direct substance use disorders treatment services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each direct service provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and
- Each direct service provider organization must comply with all applicable local (city, county) and State/tribal licensing, accreditation, and certification requirements, as of the due date of the application.

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

In **Appendix 1** of your application, you must: (1) identify at least one experienced, licensed service provider organization; (2) include a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency if the applicant is a treatment or prevention service provider organization; and (3) include the Statement of Assurance (provided in Appendix C of this announcement), signed by the authorized representative of the applicant organization identified on the face-page (SF 424 v2) of the application, attesting that all participating service provider organizations:

- meet the 2-year experience requirement;
- meet applicable licensing, accreditation, and certification requirements; and
- if the application is within the funding range for grant award, the applicant will provide the Government Project Officer (GPO) with the required documentation within the time specified.

In addition, if, following application review, your application's score is within the funding range, the GPO will call you and request that the following documentation be sent by overnight mail:

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

- official documentation that all participating organizations have been providing relevant services for a minimum of 2 years before the date of the application in the area(s) in which the services are to be provided; and
- official documentation that all participating service provider organizations comply with all applicable local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.

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

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

You also may download the required documents from the SAMHSA Web site at www.samhsa.gov/grants/apply.aspx

Additional materials available on this Web site include:

- a grant writing 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
- a list of certifications and assurances referenced in item 21 of the SF 424 v2.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page (SF 424 v2), budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web

site (www.samhsa.gov/grants/index.aspx) and a synopsis of the RFA is available on the Federal grants Web site (www.Grants.gov).

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

2.2 Required Application Components

Applications must include the required ten application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Appendices, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

- ❑ **Face Page** – SF 424 v2 is the face page. This form 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. It should include the project name, the category of application for which you are applying (i.e., Category 1-AI/AN/AA/PI or Category 2-Local ROSC), population to be served (demographics and clinical characteristics), whether the application is proposing service expansion, service enhancement, or both, strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- ❑ **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- ❑ **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix H of this document.
- ❑ **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately

following your Project Narrative in Sections F through I. There are no page limits for these sections, except for Section H, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.” Supporting documentation should be submitted in black and white (no color).

- **Appendices 1 through 5** – Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Appendices 1, 3 and 4 combined. There are no page limitations for Appendices 2 and 5. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the appendices as: Appendix 1, Appendix 2, etc.
 - *Appendix 1:* (1) Identification of at least one experienced, licensed service provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in Appendix C of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) letters of commitment/support.
 - *Appendix 2:* Data Collection Instruments/Interview Protocols
 - *Appendix 3:* Sample Consent Forms
 - *Appendix 4:* Letter to the SSA (if applicable; see Section IV-4 of this document)
 - *Appendix 5:* A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.

- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application kits.

- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.

- **Disclosure of Lobbying Activities** – You must submit 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. If no lobbying is to be disclosed, mark N/A on the form.

- **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

2.3 Application Formatting Requirements

Please refer to Appendix A, *Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications*, for SAMHSA’s basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on **April 18, 2008**. Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 11:59 PM (EST). **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).**

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

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

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

SAMHSA accepts electronic submission of applications through www.Grants.gov. Please refer to Appendix B for “Guidance for Electronic Submission of Applications.”

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

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing

of SPOCs is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) Web site at www.whitehouse.gov/omb/grants/spoc.html.

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SPOC – Funding Announcement No. **TI-08-005**. Change the zip code to **20850** if you are using another delivery service.

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

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424 v2); 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

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

at www.samhsa.gov. If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **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 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**. ATTN: SSA – Funding Announcement No. **TI-08-005**. Change the zip code to **20850** if you are using another delivery service.

In addition:

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

5. FUNDING 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 www.samhsa.gov/grants/management.aspx:

- 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 Targeted Capacity Expansion 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 expansion of services.
- No more than 20% of the total grant award may be used for data collection and performance assessment, including incentives for participating in the required data collection follow-up.

SAMHSA grantees must also comply with SAMHSA’s standard funding restrictions, which are included in Appendix G.

6. OTHER SUBMISSION REQUIREMENTS

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

Submission of Electronic Applications

SAMHSA accepts electronic submission of applications through www.Grants.gov. 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.

Please refer to Appendix B for detailed instructions on submitting your application electronically.

Submission of Paper Applications

You must submit an original application and 2 copies (including appendices). The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

Send applications to the address below:

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using another delivery service.

