Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

National Child Traumatic Stress Initiative
Community Treatment and Services Center Grants
(Category III)
(Modification)

Request for Applications (RFA) No. SM-05-006 (MOD)

Catalogue of Federal Domestic Assistance (CFDA) No. 93.243

Key Dates:

Application Deadline	**May 17, 2005**
Intergovernmental Review (E.O. 12372)	**Letters from State Single Point of Contact (SPOC) are due 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 60 days after application deadline.**

A. Kathryn Power, M.Ed.
Director
Center for Mental Health Services

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

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces available funding for Community Treatment and Services Center grants through the National Child Traumatic Stress Initiative.

The purpose of SAMHSA's National Child Traumatic Stress Initiative (NCTSI) is to improve treatment and services for all children and adolescents in the United States who have experienced traumatic events. The initiative is designed to address child trauma issues by creating a national network of grantees that work collaboratively to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events.

The National Child Traumatic Stress Network is composed of three types of centers:

1. The National Center for Child Traumatic Stress (NCCTS) works with SAMHSA to develop and maintain the Network structure, provide technical assistance to grantees within the Network, oversee resource development and dissemination, and coordinate national education and training efforts;

2. The Treatment and Services Adaptation (TSA) Centers provide national expertise on specific types of traumatic events, population groups, and service systems and support the specialized adaptation of effective treatment and service approaches for communities across the country; and

3. The Community Treatment and Services (CTS) Centers implement and evaluate effective treatment and services in community settings and youth serving service systems and collaborate with other Network Centers on clinical issues, service approaches, policy, financing, and training issues.

Community Treatment and Services (CTS) Centers, which are funded under this announcement, are community-focused grants to promote the local use of best practices for children and adolescents who have experienced trauma. Grants will be provided to community organizations or programs that primarily provide or support treatment and services in their community, or specialty child service settings, for children, adolescents, and their families who have experienced trauma. The overall goals of CTS Centers are to identify best practices to address child trauma needs in their communities, work with TSA Centers to adapt empirically-based treatment and service approaches to meet needs within their communities, and work with other community agencies to transform service delivery approaches so that best practices "take root" within local community service systems. Grantees are expected to collaborate intensively within the National Child Traumatic Stress Network for these purposes and for developing child traumatic stress-related products and services for nationwide consumption and benefit.

2. EXPECTATIONS

This funding announcement is modeled upon SAMHSA's BPPI program, which promotes the use of practices that incorporate the best objective information available regarding effectiveness and acceptability. SAMHSA refers to these as "best practices." Therefore, this program supports adaptation and evaluation of a tailored array of best practices in addition to planning and implementation.

CTS Centers are expected to develop or enhance expertise in: trauma assessment, intervention, and training; conveying public and professional information; providing leadership on child/adolescent trauma issues in their communities; and serving as a resource to help their communities transform treatment and services for child trauma.

2.1 Documenting the Evidence-Base for Selected Practices

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

Practices used in the National Child Traumatic Stress Initiative include both clinical treatment approaches and "trauma-informed" service approaches designed to reduce the impact of exposure to potentially traumatic events on children and adolescents. These approaches may be delivered in a variety of service settings that do not include full clinical interventions. The Network has developed materials and training in both types of approaches.

Applicants are expected to assess service needs in both areas—clinical treatment approaches and trauma-informed services—and then propose those evidence-based practices that will result in needed improvements for the identified population. Trauma-informed services may include:

- psychoeducational programs on the impact of trauma
- outreach and assessment of children/adolescents for trauma exposure
- referral/triaging of identified trauma-exposed children to the appropriate intensity of clinical services
- acute interventions during or in the immediate aftermath of traumatic events
- supportive services in the aftermath of a traumatic event
- training service providers to improve their response to child/adolescent trauma victims
- training service providers to reduce the potential for traumatic stress in their delivery of services
- service systems changes to improve the delivery of trauma treatment and services

Documenting the Evidence-Based Practices

SAMHSA has already determined that certain practices are evidence-based practices and encourages applicants to select practices from the following sources (though this is not required):

- SAMHSA's National Registry of Effective Programs and Practices (NREPP) (see Appendix C)

- Materials and information from the National Child Traumatic Stress Network website at www.NCTSNet.org (see "Resource Materials for 2005 Grant Applicants" under New Resources) and included in the application package distributed with this announcement.

  Note: Despite varying levels of evidence, all practices listed on the NCTSN website are worthy of consideration. Applicants are encouraged to review and consider these practices based not only on their levels of evidence, but also their appropriateness for the community and target population(s), feasibility of implementation, and potential for sustainability. Applicants are also encouraged to gather additional information through discussions with the treatment developers and others using the practices.

Applicants proposing practices that are not included in the above-referenced sources must provide a narrative justification that summarizes the evidence for effectiveness and acceptability of the proposed practice. The preferred evidence of effectiveness and acceptability includes findings from clinical trials, efficacy, and/or effectiveness studies published in the peer-reviewed literature. Applicants must also provide a preliminary plan for working with National Child Traumatic Stress Network Treatment and Services Adaptation (TSA) Centers to refine and implement proposed service approaches.

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

In presenting evidence in support of the proposed practice, applicants must show that the evidence presented is the best objective information available.

Justifying Selection of the Practice/Service for the Target Population

Regardless of the strength of the evidence-base for the proposed array of practices, all applicants must show that the proposed practices are appropriate for the target population(s). Ideally, this evidence will include research findings on effectiveness and acceptability specific to the proposed target population. However, if such evidence is not available, the applicant should provide a justification for using the proposed practice with the target population. This

justification might involve, for example, a description of adaptations to the proposed practice based on other research involving the target population.

Proposing Adaptations/Modifications of the Proposed Practices

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

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

All applicants must describe and justify any adaptations or modifications that will be made to the proposed best practices.

2.2 Program Design

Within the first year of the grant, grantees are expected to identify the tailored array of best practices to be implemented and achieve consensus building and adaptation. Grantees are expected to use the remaining grant period to pilot test and implement the identified practices.

