

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

**Minority Fellowship Program
(Short Title: MFP)**

(Initial Announcement)

Request for Applications (RFA) No. SM-08-006

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

Key Dates:

Application Deadline	Applications are due by March 19, 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.

A. Kathryn Power, M.Ed.
Director
Center for Mental Health Services
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	8
III.	ELIGIBILITY INFORMATION.....	8
1.	ELIGIBLE APPLICANTS	8
2.	COST SHARING and MATCH REQUIREMENTS	9
3.	OTHER	10
IV.	APPLICATION AND SUBMISSION INFORMATION	10
1.	ADDRESS TO REQUEST APPLICATION PACKAGE.....	10
2.	CONTENT AND FORM OF APPLICATION SUBMISSION	10
3.	SUBMISSION DATES AND TIMES.....	12
4.	INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS	13
5.	FUNDING LIMITATIONS/RESTRICTIONS	15
6.	OTHER SUBMISSION REQUIREMENTS	15
V.	APPLICATION REVIEW INFORMATION.....	16
1.	EVALUATION CRITERIA	16
2.	REVIEW AND SELECTION PROCESS	22
VI.	ADMINISTRATION INFORMATION.....	22
1.	AWARD NOTICES.....	22
2.	ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	22
3.	REPORTING REQUIREMENTS	23
VII.	AGENCY CONTACTS.....	24
	Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications	26
	Appendix B – Guidance for Electronic Submission of Applications	28
	Appendix C - Statement of Assurance.....	31
	Appendix D – Sample Logic Model	32
	Appendix E – Logic Model Resources	34
	Appendix F – Confidentiality and Participant Protection.....	35
	Appendix G – Funding Restrictions	39
	Appendix H – Sample Budget and Justification	41

Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2008 for Minority Fellowship Program (MFP) grants. The purpose of this three-year grant program is to provide stipends to doctoral level students in the fields represented by the eligible applicants to increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research and provide direct mental health/substance use services to underserved populations, especially within the public and private non-profit sectors.

Funding Opportunity Title: Minority Fellowship Program

Funding Opportunity Number: SM-08-006

Due Date for Applications: March 19, 2008

Anticipated Total Available Funding: \$3.837 million

Estimated Number of Awards: 5

Estimated Award Amount: From \$300,000 to \$900,000

Length of Project Period: Three years

Eligible Applicants: American Nurses Association (ANA);
American Psychiatric Association (ApA);
American Psychological Association (APA);
Council on Social Work Education (CSWE);
American Association of Marriage and Family
Therapy (AAMFT).

[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 Mental Health Services is accepting applications for fiscal year (FY) 2008 for Minority Fellowship Program (MFP) grants. The purpose of this three-year grant program is to provide stipends to doctoral level students in the fields represented by the eligible applicants to increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research and provide direct mental health/substance use services to underserved populations, especially within the public and private non-profit sectors.

The mental health and substance use needs of racial and ethnic minority communities within the United States have been historically underserved by trained practitioners sensitive to the cultural issues or equipped with the language skills that impact effective services delivery. In 1974, the National Institute of Mental Health (NIMH) established the MFP to enhance services to minority communities through specialized training of mental health professionals in psychiatry, nursing, social work and psychology. In 1992, SAMHSA was established and the MFP was transferred from NIMH to CMHS in SAMHSA. Eligibility for this grant was expanded by Congress in FY 2006 to include a fifth professional association, the American Association of Marriage and Family Therapy.

In 2003, the President's New Freedom Commission on Mental Health released its report, *Achieving the Promise: Transforming Mental Health Care in America*. In its recommendations, the report highlighted the need for eliminating disparities in mental health services, including the provision of culturally competent, recovery-based care and the need to address workforce shortages. In particular, the Commission noted that: "... many providers are inadequately prepared to serve culturally diverse populations and investigators are not trained in research on minority populations."

In FY 2008, based on the availability of funds, CMHS plans on sponsoring the development of a MFP Coordination Center (MFP CC) through funds allocated to the MFP program. The purpose of the Center will be to enhance the effectiveness of the MFP program by:

- analyzing grantee reporting methods and systems and how they may be strengthened;
- developing and coordinating a multi-discipline (social work, psychology, psychiatry, nursing, marriage and family therapy) workgroup to address findings of the MFP longitudinal evaluation findings;
- fostering multi-disciplined approaches to recruitment and retention of program participants, participant tracking and mental health curriculum development; and
- addressing multi-disciplined approaches to improving the placement of MFP participants in mental health and substance use underserved areas and increasing program participant familiarity with National Outcome Measures for mental health.