Do not send applications to other agency contacts, as this could delay receipt. **Be sure to include “TCE” and the appropriate number (“1” or “2” see below) for the category your application targets and “TI-08-005” in item number 12 on the face page (SF 424 v2) of any paper applications.** If you require a phone number for delivery, you may use (240) 276-1199.

1- for applications serving American Indian/Alaska Native or Asian American/Pacific Islander, including Native Hawaiian populations (AI/AN/AA/PI)

2- for applications proposing Local ROSC projects (Local ROSC)

Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

- 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, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA Web site at www.samhsa.gov. Click on “Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence.”
- The Supporting Documentation you provide in Sections F-I and Appendices 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, applicants are encouraged to respond to each bulleted statement.

Section A: Statement of Need (10 points)

- Clearly state the category of application for which you are applying (i.e., Category 1-AI/AN/AA/PI or Category 2-Local ROSC). Describe the target population and the geographic area to be served, and justify the selection of both. Include the numbers to be served annually and through the lifetime of the project, as well as demographic information.

- Describe the nature of the problem and extent of the need (e.g., current prevalence rates or incidence data) for the target population based on data. The statement of need should include a clearly established baseline for the project. Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from local data or trend analyses, State data (e.g., from State Needs Assessments, SAMHSA’s National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA’s National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- Non-tribal applicants must show that identified needs are consistent with priorities of the State or county that has primary responsibility for the service delivery system. You may include, in **Appendix 5**, a copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.

Section B: Proposed Evidence-Based Service/Practice (30 points)

- Clearly state the purpose, goals and objectives of your proposed project. Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention, and sustained recovery) and support SAMHSA’s goals for the program.
- Identify the evidence-based service/practice that you propose to implement and the source of your information. (See Section I-2.3, Using Evidence-Based Practices.) Discuss the evidence that shows that this practice is effective with the target population. If the evidence is limited or non-existent for the target population, provide other information to support your selection of the intervention for the target population.
- Document the evidence that the practice you have chosen is appropriate for the outcomes you want to achieve.
- Identify and justify any modifications or adaptations you will need to make to the proposed practice to meet the goals of your project and why you believe the changes will improve the outcomes.
- Explain why you chose this evidence-based practice over other evidence-based practices. If this is not an evidence-based practice, explain why you chose this intervention over other interventions.
- Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population, while retaining fidelity to the chosen practice.

- Demonstrate how the proposed service/practice will meet your goals and objectives. Provide a logic model that links need, the services or practice to be implemented, and outcomes. (See Appendix D for a sample logic model.)

Section C: Proposed Implementation Approach (25 points)

- Describe how the proposed service or practice will be implemented.
- Describe how you will screen and assess clients for the presence of co-occurring substance use (abuse and dependence) and mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.
- For Local ROSC Applicants ONLY, describe how your program incorporates elements of ROSC (see Appendix I).
- Provide a realistic time line for the entire project period (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]
- 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 will be identified, recruited, and retained.
- Discuss the target population's language, beliefs, norms and values, as well as socioeconomic factors that must be considered in delivering programs to this population, and how the proposed approach addresses these issues.
- Describe how project planning, implementation and assessment will include client input.
- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable. Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in **Appendix 1**.
- Show that the necessary groundwork (e.g., planning, consensus development, development of 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 4 months after grant award.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational

environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Section D: Staff and Organizational Experience (20 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the target population and ties to grassroots/community-based organizations that are rooted in the culture and language of the target population.
- Provide a complete list of staff positions for the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as treatment/prevention personnel, and peer coordinators.
- Discuss how key staff have demonstrated experience in serving the target population and are familiar with the culture and language of the target population. If the target population is multicultural and multilinguistic, describe how the staff are qualified to serve this population.
- 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. If the ADA does not apply to your organization, please explain why.

Section E: Performance Assessment and Data (15 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.6 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement.
- Provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served.

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

- Residential: \$3,000 to \$10,000
- Outpatient (Non-Methadone): \$1,000 to \$5,000
- Outpatient (Methadone): \$1,500 to \$8,000
- Intensive Outpatient: \$1,000 to \$7,500
- Screening/Brief Intervention/Brief Treatment/Outreach/Pretreatment Services: \$200 to \$1,200
- Drug Court Programs (regardless of client treatment modality): \$3,000 to \$5,000
- Peer Recovery Support Services: \$1,000 to \$2,500

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

- Describe your plan for conducting the performance assessment as specified in Section I-2.7 of this RFA and document your ability to conduct the assessment.