Prior to application submission, applicants are expected to have initiated a planning process that will build consensus among community stakeholders to assess community needs, identify a target population, identify an array of best practices related to child and/or adolescent trauma, and begin strategic planning for program implementation. Applicants are strongly encouraged to review information on the website of the National Child Traumatic Stress Network (**www.NCTSNet.org**) to identify potential support and resources available through the Network.

Within the first year of the grant, grantees are expected to conduct the following:

- Building and maintaining a coalition of stakeholders to fund, oversee, use, and provide the identified array of best practices.

- Consulting experts within the National Child Traumatic Stress Network about the available practices for target populations, specialized service settings, and any necessary adaptations.

- Developing plans and agreements with NCTSI Treatment and Services Adaptation (TSA) Centers for ongoing consultation, training, and implementation of best practices.

- Consulting leaders from other communities about their experiences in implementing the practices.

- Working with TSA Centers to train and educate key stakeholders about the array of best practices.

- Consulting with TSA Centers to complete the adaptation of the best practices to community needs.

- Initiating pilot testing and local evaluation of the best practices.

- Engaging professionals to continue to build consensus and carry out the strategy.

- Participating in National Child Traumatic Stress Network efforts to develop protocols for collecting information on client characteristics, services received, and treatment outcomes for children and adolescents who receive trauma services, as the Network deems necessary to fulfill its monitoring and evaluation goals.

- Evaluating the process of adaptation of best practices to meet community needs.

By the end of the second year of grant funding, grantees are expected to have completed pilot testing and evaluation. Examples of activities that may be included in the remaining years of the grant project include the following:

- Modifying best practices based on pilot test results as well as consultation with NCTSI Treatment and Services Adaptation (TSA) Centers and community stakeholders.

- Revising or customizing the manuals or documentation that describe in detail how the best practices are being implemented for the local community.

- Maintaining the coalition of stakeholders to oversee implementation.

- Making organizational changes (e.g., hiring staff) necessary to implement the best practices on a permanent basis and sustain them beyond the life of the grant.

- Providing necessary education, training, and technical assistance for staff.

- Providing outreach to local programs and service systems to promote and provide consultation and/or training for the identification, assessment, treatment, and related services for traumatized children and adolescents in the community.

- In collaboration with other National Child Traumatic Stress Network grantees, identifying lessons learned from the implementation of best practices, and assisting TSA Centers and the National Center for Child Traumatic Stress to create information and materials for dissemination based upon community experience.

- Developing and implementing a multifaceted sustainability plan for key grant-funded activities.

2.3 Performance Requirements

All grantees will be required to meet the following evaluation and performance requirements:

By the end of the first year of grant funding:

- Provide documentation that consensus was achieved for adopting a tailored array of best practices, including how consumers, families, community service providers, and other stakeholders were included in the consensus building.

- Provide documentation of the practices that are being piloted, including adaptations that are being made, along with the plans for pilot testing and evaluation.

- Provide documentation of partnerships with NCTSI Treatment and Services Adaptation (TSA) Centers and the purpose, plans/direction, and goals of those partnerships.

- Provide documentation of sustainability planning, including the support, leadership, and methods developed for sustainability plan development and implementation.

By the end of the second year of grant funding:

- Provide documentation of the pilot testing of the best practices, including results of evaluation(s).

- Provide documentation of the status and progress of partnerships with TSA Centers toward achieving common goals.

- Provide documentation of efforts to obtain input from consumers, families, community service providers, and other stakeholders in all aspects of program activities, including, but not limited to, a consumer and family advisory process.

- Provide documentation of efforts to establish collaborations with local and State service system(s) that provide(s) services to children and adolescents who have experienced trauma (such systems might include: school systems, State/county mental health services, child welfare, protective services, rehabilitative services for children with physical and developmental problems, juvenile justice system, emergency medical services, disaster services, and refugee services).

- Provide documentation of implementation and continuous evolvement of the sustainability plan.

By the end of the fourth year of grant funding:

- Provide manuals/documentation of the selected array of best practices implemented, including adaptations that were made.

- Provide documentation of implementation of the tailored array of best practices and results of process evaluation(s).

- Provide documentation of results of partnerships with TSA Centers regarding the intended purpose and goals of the partnerships.

- Provide documentation of the form, function, and results of consumer and family advisory and related processes and involvement.

- Provide documentation of results of collaborations with local and State service system(s) that provide(s) services to children and adolescents who have experienced trauma.

- Provide documentation regarding sustainability of the best practices.

2.4 Performance Measurement

The Government Performance and Results Act of 1993 (P.L.103-62, or "GPRA") requires all Federal agencies to set program performance targets and report annually on the degree to which the previous year's targets were met.

Agencies are expected to evaluate their programs regularly and to use results of these evaluations to explain their successes and failures and justify requests for funding.

To meet the GPRA requirements, SAMHSA must collect performance data (i.e., "GPRA data") from grantees. Grantees are required to report these GPRA data to SAMHSA on a timely basis.

Community Treatment and Services Centers will be required to report the following data:

1) Number of children and adolescents reached by effective, trauma-informed treatment and services

2) Children's outcomes, such as increased number of children/adolescents receiving services that show improved scores in various domains that measure psychosocial well-being and quality of life (e.g., interpersonal relationships, school performance) as assessed by standardized assessment tools

3) Systems transformation outcomes, such as implementation and adaptation, and/or increased utilization, of effective trauma-informed treatment and services by local and/or State service system(s) and/or by specific service settings (e.g., school systems, child welfare, juvenile justice)

Grantees must utilize standard NCTSI-wide instruments to report on these indicators.

2.5 Evaluation

Grantees must evaluate their projects, and applicants are required to describe their evaluation plans in their applications. Evaluation efforts must include a process evaluation related to the local consensus building and implementation of best practices. The evaluation should be designed to provide regular feedback to the project to improve implementation of the best practices and, ultimately, the outcomes that will result from implementation of the best practices.