Grantees will be expected to work with the Coordination Center in these efforts by providing information on their processes and procedures regarding the MFP Program and to participate in meetings, conference calls and other forums for discussion to develop these identified areas of focus.

Minority Fellowship Program grants are authorized under 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus areas 18 (Mental Health and Mental Disorders) and 26 (Substance Abuse).

2. EXPECTATIONS

2.1 Required Activities

You must describe an approach for addressing the following required activities in your application:

- Establish infrastructure supports for the program, to include:
 - Administrative infrastructure, with a Program Director and support staff who will administer the MFP program and have an identifiable position within the overall organizational structure/organizational chart of the sponsoring parent association.
 - Eligibility requirements for students seeking to become MFP Fellows.
 - Timely selection process for students deemed eligible for MFP Fellowships which coincides with expected academic schedules.
 - Financial infrastructure for grant administration, including management and distribution of student stipends and other training related costs.
 - Advisory committee for the discipline-specific MFP (including core representation from MH/SA consumers/survivors), to provide consultation and guidance to the MFP, assist in program planning, monitoring and evaluation, and assist in the selection of MFP Fellows for the three-year grant period.
 - Liaison(s) with accredited professional graduate schools in their respective disciplines to recruit students committed to serving minorities with mental health and substance use disorders, particularly underrepresented students, such as those from bilingual/bicultural backgrounds.
- Collaborate with other professional organizations, educational institutions and the MFP Coordinating Center to support the pool of qualified MFP applicants and to facilitate the dissemination of information concerning the program's goals and outcomes.
- Encourage doctoral students in schools of behavioral health and the social sciences to specialize in areas where personnel shortages frequently occur within underserved communities (e.g., child/adolescent and geriatric mental health and substance use services; mental health and substance use disorders services to minority communities in inner cities or rural areas; services or treatment for minority persons with serious mental illness or co-occurring substance use and mental health disorders.)

- Foster the development of doctoral level students who are consumers or family members of those receiving mental health services and/or people in recovery from addictive disorders and their family members.
- Track students to determine:
A profile of MFP Alumni covering the last 5 years, including name, degree, school, ethnicity, gender and employment status (type of job, public/not-for-profit/private sector, job setting, e.g., university, clinic, MH center).

American Association of Marriage and Family Therapy (AAMFT): As a current grantee, the AAMFT is expected to provide the same tracking information as other grantees for the one-year period that MFP Fellows have received funding. For the four year period prior to FY2007, please provide the above requested tracking information by using employment profile data from AAMFT.

2.2 Allowable Activities

MFP grants funds may also be used to support infrastructure development including the following types of activities:

- Needs assessment
- Performance measurement development
- Data infrastructure/MIS development
- Development/support of the MFP Coordinating Center

2.3 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). Grantees may be asked to enter their data on the new CMHS Web-based GPRA data collection called TRansformation ACcountability (TRAC) on an annual basis using data collection forms which are currently under development. Initial training and on-going technical assistance on the use of the TRAC system will be provided.

You must document your ability to collect and report the required data in “Section D: Performance Assessment and Data” of your application.

- 1) Employment of Past Fellows: Provide a tabular listing of the names of Fellows who have completed the program and the types of jobs they held, especially those related to providing mental health/substance use services to underserved populations. Indicate whether the job setting is public or private.
- 2) Attrition of Students from Training Programs: Using the total number of Fellows in your program for the current year as a basis for comparison, identify the number/percent of students (by year, gender, ethnicity) who graduated during this period, those terminated before graduation and reasons why and those who may have become disabled.

- 3) Descriptions of Current Fellows: Provide the names of Fellows by university, ethnicity and gender. Include both those who were newly admitted to the program during this period, as well as those previously admitted.
- 4) Assessment of the Program: Provide any program-specific indicators of success. SAMHSA is particularly interested in program assessment data you have collected or have pending as a way of measuring the goals and/or achievements of your program.

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

2.4 Performance Assessment

Grantees must assess their projects, addressing the performance measures described in Section I-2.3. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered and efforts to overcome these barriers in a performance assessment report to be submitted no later than sixty days after the completion of each budget period.

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 were the effects of the training program on the professional career development of individual MFP Fellows? (e.g., direct service, supervision, administration, teaching, research, etc.)
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?
- How durable were the effects?