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

SUPPORTING DOCUMENTATION

Section 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, if necessary, and that no more than 20% of the total grant award will be used for data collection and performance assessment. An illustration of a budget and narrative justification is included in Appendix H of this document.

Section H: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.

- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available on the SAMHSA Web site.

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section I of your 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. Appendix F of this RFA provides a more detailed discussion of issues applicants should consider in addressing these seven bullets. 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 Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

- Identify foreseeable risks or adverse effects due to participation in the project and/or in the data collection (performance assessment) activities (including physical, medical, psychological, social, legal, and confidentiality) and provide your procedures for minimizing or protecting participants from these risks. Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Describe the target population and explain why you are including or excluding certain subgroups. Explain how and who will recruit and select participants.
- State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons), and the value of any such incentives. Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven to be effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20. (See Appendix F: Confidentiality and Participant Protection.)

- ❑ Describe data collection procedures, including sources (e.g., participants, school records) and the data collecting setting (e.g., clinic, school). Provide copies of proposed data collection instruments and interview protocols in **Appendix 2** of your application, “Data Collection Instruments/Interview Protocols.” State whether specimens such as urine and/or blood will be obtained and the purpose for collecting the specimens. If applicable, describe how the specimens and process will be monitored to ensure both the safety of participants and the integrity of the specimens.
- ❑ Explain how you will ensure privacy and confidentiality of participants’ records, data collected, interviews, and group discussions. Describe where the data will be stored, safeguards (e.g., locked, coding systems, storing identifiers separate from data), and who will have access to the information.
- ❑ Describe the process for obtaining and documenting consent from adult participants and assent from minors along with consent from their parents or legal guardians. Provide copies of all consent forms in **Appendix 3** of your application, “Sample Consent Forms.” If needed, give English translations.
- ❑ Discuss why the risks are reasonable compared to expected benefits from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed performance assessment design may meet the regulation’s criteria of research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

Applicants whose projects must comply with the Human Subjects Regulations must, in addition to the bullets above, fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling clients in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above. For those programs where the individual award is over \$100,000, applications also must be reviewed by the appropriate National Advisory Council.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved by the Center for Substance Abuse Treatment’s National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among target populations and program size.

VI. 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 through postal mail, the Notice of Award, signed by SAMHSA’s Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive Federal funding for work on the grant project.

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA’s standard terms and conditions are available on the SAMHSA Web site at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation; or
 - requirements to address problems identified in review of the application.

- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a Federal grant.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.6, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

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

3.2 Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance requirements for SAMHSA’s Targeted Capacity Expansion grant program are described in Section I-2.6 of this document under “Data Collection and Performance Measurement.”

3.3 Publications

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

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

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

VII. AGENCY CONTACTS

For questions about program issues contact:

Love Foster-Horton
Center for Substance Abuse Treatment, Division of Services Improvement
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1138
Rockville, MD 20857
(240) 276-1653
love.foster-horton@samhsa.hhs.gov

For questions on grants management issues contact:

Kathleen Sample
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1089
Rockville, Maryland 20857
(240) 276-1407
kathleen.sample@samhsa.hhs.gov

Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications

SAMHSA’s goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA’s obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. If you do not adhere to these requirements, your application will be screened out and returned to you without review.

- Use the PHS 5161-1 application form.
- Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in Section IV-6 of this announcement under “Submission of Electronic Applications.”)
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.

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 and submitted in the following order:
 - § Face Page (Standard Form 424 v2, which is in PHS 5161-1)
 - § Abstract
 - § Table of Contents
 - § Budget Form (Standard Form 424A, which is in PHS 5161-1)
 - § Project Narrative and Supporting Documentation
 - § Appendices
 - § Assurances (Standard Form 424B, which is in PHS 5161-1)
 - § Certifications
 - § Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
 - § Checklist (a form in PHS 5161-1)

- Applications should comply with the following requirements:
 - § Provisions relating to confidentiality and participant protection specified in Section V-1 of this announcement.
 - § Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
 - § Documentation of nonprofit status as required in the PHS 5161-1.
- Pages should be typed single-spaced in black ink with one column per page. Pages should not have printing on both sides.
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. 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 Section IV-2.2 of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in Section IV-6 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

If you would like to submit your application electronically, you may search www.Grants.gov 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 Help page. 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, excluding Federal holidays.

If this is the first time you have submitted an application through Grants.gov, you must complete four separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; 3) Credential Provider registration; and 4) Grants.gov registration.