Grantees must also commit the proposed Center to participate in a national evaluation of the National Child Traumatic Stress Initiative and in cross-site evaluations of Network intervention products and services. The evaluation design consists of a core descriptive and outcome study and a study evaluating collaboration and Network participation. In addition, there will be several targeted areas for in-depth study, each addressing specified aspects of the evaluation goals described above. At a minimum, each Center must participate in the core descriptive and outcome study and the collaboration and Network participation study.

Required participation in the cross-site evaluation may include: the collection of longitudinal child and family measures; involvement in collaboration and dissemination studies; Network analysis studies; tracking of children and families served and services received; sharing of existing management information system data; and participation in provider surveys.

Applicants must document the ability to collect and report the required data. You must consider your evaluation plan when preparing your project budget. No more than 20% of the grant award may be used for evaluation and data collection.

2.6 Grantee Meetings

You must plan to send a minimum of three people (including the Project Director) to at least one "All Network" grantee meeting in each year of the grant, and you must include funding for this travel in your budget. At these meetings, grantees will collaborate on cross-Network working groups, present the results of their projects, and discuss project requirements with Federal staff. Each meeting will be three days. These meetings will usually be held in the Washington, D.C. area and attendance is mandatory.

II. AWARD INFORMATION

1. AWARD AMOUNT

It is expected that up to $7.6 million will be available to support approximately 19 awards in FY 2005. The maximum allowable award is $400,000 in total costs (direct and indirect) per year for up to four years. **Proposed budgets cannot exceed the allowable amount in any year of the proposed project.** The actual amount available for awards may vary depending on unanticipated program requirements and the number and quality of applications received. Annual continuations will depend on the availability of funds, grantee progress in meeting program goals and objectives, and timely submission of required data and reports.

2. FUNDING MECHANISM

Because of the strong expectation of collaboration within a Network of grantees, independent evaluation, and nation-wide product development and dissemination, all of the grants within the National Child Traumatic Stress Network will be Cooperative Agreements.

The specific roles of grantees and the Federal government for Community Treatment and Services Grants are outlined below.

Role of Federal Staff:

- Consult with NCCTS staff, IDEC project directors, and CTSC project directors on all phases of the project to ensure accomplishment of the goals of the initiative;
- Review critical project activities for conformity to the goals of NCTSI;
- Assume overall responsibility for monitoring the conduct and progress of NCTSI programs;
- Make recommendations regarding continued funding;
- Provide feedback on project design and components;
- Participate in selected policy and steering groups or related work groups;
- Review quarterly reports and conduct site visits, if warranted;
- Provide support services or recommend outside consultants, if needed;
- Author or co-author publications on program findings; and
- Provide technical assistance on ways to help disseminate and implement products of collaborative activities.

Role of Awardee:

- Comply with the terms of the cooperative agreement award as specified in the requirements of the and the Notice of Grant Award (NOGA);
- Participate in collaborative work groups and other collaborative activities with other Network Centers;
- Participate in grantee meetings;
- Accept guidance and respond to requests for data from CMHS;
- Participate in policy steering groups and other work groups to help accomplish project goals;
- As appropriate, author or co-author publications on project results for use by the field;
- Participate in post-award, cross-site process and outcome evaluation activities; and
- Implement specified activities, data collection, quality control, and complete required SAMHSA reports.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example, community-based organizations, out-patient clinics, faith-based organizations, public or private universities,

psychiatric or general hospitals, units of State or local governments, federally recognized tribes and tribal organizations, and partnerships of multiple clinical centers, programs, and/or community service providers applying as a single center may apply. "Tribal organization" means the recognized governing body of any American Indian or Alaska Native tribe or any legally established organization of American Indians and Alaska Natives—such as urban Indian health programs, inter-tribal councils, and regional Indian health boards—which is controlled, sanctioned, or chartered by such governing body, or which is democratically elected by the adult members of the AI/AN community to be served by such an organization. The statutory authority for this program precludes grants to for profit organizations. Applicants may also apply for the National Child Traumatic Stress Center and Treatment and Services Adaptation Center programs. If approved for funding in more than one National Child Traumatic Stress Initiative program, an award may be made in only one of the programs. Existing Community Treatment and Services (CTS) Center grantees whose awards are ending in FY 2005 are eligible to apply for this competitive grant award.

2. COST SHARING

Cost sharing (see Glossary) is not required in this program, and applications will not be screened out on the basis of cost sharing. However, you may include cash or in-kind (see Glossary) contributions in your proposal as evidence of commitment to the proposed project.

3. OTHER

Applications must comply with the following requirements, or they will be screened out and will not be reviewed: use of the PHS 5161-1 application; application submission requirements in Section IV-3 of this document; and formatting requirements provided in Section IV-2.3 of this document.

IV. APPLICATION AND SUBMISSION INFORMATION

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

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit by calling SAMHSA's National Mental Health Information Center at 1-800-789-CMHS (2647).

You also may download the required documents from the SAMHSA web site at www.samhsa.gov. Click on "Grants."

Additional materials available on this web site include:

- a technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;

- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- enhanced instructions for completing the PHS 5161-1 application.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page, budget forms, assurances, certification, and checklist. Applicants must use the PHS 5161-1 for their application. **Applications that are not submitted on the required application form (i.e., the PHS 5161-1 in most situations) will be screened out and will not be reviewed.**

- Program Announcement (PA) – Includes instructions for the grant application. This document is the PA.

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

2.2 Required Application Components

To ensure equitable treatment of all applications, applications must be complete. In order for your application to be complete, it must include the required ten application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Appendices, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

- **Face Page** – Use Standard Form (SF) 424, which is part of the PHS 5161-1. [Note: Beginning October 1, 2003, applicants will need to provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants will be 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 be no longer than 35 lines. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

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

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

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

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

  - *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.

  - *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.
    - Sample sketches and job descriptions are listed on page 22, Item 6 in the Program Narrative section of the PHS 5161-1.

  - *Section I* - Confidentiality and SAMHSA Participant Protection/Human Subjects. Section IV-2.4 of this document describes requirements for the protection of the confidentiality, rights and safety of participants in SAMHSA-funded activities. This section also includes guidelines for completing this part of your application.

- **Appendices 1 through 5** - Use only the appendices listed below. If your application includes any appendices not required in the grant announcement or NOFA, 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.