Process Questions:

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

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

2.5 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting 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 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:	\$3.837 million
Estimated Number of Awards:	5
Estimated Award Amount:	From \$300,000 to \$900,000
Length of Project Period:	Three years.

The five awards may range from \$300,000 to \$900,000 in total costs (direct and indirect) for the three-year project period. Funding determinations will be made based on the results of an independent peer grant review process, demonstrated track record in running an MFP program, perceived program needs and the availability of funds. Applicants may apply for a grant award based upon funding amounts in prior years or funds necessary for new recruitment, selection, monitoring and fellowships.

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. **Applicants should be aware that Congress funded this program in the FY 2008 appropriation for SAMHSA even though funding for the program was not requested in the FY 2008 President's budget. Funding beyond FY 2008 is not guaranteed. SAMHSA is allowing applicants to submit proposals for two additional budget years for planning purposes and for technical assistance in sustainability activities.**

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility is limited to the American Nurses Association (ANA), American Psychiatric Association (ApA), American Psychological Association (APA), Council on Social Work Education (CSWE) and American Association for Marriage and Family Therapy (AAMFT).

These professional organizations have unique access to students entering their respective professions. The fields of psychiatric nursing, psychiatry, psychology and social work have been recognized nationally for decades as the four core behavioral health disciplines, providing part of an essential core of services for individuals with serious mental illness and also less severe mental disorders. The ANA, ApA and APA are the largest national professional organizations in the country for nursing, psychiatry and psychology, respectively. The ANA, ApA and APA and their affiliates have activities in all major areas of national policies affecting nursing, psychiatry and psychology as professions, including education and training. In the field of social work, the CSWE is the leading national organization that focuses solely on the education and training of social workers and it maintains a close working relationship with the National Association of Social Workers, the largest professional social work organization in the country.

All four organizations, the ANA, ApA, APA and CSWE, along with their affiliates, have direct involvement in curriculum development, school accreditation and pre-/post-doctoral training. All four have experience in working directly with university training programs from which the pools of participants are selected. These are the only organizations that have the infrastructure and expertise in place to administer this program. They already have mechanisms and databases in place to identify students serving underserved populations. All four organizations have developed relationships with appropriate minority professional organizations that may serve as useful liaisons; for instance, APA has developed relationships with the Association of Black Psychologists, Native American Psychological Association, Hispanic Psychological Association and Asian American Psychological Association. Each organization assists APA in identifying pools of qualified applicants.

Because of their unique characteristics and long history, these four organizations - the ANA, ApA, APA and CSWE - were chosen more than 30 years ago as the exclusive representatives for education/training in their respective fields. During that time, they have administered their MFP programs exceptionally well. They have recruited excellent students, assured that all program requirements were satisfied and effectively monitored the progress of Fellows during and after the fellowship period. Their MFP Fellows have been successful in addressing the MFP goals of providing leadership in the delivery of mental health/substance use services to ethnic underserved communities. These MFP grantees continue to operate in their unique position of representing this core of mental health and substance use disciplines exceptionally well.

In addition to the four professional associations that have been eligible for MFP grants in the past, Congress expanded eligibility in Fiscal Year 2007 to the American Association of Marriage and Family Therapy (AAMFT). The addition of AAMFT has provided an opportunity to expand the pool of doctoral level students who are trained to teach, administer, conduct services research and provide direct mental health/substance use services to underserved populations in the public sector, consistent with Congressional intent.

Therefore, eligibility has been restricted to only these five organizations.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is 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.

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, population to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, 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 D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through H. 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 4** – Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Appendices 1, 3 and 4 combined. There are no page limitations for Appendix 2. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the appendices as: Appendix 1, Appendix 2, etc.
 - *Appendix 1:* Letters of 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)

- ❑ **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.

- ❑ **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 **March 19, 2008**. Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 12:00 midnight (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. SM-08-006. 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 use and mental health. A listing of the SSAs can be found on SAMHSA's Web site at www.samhsa.gov. If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs.

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. SM-08-006. 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.

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).

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 Minority Fellowship Program 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 **“MFP, SM-08-006”** 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.

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

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the “Program Narrative” instructions found in the PHS 5161-1.**
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will**

not be considered. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA Web site at www.samhsa.gov. Click on “Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence.”
- The Supporting Documentation you provide in Sections E-H and Appendices 1-4 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, applicants are encouraged to respond to each bulleted statement.