It is strongly recommended that you submit your grant application using Microsoft Office 2003 products (e.g., Microsoft Word 2003, Microsoft Excel, etc.). The new Microsoft Vista operating system and Microsoft Word 2007 products are not currently accepted by Grants.gov. If you do not have access to Microsoft Office products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described in Appendix A of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.
- *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, the application will be screened out and will not be reviewed.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

Keep the Project Narrative as a separate document. Please consolidate all other materials in your application to ensure the fewest possible number of attachments. Be sure to label each file according to its contents, e.g., “Appendices 1-3”, “Appendices 4-5.”

Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. **Documents containing scanned images must also contain page numbers to continue the sequence.** 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 (SF 424 v2) for any paper submission. Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

The Grants.gov Web site does not accept electronic signatures at this time. Therefore, you must submit a signed paper original of the face page (SF 424 v2), the assurances (SF 424B), and hard copy of any other required documentation that cannot be submitted electronically. **You must include the Grants.gov tracking number for your application on these documents with original signatures, on the top right corner of the face page, and send the documents to the following address. The documents must be received at the following address within 5 business days after your electronic submission.** Delays in receipt of these documents may impact the score your application receives or the ability of your application to be funded.

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**
ATTN: Electronic Applications

For other delivery services, change the zip code to 20850.

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

Appendix C - Statement of Assurance

As the authorized representative of [*insert name of applicant organization*]

_____, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization listed in Appendix 1 of the application, that has agreed to participate in the project;
- official documentation that all service provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all participating service provider organizations are in compliance with all local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

Signature of Authorized Representative

Date

Appendix D – Sample Logic Model

A Logic Model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or “change” and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A Logic Model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among what resources you put in (inputs), what you do (outputs), and what happens or results (outcomes). Based on both your planning and evaluating activities, you can then make a “logical” chain of “if-then” relationships.

Look at the graphic on the following page to see the chain of events that links the inputs to program components, the program components to outputs, and the outputs to outcomes (goals).

The framework you set up to build your model is based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your target group. Then you look at the **Inputs**, which are the resources, contributions, time, staff, materials, and equipment you will invest to change these conditions. These inputs then are organized into the **Program Components**, which are the activities, services, interventions and tasks that will reach the target population. These outputs then are intended to create **Outputs** such as changes or benefits for the consumer, families, groups, communities, organizations and SAMHSA. The understanding and further evidence of what works and what does not work will be shown in the **Outcomes**, which include achievements that occur along the path of project operation.

*The logic model presented is not a required format and SAMHSA does not expect strict adherence to this format. It is presented only as a sample of how you can present a logic model in your application.

Sample Logic Model*

Resources (Inputs)	→	Program Components (Activities)	→	Outputs (Objectives)	→	Outcomes (Goals)
Examples		Examples		Examples		Examples
<p>People Staff – hours Volunteer – hours</p> <p>Funds</p> <p>Other resources Facilities Equipment Community services</p>		<p>Outreach Intake/Assessment Client Interview</p> <p>Treatment Planning Treatment by type: Methadone maintenance Weekly 12-step meetings Detoxification Counseling sessions Relapse prevention Crisis intervention</p> <p>Special Training Vocational skills Social skills Nutrition Child care Literacy Tutoring Safer sex practices</p> <p>Other Services Placement in employment Prenatal care Child care Aftercare</p> <p>Program Support Fundraising Long-range planning Administration Public Relations</p>		<p>Waiting list length Waiting list change Client attendance Client participation</p> <p>Number of Clients: Admitted Terminated Inprogram Graduated Placed</p> <p>Number of Sessions: Per month Per client/month</p> <p>Funds raised Number of volunteer hours/month</p> <p>Other resources required</p>		<p>Inprogram: Client satisfaction Client retention</p> <p>In or postprogram: Reduced drug use – self reports, urine, hair Employment/school progress Psychological status Vocational skills Social skills Safer sexual practices Nutritional practices Child care practices Reduced delinquency/crime</p>

Appendix E – Logic Model Resources

- Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. *International Quarterly of Community Health Education*, 18(4), 449-458.
- Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly*, 13(2), 43-62.
- Hernandez, M. & Hodges, S. (2003). *Crafting Logic Models for Systems of Care: Ideas into Action*. [Making children's mental health services successful series, volume 1]. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies. <http://cfs.fmhi.usf.edu> or phone (813) 974-4651
- Hernandez, M. & Hodges, S. (2001). Theory-based accountability. In M. Hernandez & S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health*, pp. 21-40. Baltimore: Brookes.
- Julian, D.A. (1997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, 20(3), 251-257.
- Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning*, 18(4), 333-341.
- Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3rd Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.
- Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation*. San Francisco, CA: Jossey-Bass Inc.