- *Appendix 1*: Letters of Support, Memoranda of Understanding, or other documentation of collaboration with other potential centers or programs
- *Appendix 2*: Data Collection Instruments/Interview Protocols
- *Appendix 3*: Sample Consent Forms
- *Appendix 4*: Letter to the SSA
- 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.

- **Assurances** – Non-Construction Programs. Use Standard Form 424B found in PHS 5161-1.

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

- **Disclosure of Lobbying Activities** – Use Standard Form LLL found in PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of information designed to support or defeat legislation pending before the Congress or State legislatures. This includes "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way.

- **Checklist** - Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications and is the last page of your application.

2.3 APPLICATION FORMATTING REQUIREMENTS

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

- Information provided must be sufficient for review.

- Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under "Guidance for Electronic Submission of Applications.")
  - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
  - Text in the Project Narrative cannot exceed 6 lines per vertical inch.

- Paper must be white paper and 8.5 inches by 11.0 inches in size.

- To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under "Guidance for Electronic Submission of Applications.")

    - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the 30-page limit for the Project Narrative.
    - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by 30. This number represents the full page less margins, multiplied by the total number of allowed pages.
    - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, following these guidelines will help reviewers to consider your application.

- Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.

- Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.

- The page limit of a total of 30 pages for Appendices 1, 3 and 4 combined should not be exceeded.

- Send the original application and two copies to the mailing address in Section IV-6.1 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

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

SAMHSA is now offering the opportunity for you to submit your application to us either in electronic or paper format. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

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

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

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

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

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

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

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of one inch each. Adhering to these standards will help to ensure the accurate transmission of your document. If the type size in the Project Narrative of an electronic submission exceeds 15 characters per inch, or the text exceeds 6 lines per vertical inch, SAMHSA will reformat the document to Times New Roman 12, with line spacing of single space. Please note that this may alter the formatting of your document, especially for charts, tables, graphs, and footnotes.

- *Amount of space allowed for Project Narrative:* The Project Narrative for an electronic submission may not exceed 15,450 words. **Any part of the Project Narrative in excess**

of the word limit will not be submitted to review. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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.

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

For United States Postal Service:

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

For other delivery service (DHL, Falcon Carrier, Federal Express, United Parcel Service):

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20850**
ATTN: Electronic Applications

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

2.4 SAMHSA Confidentiality and Participant Protection Requirements and Protection of Human Subjects Regulations

Applicants must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section I of the application, using the guidelines provided below. Problems with confidentiality, participant protection, and protection of human subjects identified during peer review of the application may result in the delay of funding.

Confidentiality and Participant Protection:

All applicants must describe how they will address requirements for each of the following elements relating to 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 target groups.

   - Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

   - Explain the reasons for including or excluding participants.

   - Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

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

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

4. Data Collection

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

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

   - Provide in **Appendix 2, "Data Collection Instruments/Interview Protocols,"** copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality:

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

   - Describe:

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

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part 2.**

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

All applicants proposing a pilot test of the best practice or practices must comply with the Protection of Human Subjects Regulations (45 CFR 46). You must describe the process for obtaining Institutional Review Board (IRB) approval in your application. While IRB approval is not required at the time of grant award, you 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 the IRB approval has been received before enrolling clients in the proposed project.

General information about Protection of Human Subjects Regulations can be obtained on the web at http://hhs.gov/ohrp. You may also contact OHRP by e-mail (ohrp@osophs.dhhs.gov) or by phone (301-496-7005). SAMHSA-specific questions related to Protection of Human Subjects Regulations should be directed to the program contact listed in Section VII of this RFA.

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on May 17, 2005.

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

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

- For packages submitted via DHL, Falcon Carrier, Federal Express (FedEx), or United Parcel Service (UPS), timely submission shall be evidenced by a delivery service receipt indicating the application was delivered to a carrier service at least 24 hours prior to the application deadline.

- For packages submitted via the United States Postal Service (USPS), proof of timely submission shall be a postmark not later than 1 week prior to the application deadline, and the following upon request by SAMHSA:
    - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
    - a receipt from the Post Office containing the post office name, location, and date and time of mailing.

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

Applications not meeting the timely submission requirements above will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. Allow sufficient time for your package to be delivered.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application, and that results in the designated office not receiving your application in accordance with the requirements for timely submission, it will cause the application to be considered late and ineligible for review.

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

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

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

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

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

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

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

  For United States Postal Service:

  Crystal Saunders, Director of Grant Review
  Office of Program Services
  Substance Abuse and Mental Health Services Administration
  Room 3-1044
  1 Choke Cherry Road
  Rockville, MD **20857**
  ATTN: SPOC – Funding Announcement No. SM-05-006

  For other delivery service:

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

Rockville, MD **20850**
ATTN: SPOC – Funding Announcement No. SM-05-006

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

The PHSIS consists of the following information:

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

- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served, 2) a summary of the services to be provided, and 3) a description of the coordination planned with appropriate State or local health agencies.

For SAMHSA grants, the appropriate State agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs can be found on SAMHSA's web site at www.samhsa.gov. If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs.

Applicants who are not the SSA must include a copy of a letter transmitting the PHSIS to the SSA in **Appendix 4, "Letter to the SSA."** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent not later than 60 days after the application deadline to:

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**
ATTN: SSA – Funding Announcement No. SM-05-006

For other delivery service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration

Room 3-1044
1 Choke Cherry Road
Rockville, MD **20850**
ATTN: SSA – Funding Announcement No. SM-05-006

In addition:

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

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

[Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).]

5. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents:

- Institutions of Higher Education: OMB Circular A-21
- State and Local Governments: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Appendix E Hospitals: 45 CFR Part 74

In addition, grant funds may not be used to:

- Pay for any lease beyond the project period.

- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request no more than $75,000 for renovations and alterations of existing facilities, if appropriate and necessary 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.

- Pay for incentives to induce clients to enter treatment. However, a grantee or treatment provider may provide up to $20 or equivalent (coupons, bus tokens, gifts, childcare, and

vouchers) to clients as incentives to participate in required data collection follow-up. This amount may be paid for participation in each required interview.

- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STDs)/sexually transmitted illness (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

6. OTHER SUBMISSION REQUIREMENTS

6.1 Where to Send Applications

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

Send applications to the following address:

For United States Postal Service:

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

For other delivery service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20850**

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "CTS-SM-05-006 (MOD) in item number 10 on the face page of the application.. If you require a phone number for delivery, you may use (240) 276-1199.

6.2 How to Send Applications

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

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

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

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the "Program Narrative" instructions found in the PHS 5161-1**.

- The Project Narrative may be no longer than 30 pages.

- You must use the sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative. Points will be assigned based on how well you address the cultural competence aspects of the evaluation criteria. SAMHSA's guidelines for cultural competence can be found on the SAMHSA web site at www.samhsa.gov. Click on "Grants."

- 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. Bullet statements in each section do not have points assigned to them. They are provided to invite the attention of applicants and reviewers to important areas within the criterion.

- Applicants must be familiar with, or familiarize themselves with, the current structure and operation of the Network and commit to working within this collaborative

framework. To adequately address some of the requirements in this section, it would be helpful to be familiar with current Network Centers and collaborative activities. This information is available in the application kit and can be accessed electronically at the National Child Traumatic Stress Initiative website at www.nctsnet.org.

Section A: Statement of Need and Readiness (25 points)

Note: A major goal of the National Child Traumatic Stress Initiative is to improve the standard of care for children and youth who experience traumatic events and are in need of mental health services. Therefore, applicants must demonstrate relevant experience related to trauma. Consistent with this goal, applicants' attention is directed to the following statutory guidance for the program:

> "(b) PRIORITIES—In awarding grants, contracts or cooperative agreements under subsection (a) related to the development of knowledge on evidence-based practices for treating disorders associated with psychological trauma, the Secretary shall give priority to mental health agencies and programs that have established clinical and basic research experience in the field of trauma-related mental disorders. (Section 582(b) of the Public Health Service Act.)

An additional goal of the Initiative is to improve access to trauma-informed services for children and youth. Consistent with this goal, applicants should describe the extent to which the proposed project will help expand the reach of the National Child Traumatic Stress Network. For example, projects may expand the reach of the Network among populations, geographic areas, and/or service systems.

- Describe the community (e.g. organization, community, city, metropolitan area, State, or tribal government area) where the project will be implemented.

- Describe the target population (see Glossary) as well as the geographic area to be served, and justify the selection of both. Include numbers to be served and demographic information. Discuss the target population's language, beliefs, norms and values, as well as socioeconomic factors that must be considered in delivering programs to this population.

- Describe the major needs in the community for trauma-informed treatment and services, as well as opportunities that exist in the community to promote and implement trauma-informed interventions in community programs and in youth service systems. Documentation of needs may come from local data or trend analyses, State data (e.g., from State Needs Assessments), and/or national data studies that include information on the target population. 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.

- Describe current availability and status of trauma-informed treatment and services in the applicant's program(s) and in other youth-serving service programs/systems in the

community. Indicate types of clinical treatments and/or trauma-informed services that are available for children who experience trauma in the target population and how such treatments can be improved.

- Non-tribal applicants must show that identified needs are consistent with the priorities of the State or county that has primary responsibility for the service delivery system. 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.

- Describe existing collaborations with local and State service system(s) that provide(s) services to children and adolescents who have experienced trauma (such systems might include school systems, State/county mental health services, child welfare, protective services, rape crisis centers, shelters, rehabilitative services for children and adolescents with physical and developmental problems, juvenile justice system, emergency medical services, disaster services, and refugee services) or describe a plan to establish such collaborations and support activities to develop knowledge regarding the availability of, and access to, effective child trauma services in the community and in child and adolescent specialty service settings.

- Provide evidence that community stakeholders (see Glossary) relevant to the target population are committed to a process of adaptation and adoption of identified best practices. If partnering with other service organizations that provide treatment and/or services provide documentation of their willingness to implement evidence-based practices to improve treatment and services for traumatized children/adolescents and their families. Provide letters of commitment, contracts, memoranda of agreement, administrative memos, or other documents signed by key stakeholders that show their firm commitment to support the process of adaptation and local adoption of best practices in **Appendix 1: Evidence of Community Stakeholder Commitment.**

Section B: Proposed Evidence-Based Practices (20 points)

- Clearly state the purpose, goals, and objectives of your proposed project and how this project will utilize the collaborative resources of the National Child Traumatic Stress Network. Describe how achievement of the goals will address both the overall program purpose and the needs you have identified in Section A. Provide a logic model (see Glossary) that links need, key components of the proposed project, and goals/objectives/outcomes of the proposed project.

- Identify the evidence-based practices that you propose to implement. Describe the evidence-base for the proposed clinical and/or trauma-informed practices and show that they incorporate the best objective information available regarding effectiveness and acceptability. The following instructions apply to the documentation of the evidence base for each specific practice:

1. If you are proposing to implement clinical treatment approaches and/or trauma-informed service approaches included in NREPP (see Appendix C), CMHS toolkits on evidence-based practices (see Appendix D), or the National Child Traumatic Stress Network website (visit www.NCTSNet.org and click on "Resource Materials for 2005 Grant Applicants" under New Resources), simply identify the practices and state the sources from which they were selected. You do not need to provide further evidence of effectiveness.

2. If you are proposing to implement clinical treatment approaches and/or trauma-informed service approaches for which the evidence includes scientific studies published in the peer-reviewed literature or other studies that have not been published, describe the extent to which:

   - the practices have been evaluated and the quality of the evaluation studies (e.g., whether they are descriptive, quasi-experimental studies, or experimental studies);
   - the practices have demonstrated positive outcomes and for what populations the positive outcomes have been demonstrated;
   - the practices have been documented (e.g., through development of guidelines, tool kits, treatment protocols, and/or manuals) and replicated; and
   - fidelity measures have been developed (e.g., no measures developed, key components identified, or fidelity measures developed).