Section A: Statement of Need (10 points)

- Describe the need for additional professionals in your field to provide mental health/substance use services to underserved populations. Include the numbers of MFP Fellows you expect to train during the project period.
- Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective training for MFP Fellows.
- Describe the service gaps, barriers, and other problems related to the need for infrastructure development. Describe the available resources that can help implement the needed infrastructure development.

Section B: Proposed Evidence-Based Service/Practice (35 points)

- Clearly state the purpose of the proposed project, with goals and objectives. Describe how achievement of goals will increase system capacity to support effective substance use and/or mental health services.
- Describe the proposed project. Provide evidence that the proposed activities meet the infrastructure needs and show how your proposed infrastructure development strategy will meet the goals and objectives.
- Discuss the eligibility requirements for students seeking to become MFP Fellows and the selection process that will be used for selecting eligible MFP Fellows to coincide with academic schedules.

- Discuss the language, beliefs, norms and values of your pool of eligible MFP Fellows, as well as socioeconomic factors that must be considered in delivering programs to this population, and how the proposed approach addresses these issues.
- Describe your plan to ensure that MFP Fellows provide services to underserved populations with mental and/or substance use disorders, particularly in the public sector.
- Describe your plan to collaborate with relevant ethnic minority national mental health and substance use organizations to increase the available pool of MFP Fellows.
- Discuss your plan to provide “doctoral-level” training of Fellows in mental health and substance use prevention and treatment, using evidence-based practices, and with a focus on culturally competent, recovery-based care for underserved public sector populations.
- Provide a logic model (see Appendices D and E) that demonstrates the linkage between the identified need, the proposed approach and outcomes.
- Describe your financial infrastructure for administering the MFP, including distribution of student stipends and other related training costs.
- Describe your advisory committee (including core representation from MH/SA consumers/survivors) or how you will establish this committee, to provide consultation and guidance to the MFP, assist in program planning, monitoring, evaluating, and assist in the selection of MFP Fellows for the three-year project period. Include the frequency of meetings.
- Discuss your collaboration with other professional organizations and educational institutions to increase the pool of qualified MFP applicants and to facilitate the dissemination of information concerning the program’s goals and outcomes.
- Describe your collaborative recruitment strategies utilizing existing partnerships with accredited, professional graduate schools in your discipline to recruit students committed to serving minorities with mental health and substance use disorders, particularly underrepresented students, such as those from bilingual/bicultural backgrounds.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe how your activities will improve substance use prevention and/or treatment and/or mental health services.
- Discuss the system you will use to track students. (See the requirements for maintaining student profiles in Section I – 2.1.)
- Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational

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

Section C: Proposed Implementation Approach (25 points)

- Provide a realistic time line for the three-year project period (chart or graph) showing key activities, milestones and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]
- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent and recovery-based services.
- Provide a list of staff who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director and support staff who will administer the MFP.
- Discuss how key staff have demonstrated experience in serving the pool of eligible MFP Fellows. If the target population is multilinguistic, indicate if the staffing pattern includes bilingual and bicultural individuals.
- Describe the resources available for the proposed project (e.g., facilities, equipment).

Section D: Staff and Organizational Experience (30 points)

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

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

SUPPORTING DOCUMENTATION

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

Section F: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of

existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 20% of the total grant award will be used for data collection and performance assessment. An illustration of a budget and narrative justification is included in Appendix H of this document.

Section G: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or 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 H: 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. More detailed guidance for completing this section can be found in Appendix F of this RFA.

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the eight bullets below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these eight bullets, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application 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 Mental Health Services' 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 Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows you to receive Federal funding for work on the grant project.

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at <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-2.4, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit a final progress report, as well as a final financial status reports.
- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.

- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

3.2 Government Performance and Results Act (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 MFP grant program are described in Section I-2.4 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 use treatment/substance use prevention/mental health services community.

VII. AGENCY CONTACTS

For questions about program issues contact:

Antoine Smith, MPH
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road

Room 2-1124
Rockville, Maryland 20857
(240) 276-2006
antoine.smith@samhsa.hhs.gov

For questions on grants management issues contact:

Gwendolyn Simpson
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1085
Rockville, Maryland 20857
(240) 276-1408
gwendolyn.simpson@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 products (e.g., Microsoft Word, Microsoft Excel, etc.). If you do not have access to Microsoft Office products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

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

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of 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 **12,875** 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 users, 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 use disorders 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 \$186,600 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.