Appendix F – Confidentiality and Participant Protection

1. Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, **including risks to confidentiality**.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

- Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by

consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.

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

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **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 **Appendix 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Protection of Human Subjects Regulations

Applicants may also have to comply with the Protection of Human Subjects Regulations (45 CFR 46), depending on the evaluation and data collection procedures proposed and the population to be served.

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific performance assessment design proposed by the applicant may require compliance with these regulations. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

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.

Appendix G – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$20 cash 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.
- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.

- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

SAMHSA will not accept a “research” indirect cost rate. The grantee must use the “other sponsored program rate” or the lowest rate available.

Appendix H – Sample Budget and Justification

ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION TO ACCOMPANY SF 424A: SECTION B FOR 01 BUDGET PERIOD

OBJECT CLASS CATEGORIES

Personnel

Job Title	Name	Annual Salary	Level of Effort	SAMHSA Funded	Non-Federal Sources	TOTAL
Project Director	J. Doe	\$30,000	1.0	\$30,000	\$-0-	
Clinical Director	J. Doe			\$-0-	In-Kind	
Secretary	Unnamed	\$18,000	0.5	\$-0-	\$ 9,000	
Counselor	R. Down	\$25,000	1.0	\$25,000	\$-0-	
SUBTOTAL				\$55,000	\$9,000	
Enter Personnel subtotal on 424A, Section B, 6.a.						\$64,000
<u>Fringe Benefits</u> (24%)				\$15,360	\$-0-	
SUBTOTAL				\$15,360	\$-0-	
Enter Fringe Benefits subtotal on 424A, Section B, 6.b.						\$15,360
<u>Travel</u>						
2 trips for SAMHSA Meetings for 2 Attendees (Airfare @ \$600 x 4 = \$2,400) + (per diem @ \$120 x 4 x 6 days = \$2,880)						
				\$5,280	\$-0-	
Local Travel (500 miles x .24 per mile)				\$-0-	\$120	
[Note: Current Federal Government per diem rates are available at www.gsa.gov .]						
SUBTOTAL				\$5,280	\$120	
Enter Travel subtotal on 424A, Section B, 6.c.						\$ 5,400
<u>Equipment</u> (List Individually)						
"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) \$5000.						
SUBTOTAL				\$-0-	\$-0-	
Enter Equipment subtotal on 424A, Section B, 6.d.						\$-0-

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

Supplies

Office Supplies	\$500	\$-0-
Computer Software – Microsoft Word	\$-0-	500

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

CONTRACTUAL COSTS

Evaluation

Job Title	Name	Annual Salary	Level of Effort	SAMHSA Funded	Non-Federal Sources	TOTAL
Evaluator	J. Wilson	\$48,000	.05	\$24,000	\$-0-	
Other Staff		\$18,000	1.0	\$18,000	\$-0-	

Fringe Benefits (25%) \$10,500 \$-0-

Travel

2 trips x 1 Evaluator (\$600 x 2)	\$ 1,200	\$-0-
Per Diem @ \$120 x 6	720	\$-0-
Supplies (General Office)	500	\$-0-

Evaluation Contractual Direct Costs \$54,920 \$-0-
 Evaluation Contractual Indirect Costs (19%) \$10,435 \$-0-

Evaluation Contract Subtotal **\$65,355**

SUBTOTAL \$65,355 \$-0- \$65,355

Training

Job Title	Name	Annual Salary	Level of Effort	SAMHSA Funded	Non-Federal Sources	TOTAL
Coordinator	M. Smith	\$ 12,000	0.5	\$12,000	\$-0-	
Admin. Asst.	N. Jones	9,000	0.5	9,000	\$-0-	

Fringe Benefits (25%) 5,250 \$-0-

Travel

2 Trips for Training		
Airfare @ \$600 x 2	\$1,200	\$-0-
Per Diem \$120 x 2 x 2 days	480	\$-0-
Local (500 miles x .24/mile)	120	\$-0-

Supplies

Office Supplies	\$500	\$-0-
Software (Microsoft Word)	\$500	\$-0-

Training Contractual Direct Costs Subtotal \$40,025 \$-0- **\$40,025**
 Training Contractual Indirect Costs Subtotal \$-0- \$-0- **\$-0-**