Note: Trauma-informed services or trauma treatment programs developed by the applicant organization, partnering organization, or other service providers can be included in the proposed service plan, but the applicant must present data supporting the effectiveness of the program with traumatized populations.

3. If you are proposing to implement clinical treatment approaches and/or trauma-informed service approaches for which the evidence is based on a formal consensus process involving recognized experts in the field, describe:

   - the experts involved in developing consensus on the proposed service/practice (e.g., work groups of the National Child Traumatic Stress Initiative, members of an expert panel formally convened by SAMHSA, NIH, the Institute of Medicine or other nationally recognized organization). The consensus must have been developed by a group of experts whose work is recognized and respected by others in the field. For example, applicants may identify and describe trauma-related practices or materials cited on the website of the National Child Traumatic Stress Initiative. Local recognition of an individual as a respected or influential person at the community level is not considered a "recognized expert" for this purpose.
   - the nature of the consensus that has been reached and the process used to reach consensus

- the extent to which the consensus has been documented (e.g., in a consensus panel report, meeting minutes, or an accepted standard practice in the field)
- any empirical evidence (whether formally published or not) supporting the effectiveness of the proposed services/practice
- the rationale for concluding that further empirical evidence does not exist to support the effectiveness of the proposed services/practice

Note: Formal consensus and recommendations are particularly applicable to trauma-informed service approaches which may not have been the subject of clinical treatment studies but may have been developed based on other types of evidence, such as research on the effects of trauma and recommendations from experts on ways to minimize practices that may compound trauma (e.g. seclusion and restraint practices).

- Justify the use of the practices for the target population.

- Describe the types of modifications/adaptations that may be necessary to meet the needs of the target population, and describe how you will make a final determination about the adaptations/modifications to be made.

- Identify any additional adaptations or modifications that may be necessary to successfully implement the proposed practice in the target community.

- Describe how the proposed intervention(s) will address important characteristics of the target population that would impact the implementation or effectiveness of the intervention(s) (e.g., age, gender, culture) while retaining fidelity to the chosen interventions.

Section C: Proposed Implementation Approach (25 points)

- Provide a realistic time line for the project (chart or graph) showing key activities, milestones, and responsible staff. (Note: The timeline should be part of the Project Narrative. It should not be placed in an appendix.)

- Describe proposed community planning and consultation efforts to build consensus on best practices in specific areas of trauma, and develop community plans to implement best practices across multiple service settings as identified in your needs assessment.

- Describe how the project will mobilize or develop existing expertise and resources to allow the proposed Center to serve as an expert on child/adolescent trauma for the community.

- Describe the key stakeholders for the project (including representatives of the target population), how they will be recruited and selected for participation, and how they represent the community. Describe the involvement of the key stakeholders in the proposed project, including the roles and responsibilities of each stakeholder. Clearly

demonstrate each stakeholder's commitment to the consensus building and strategic planning processes.

- Describe how the project will invite and utilize input from consumer constituency groups—especially children/adolescents/families and community service providers—in all aspects of the project, including but not limited to strategic planning and a consumer advisory process.

- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects if applicable.

- Describe how National Child Traumatic Stress Network resources and collaboration with other Network Centers will be used to increase the trauma expertise of the Center during the course of the project.

- Describe a plan to develop and implement a multifaceted sustainability plan for key components of the project. Describe the components that will be sustained and the planning process for developing and implementing a sustainability plan, including how these activities would be given priority and resources for support, leadership for the planning and implementation team and process, and methods for plan development and implementation. Describe the specific strategies for sustainability. Strategies should focus on the development of (a) a clearly articulated project vision for sustainability, (b) community collaboration and support for sustaining best practices, (c) outcomes evaluation, (d) social marketing plans and programs, and (e) diverse strategies for funding, including coordinating with other relevant federally funded initiatives, and other supportive resources after the period of Federal grant funding has expired.

Section D: Management Plan and Staffing (15 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services. Describe the prior experience of the applicant organization and key staff, partners, or consultants in providing trauma-focused clinical treatment and services and/or mental health or other therapeutic or supportive services to children/adolescents who have experienced trauma, or to highly traumatized populations (such as abused or assaulted children and children in child welfare or juvenile justice settings).

- Describe the applicant organization's prior community and service system leadership and collaboration experience, and connection to key community leaders, service providers, and child service sector personnel.

- Provide a list of staff members who will conduct the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, including evaluators and database management personnel.

- Provide evidence that the service staff proposed to conduct the evidence-based practice have the level of abilities and experience necessary to implement the practice with fidelity to the model, once they have received any necessary training.

- Describe the experience of the applicant organization and staff in community education, service provider training and consultation.

- Identify the project staff or contractor(s) who will develop the implementation manual, and demonstrate that they have the requisite skills and experience.

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

- If you plan to have an advisory body, describe its composition, roles, and frequency of meetings.

- 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.

- Describe in your budget the resources (such as staff time and other budgetary resources) that will be devoted to participating in collaborative activities of the National Child Traumatic Stress Network, including participation in Network committees, collaboration with other Centers in development of trauma resources, and participation in the cross-site evaluation.

Section E: Evaluation Design and Analysis (15 points)

- Provide a performance evaluation plan to assess the degree of success in achieving the goals specified for the elements in "Proposed Approach" above.
- Provide a logic model (see Glossary) for the evaluation of the pilot test of the best practice as well as other implementation activities (e.g., training, stakeholder involvement).

- Describe preliminary plans and staff commitments to participate in the National Child Traumatic Stress Initiative cross-site evaluation and indicate the proposed Center's commitment to participate in required data collection using an OMB-approved set of data collection instruments and protocols.

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when appropriate, approved by the appropriate National Advisory Council;

- availability of funds;

- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among target populations and program size; and

- after applying the aforementioned criteria, the following method for breaking ties: When funds are not available to fund all applications with identical scores, SAMHSA will make award decisions based on the application(s) that received the greatest number of points by peer reviewers on the Section A (Need and Readiness) criterion in Section V-1. Should a tie still exist, SAMHSA will make award decisions based on the application(s) that received the highest score in Section C (Proposed Implementation Approach). Should a tie still exist, SAMHSA will make award decisions based on the application(s) that received the highest score in Section B (Proposed Evidence-Based Practices). Should a tie still exist, SAMHSA will make award decisions based on the application(s) that received the highest score in Section D (Management Plan and Staffing). Should a tie still exist, SAMHSA will make award decisions based on the application(s) that received the highest score in Section E (Evaluation Design and Analysis).

VI. AWARD ADMINISTRATION INFORMATION

1. AWARD NOTICES

After your application has been reviewed, you will receive a letter from SAMHSA through postal mail that describes the general results of the review, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice, the Notice of Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows the grantee to receive Federal funding for work on the grant project. It is sent by postal mail and is addressed to the contact person listed on the face page of the application.

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- You must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA web site at www.samhsa.gov/grants/generalinfo/useful_info.aspx.

- Depending on the nature of the specific funding opportunity and/or the proposed project as identified during review, additional terms and conditions may be identified in the NOFA or negotiated with the grantee prior to grant award. These may include, for example:

  - actions required to be in compliance with 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.

- 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.

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

3. REPORTING REQUIREMENTS

3.1 Progress and Financial Reports

- Grantees must provide quarterly process reports to SAMHSA and an annual evaluation report.

- Grantees must provide annual and final financial status reports. These reports may be included as separate sections of annual and final progress reports or can be separate documents. Because SAMHSA is extremely interested in ensuring that its best practices efforts can be sustained, your financial reports must explain plans to ensure the sustainability (see Glossary) of efforts initiated under this grant. Initial plans for sustainability should be described in year 1 of the grant. In each subsequent year, you should describe the status of the project, successes achieved and obstacles encountered in that year.

- SAMHSA will provide guidelines and requirements for these reports to grantees at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine the grantee's progress toward meeting its goals.

3.2 Government Performance and Results Act

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. These requirements will are specified in Section 2.4 (Performance Expectations) of this Request for Applications.

CMHS is currently in the initial planning stages of implementing a web-based GPRA data collection and reporting system. Grantees may be asked in the future to submit their GPRA data electronically using this web-based system. All applicants must agree to comply with the web-based submission of performance data in their application. When development of the system is complete, grantees will be provided initial training and ongoing technical assistance in order to ensure a smooth transition to the electronic system and continued user support.

3.3 Publications

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

In addition, SAMHSA requests that grantees:

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

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

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

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

VII. AGENCY CONTACTS

For questions concerning program issues contact:

Christine L. Guthrie, M.P.H.
Division of Prevention, Traumatic Stress, and Special Programs
SAMHSA/Center for Mental Health Services
1 Choke Cherry Road, Room 6-1138
Rockville, MD 20857
240-276-1847
E-mail: christine.guthrie@samhsa.hhs.gov

For questions on grants management issues, contact:

Kimberly Pendleton
SAMHSA/Division of Grants Management
1 Choke Cherry Road, Room 7-1097
Rockville, MD 20857
240-276-1421
E-mail: kimberly.pendleton@samhsa.hhs.gov

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

SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. ***If you do not adhere to these requirements, your application will be screened out and returned to you without review.*** *In addition to these formatting requirements, programmatic requirements (e.g., relating to eligibility) may be stated in the specific funding announcement. Please check the entire funding announcement before preparing your application.*

- ❑ Use the PHS 5161-1 application.

- ❑ Applications must be received by the application deadline or have proof of timely submission, as detailed in Section IV-3 of the grant announcement.

- ❑ Information provided must be sufficient for review.

- ❑ Text must be legible.
    - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
    - Text in the Project Narrative cannot exceed 6 lines per vertical inch.

- ❑ Paper must be white paper and 8.5 inches by 11.0 inches in size.

- ❑ To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded.
    - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the page limit for the Project Narrative stated in the specific funding announcement.
    - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by the page limit. This number represents the full page less margins, multiplied by the total number of allowed pages.
    - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- ❑ The 10 application components required for SAMHSA applications should be included. These are:

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

- ❑ Applications should comply with the following requirements:

    - Provisions relating to confidentiality, participant protection and the protection of human subjects specified in Section IV-2.4 of the FY 2005 standard funding announcements.
    - Budgetary limitations as specified in Section I, II, and IV-5 of the FY 2005 standard funding announcements.
    - Documentation of nonprofit status as required in the PHS 5161-1.

- ❑ Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.

- ❑ Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.

- ❑ The page limits for Appendices stated in the specific funding announcement should not be exceeded.

- ❑ Send the original application and two copies to the mailing address in the funding announcement. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B - Glossary

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

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

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

Cost sharing or Matching: Cost sharing refers to the value of allowable non-Federal contributions toward the allowable costs of a Federal grant project or program. Such contributions may be cash or in-kind contributions. For SAMHSA grants, cost sharing or matching is not required, and applications will not be screened out on the basis of cost sharing. However, applicants often include cash or in-kind contributions in their proposals as evidence of commitment to the proposed project. This is allowed, and this information may be considered by reviewers in evaluating the quality of the application.

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

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

In-Kind Contribution: In-kind contributions toward a grant project are non-cash contributions (e.g., facilities, space, services) that are derived from non-Federal sources, such as State or sub-State non-Federal revenues, foundation grants, or contributions from other non-Federal public or private entities.

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 F.

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

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

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

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

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

Appendix C - National Registry of Effective Programs and Practices

To help SAMHSA's constituents learn more about science-based programs, SAMHSA's Center for Substance Abuse Prevention (CSAP) created a National Registry of Effective Programs and Practices (NREPP) to review and identify effective programs. NREPP seeks candidates from the practice community and the scientific literature. While the initial focus of NREPP was substance abuse prevention programming, NREPP has expanded its scope and now includes prevention and treatment of substance abuse and of co-occurring substance abuse and mental disorders, and psychopharmacological programs and workplace programs.

NREPP includes three categories of programs: Effective Programs, Promising Programs, and Model Programs. Programs defined as Effective have the option of becoming Model Programs if their developers choose to take part in SAMHSA dissemination efforts. The conditions for making that choice, together with definitions of the three major criteria, are as follows.