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

SUBTOTAL	\$105,380	\$-0-	\$105,380
Enter Contractual subtotal on 424A, Section B, 6.f.			\$105,380
	SAMHSA Funded	Non-Federal Sources	TOTAL
<u>OTHER</u>			
Rent (500 Sq. Ft. x \$9.95)	\$ 4,975	\$-0-	
Telephone	\$ 500	\$-0-	
Maintenance (e.g., van)	\$-0-	\$ 2,500	
Audit	\$-0-	\$ 3,000	
Consultants = Expert @ \$250/day X 6 day (If expert is known, should list by name)	\$ 1,500	\$-0-	
SUBTOTAL	\$6,957	\$5,500	
Enter Other subtotal on 424A, Section B, 6.h.			\$12,475
<u>TOTAL DIRECT CHARGES (sum of 6.a-6.h)</u>			
Enter Total Direct on 424A, Section B, 6.i.			\$192,640
<u>INDIRECT CHARGES</u>			
15% of Salary and Wages (copy of negotiated Indirect Cost Rate Agreement attached) [\$64,000 X 15% = \$9,600]			
Enter Indirect Costs subtotal of 424A, Section B, 6.j.			\$9,600
Enter TOTALS on 424A, Section B, 6.k. (sum of 6i and 6j)			\$202,240

JUSTIFICATION

PERSONNEL - Describe the role and responsibilities of each position.

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

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

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

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

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

OTHER - Generally self-explanatory. If consultants are included in this category, explain the need and how the consultant's rate has been determined. If rent is requested, provide the name of the owner of the building/facility. If anyone related to the project owns the building which is a less than arms length arrangement, provide cost of ownership/use allowance.

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

OTHER SOURCES – If other non-Federal sources of funding, including match or cost sharing as a total operating budget is included, provide the name of the source, e.g., in-kind, foundation, program income, Medicaid, State funds, applicant organization, etc., and explain its use.

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

Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified. (NOTE: salary cap of \$191,300 is effective for all FY 2008 awards.)

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

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

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

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

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

***Increased amounts in 02 and 03 years reflect the increase in client data collection.

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

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

Appendix I – Recovery-Oriented Systems of Care

Recovery-Oriented Systems of Care (ROSCs) support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems. ROSCs offer a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathway to recovery. ROSCs encompass and coordinate the operations of multiple systems, providing responsive, outcomes-driven approaches to care. ROSCs require an ongoing process of systems improvement that incorporates the experiences of those in recovery and their family members.

The stakeholders in attendance at SAMHSA/CSAT's National Summit on Recovery held in 2005 identified elements of recovery-oriented systems of care as follows:

- Person-centered;
- Family and other ally involvement;
- Individualized and comprehensive services across the lifespan;
- Systems anchored in the community;
- Continuity of care (pretreatment, treatment, continuing care, and recovery support);
- Partnership-consultant relationship, focusing more on collaboration and less on hierarchy;
- Strengths-based (emphasis on individual strengths, assets, and resilience);
- Culturally responsive;
- Responsive to personal belief systems;
- Commitment to peer recovery support services;
- Inclusion of the voices of recovering individuals and their families;
- Integrated services;
- System-wide education and training;
- Ongoing monitoring and outreach;
- Outcomes-driven;
- Based on research; and
- Adequately and flexibly financed (CSAT, 2007, p. 12-13).

To access the complete report from CSAT's National Summit on Recovery go to:
<http://www.rcsp.samhsa.gov/resources/index.htm#summit>.

Appendix J – Recovery Support Services Examples

Recovery support services (RSSs) are non-clinical services that assist individuals and families to recover from alcohol or drug problems. They include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness contributing to an improved quality of life. These services can be flexibly staged and may be provided prior to, during, and after treatment. RSSs may be provided in conjunction with treatment, and as separate and distinct services, to individuals and families who desire and need them. RSSs may be delivered by peers, professionals, faith-based and community-based groups, and others. RSSs are a key component of ROSCs.

Recovery support services are typically provided by paid staff or volunteers familiar with how their communities can support people seeking to live free of alcohol and drugs, and are often peers of those seeking recovery. Some of these services may require reimbursement while others may be available in the community free of charge. Examples of recovery support services include the following:

- Transportation to and from treatment, recovery support activities, employment, etc.
- Employment services and job training
- Case management/individual services coordination, providing linkages with other services (legal services, TANF, social services, food stamps, etc.)
- Outreach
- Relapse prevention
- Housing assistance and services
- Child care
- Family/marriage education
- Peer-to-peer services, mentoring, coaching
- Life skills
- Education
- Parent education and child development
- Substance abuse education

Definitions for Recovery Support Services

Transportation

Commuting services are provided to clients who are engaged in treatment- and/or recovery support-related appointments and activities and who have no other means of obtaining transportation. Forms of transportation services may include public transportation or a licensed and insured driver who is affiliated with an eligible program provider.

Employment Services and Job Training

These activities are directed toward improving and maintaining employment. Services include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, resumé writing, interviewing skills, and tips for retaining a job. Other

services include training in a specific skill or trade to assist individuals to prepare for, find, and obtain competitive employment such as skills training, technical skills, vocational assessment, and job referral.

Case Management

Comprehensive medical and social care coordination is provided to clients to identify their needs, plan services, link the services system with the client, monitor service delivery, and evaluate the effort.

Relapse Prevention

These services include identifying a client's current stage of recovery and establishing a recovery plan to identify and manage the relapse warning signs.

Housing Assistance and Services

These services include transitional housing, recovery living centers or homes, supported independent living, sober housing, short-term and emergency or temporary housing, and housing assistance or management. These services provide a safe, clean, and sober environment for adults with substance use disorders. Lengths of stay may vary depending on the form of housing. This assistance also includes helping families in locating and securing affordable and safe housing, as needed. Assistance may include accessing a housing referral service, relocation, tenant/landlord counseling, repair mediation, and other identified housing needs.

Child Care

These services include care and supervision provided to a client's child(ren), less than 14 years of age and for less than 24 hours per day, while the client is participating in treatment and/or recovery support activities. These services must be provided in a manner that complies with State law regarding child care facilities.

Family/Marriage Counseling and Education

Services provided to engage the whole family system to address interpersonal communication, codependency, conflict, marital issues and concerns, parenting issues, family reunification, and strategies to reduce or minimize the negative effects of substance abuse use on the relationship.

Peer-to-Peer Services, Mentoring, Coaching

Mutual assistance in promoting recovery may be offered by other persons who have experienced similar substance abuse challenges. These services focus more on wellness than illness. Mentoring and coaching may include assistance from a professional who provides the client counsel and/or spiritual support, friendship, reinforcement, and constructive example. Mentoring also includes peer mentoring which refers to services that support recovery and are designed and delivered by peers—people who have shared the experiences of addiction recovery. *Recovery*

support is included here as an array of activities, resources, relationships, and services designed to assist an individual’s integration into the community, participation in treatment, improved functioning or recovery.

Life Skills

Life skills services address activities of daily living, such as budgeting, time management, interpersonal relations, household management, anger management, and other issues.

Education

Supported education services are defined as educational counseling and may include academic counseling, assistance with academic and financial applications, and aptitude and achievement testing to assist in planning services and support. Vocational training and education also provide support for clients pursuing adult basic education, i.e., general education development (GED) and college education.

Parent Education and Child Development

An intervention or treatment provided in a psycho-educational group setting that involves clients and/or their families and facilitates the instruction of evidence-based parenting or child development knowledge skills. Parenting assistance is a service to assist with parenting skills; teach, monitor, and model appropriate discipline strategies and techniques; and provide information and advocacy on child development, age appropriate needs and expectations, parent groups, and other related issues.

Examples of Recovery Support Service Rate Ranges

Rate ranges for selected recovery support service types

Recovery support service type	Unit of service	Range
Most common types		
Transportation	Round trip	\$10–\$14 bus pass
Employment services or job training	Hour	\$10–\$46.79
Case management	Hour	\$10–\$56.89
Housing assistance or services	Daily transitional	\$25–\$33
	Recovery House (monthly)	\$1,359–\$2,000
Child care	Hour	\$3.85–\$12
Family, marriage counseling, and education	Hour (individual)	\$5–\$81.98
Peer-to-peer services, mentoring, coaching	Hour (individual)	\$10–\$56.89
	Hour (group)	\$15–\$20.50
Other		
Life skills	Hour	\$25–\$30
Education	Hour (individual)	\$20–\$25

Appendix K – Proposed Number of Service Recipients- Guidelines and Definitions

Instructions

Your application must specify the proposed number of service recipients in the Abstract and in the Project Narrative under Section C: Proposed Implementation Approach.