Promising Programs have been implemented and evaluated sufficiently and are scientifically defensible. They have positive outcomes in preventing substance abuse and related behaviors. However, they have not yet been shown to have sufficient rigor and/or consistently positive outcomes required for Effective Program status. Nonetheless, Promising Programs are eligible to be elevated to Effective/Model status after review of additional documentation regarding program effectiveness. Originated from a range of settings and spanning target populations, Promising Programs can guide prevention, treatment, and rehabilitation.

Effective Programs are well-implemented, well-evaluated programs that produce consistently positive pattern of results (across domains and/or replications). Developers of Effective Programs have yet to help SAMHSA/CSAP disseminate their programs, but may do so themselves.

Model Programs are also well-implemented, well-evaluated programs, meaning they have been reviewed by NREPP according to rigorous standards of research. Their developers have agreed with SAMHSA to provide materials, training, and technical assistance for nationwide implementation. That helps ensure the program is carefully implemented and likely to succeed.

Programs that have met the NREPP standards for each category can be identified by accessing the NREPP Model Programs Web site at www.modelprograms.samhsa.gov.

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

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

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

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

1. Illness Management and Recovery
2. Family Psychoeducation
3. Medication Management Approaches in Psychiatry
4. Assertive Community Treatment
5. Supported Employment
6. Integrated Dual Disorders Treatment

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

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

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

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

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

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

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

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

Appendix F-Areas of Budget Consideration

Note: Information in this appendix is provided for planning purposes. Unless otherwise referenced in the RFA, budget percentages and dollar ranges are approximate amounts for consideration when developing program plans.

Budget Category	Allowable Activities	Percentage Range of Budget	Dollar Range of Budget (TC)
Community Outreach	Supporting collaborative community efforts to develop trauma-informed treatment and services; supporting training of and consultation with community and service system providers; increasing public and professional awareness of child/adolescent trauma issues	10-20%	$40,000 to $80,000
Treatment and Service Implementation/ Direct Services	Supporting training and supervision of service providers in trauma interventions and services; other expenses to implement treatment and service interventions for child/adolescent trauma. Providing trauma-informed interventions in community settings and service systems.	Maximum of 50%	$200,000
Network Collaboration	Participation in National Child Traumatic Stress Initiative committees, communication with other TSA and CTS centers regarding Network activities	At least 25%	$100,000
Evaluation/Data Collection	Participation in cross-site evaluation and performance monitoring activities, support for Network-wide clinical data collection protocols, collaborating with other centers in evaluation of Network intervention development products; implementing training evaluation activities; center-specific evaluation activities, assessing quality and impact of interventions implemented in community and service system settings, collecting clinical data for intervention planning and outcome assessment.	10-15%	$40,000 to $60,000

Appendix G – Sample Budget and Justification

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

OBJECT CLASS CATEGORIES

Personnel

Job Title	Name	Annual Salary	Level of Effort	Salary being Requested
Project Director	J. Doe	$30,000	1.0	$30,000
Secretary	Unnamed	$18,000	0.5	$ 9,000
Counselor	R. Down	$25,000	1.0	$25,000

Enter Personnel subtotal on 424A, Section B, 6.a. $64,000

Fringe Benefits (24%) $15,360

Enter Fringe Benefits subtotal on 424A, Section B, 6.b. $15,360

Travel

2 trips for SAMHSA Meetings for 2 Attendees (Airfare @ $600 x 4 = $2,400) + (per diem @ $120 x 4 x 6 days = $2,880)	$5,280	
Local Travel (500 miles x .24 per mile)	120	

Enter Travel subtotal on 424A, Section B, 6.c. $ 5,400

Equipment (List Individually)

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) $5000.

Enter Equipment subtotal on 424A, Section B, 6.d.

Supplies

Office Supplies	$500
Computer Software - 1 WordPerfect	500

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

Contractual Costs

Evaluation

Job Title	Name	Annual Salary	Salary being Requested	Level of Effort
Evaluator	J. Wilson	$48,000	$24,000	0.5
Other Staff		$18,000	$18,000	1.0
Fringe Benefits (25%)		$10,500		

Travel

2 trips x 1 Evaluator ($600 x 2)	$ 1,200	
per diem @ $120 x 6	720	
Supplies (General Office)	500	
Evaluation Direct		$54,920
Evaluation Indirect Costs (19%)		$10,435
Evaluation Subtotal		$65,355

Training

Job Title	Name	Level of Effort	Salary being Requested
Coordinator	M. Smith	0.5	$ 12,000
Admin. Asst.	N. Jones	0.5	$ 9,000
Fringe Benefits (25%)			$ 5,250

Travel

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

Supplies

Office Supplies	$ 500
Software (WordPerfect)	500

Other

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

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

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

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

Other

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

Enter Other subtotal on 424A, Section B, 6.h.	**$ 1,500**
Total Direct Charges (sum of 6.a-6.h) **Enter Total Direct on 424A, Section B, 6.i.**	**$192,640**

Indirect Costs

15% of Salary and Wages (copy of negotiated indirect cost rate agreement attached)	
Enter Indirect subtotal of 424A, Section B, 6.j.	**$ 9,600**

TOTALS

Enter TOTAL on 424A, Section B, 6.k.	**$202,240**

JUSTIFICATION

PERSONNEL - Describe the role and responsibilities of each position.

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

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

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

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

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

OTHER - Generally self-explanatory. If consultants are included in this category, explain the need and how the consultant's rate has been determined.

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

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

Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified and no cost of living increases will be honored. (NOTE: new salary cap of $180,100 is effective for all FY 2005 awards.)*

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

*Consistent with the requirement in the Consolidated Appropriations Act, Public Law 108-199.
**Increased from 50% to 100% effort in 02 through 03 budget periods.

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

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

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

****Increased amounts in 02 and 03 years are reflected of the increase in client data collection.

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

The Federal dollars requested for all object class categories for the first 12-month budget period are entered on Form 424A, Section B, Column (1), lines 6a-6i. The total Federal dollars requested for the second up to 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.