In estimating the number of service recipients proposed for each grant year, take into account start-up during early project months and any changes expected during the course of the funding period.

Service Expansion: Expansion applications propose to **increase the number of clients receiving services** as a result of the award. For example, a treatment facility or an outreach and pretreatment program that currently admits to serving 50 persons per year may propose to expand service capacity to be able to admit 50 more persons annually. Clearly state the additional annual admissions you anticipate from the use of TCE funds, not those now being served.

Service Enhancement: If you propose to improve **the quality and intensity of services**, for instance, by adding state-of-the-art treatment approaches, or adding a new service to address special needs of clients, specify the number of persons who will receive expanded services during each grant year in the narrative, and the total numbers in the Abstract. Although service enhancements may not increase the number of clients being served *per se*, you should specify the current and proposed number of clients who will receive the new enhancement services. Do not double-count clients. Some clients, for instance, may begin to receive an enhanced service near the end of Year 1 and continue receiving the service into Year 2, in which case you should count the clients only in Year 1. Numbers should also be unduplicated across services. For instance, if you propose to enhance services through the addition of case management and employment counseling, some clients may receive both types of services. Do not double-count these clients.

Total # Persons Served: Specify the total number of persons who will receive grant supported services. These numbers should be unduplicated, so that numbers stated here may not equal the sum of “enhanced” and “expansion” clients served. If some clients will receive both enhanced and expanded services, do not double-count these clients. The key is to count individual clients served, not provided services. To specify the total number of persons served, estimate the unduplicated number of individuals who will receive grant-supported services.

A tabular format is suggested for portraying these data, but is not required.

Appendix L – Glossary

Co-occurring Disorders: The simultaneous presence of substance use (abuse or dependence) and mental disorders.

- **Screening for Co-occurring Disorders:** The purpose of screening is to determine the *likelihood* that a person has a co-occurring substance use or mental disorder. The purpose is *not* to establish the presence or specific type of such a disorder, but to establish the need for an in-depth assessment. Screening is a formal process that typically is brief and occurs soon after the client presents for services.
- **Assessment for Co-occurring Disorders:** An assessment consists of gathering information and engaging in a process with the client that enables the provider to establish the presence or absence of a co-occurring disorder; determine the client’s readiness for change; identify client strengths or problem areas that may affect the processes of treatment and recovery; and engage a person in the development of an appropriate treatment relationship. Assessment is a formal process that may involve clinical interviews, administration of standardized instruments, and/or review of existing information. The purpose of the assessment is to establish (or rule out) the existence of a clinical disorder or service need and to work with the client to develop a treatment and service plan.

Federally-recognized Tribes: Indian Tribes with whom the Federal Government maintains an official government-to-government relationship; usually established by a Federal treaty, statute, executive order, court order, or a Federal Administrative Action. The Bureau of Indian Affairs (BIA), within the Department of the Interior, maintains and regularly publishes the list of federally recognized Indian Tribes.*

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

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

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.

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

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.

Recovery-Oriented Systems of Care (ROSCs): Recovery-Oriented Systems of Care (ROSCs) support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems. ROSCs offer a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathway to recovery. ROSCs encompass and coordinate the operations of multiple systems, providing responsive, outcomes-driven approaches to care. ROSCs require an ongoing process of systems improvement that incorporates the experiences of those in recovery and their family members.

Recovery Support Services: Recovery support services (RSSs) are non-clinical services that assist individuals and families to recover from alcohol or drug problems. They include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness contributing to an improved quality of life. These services can be flexibly staged and may be provided prior to, during, and after treatment. RSSs may be provided in conjunction with treatment, and as separate and distinct services, to individuals and families who desire and need them. RSSs may be delivered by peers, professionals, faith-based and community-based groups, and others. RSSs are a key component of ROSCs.

State-Recognized Tribes: Tribes that maintain a special relationship with the State government and whose lands and rights are usually recognized by the State. State recognized Tribes may or may not be federally recognized.

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

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

Tribal Organizations: The recognized governing body of any Indian Tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian

community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities (PL 93-638 as amended, 25 U.S.C. 450 b).

Urban Indian Organizations: PL 94-437 defines Urban Indian organizations as a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a).

*Note: Tribal Government is defined as an American Indian or Alaska Native Tribe, Band, Nation, Pueblo, Village or Community that the Secretary of Interior acknowledges to exist as an Indian Tribe pursuant to the Federally Recognized Indian List Act of 1994, 25 USC 479a.