

**Department of Health and Human Services**

**Substance Abuse and Mental Health Services Administration**

**Cooperative Agreements for State-Sponsored  
Youth Suicide Prevention and Early Intervention**

**(Initial Announcement)**

**RFA SM-05-014**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by June 1, 2005.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Letters from State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>

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# I. FUNDING OPPORTUNITY DESCRIPTION

## 1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces the availability of funds for Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention Programs (“State/Tribal Youth Suicide Prevention Grants”). The State/Tribal Youth Suicide Prevention Grant Program is authorized under the Garrett Lee Smith Memorial Act (Section 520E-2 of the Public Health Service Act, as amended).

The State/Tribal Youth Suicide Prevention Grant Program is designed to build on the foundation of prior suicide prevention efforts in order to support States and tribes in developing and implementing statewide or tribal youth suicide prevention and early intervention strategies, grounded in public/private collaboration. Such efforts must involve public/private collaboration among youth-serving institutions and agencies and should include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting organizations.

### Background

Each year, more children and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, and chronic lung diseases combined. Tragically, over 4,000 children and young adults take their lives every year, making suicide the third leading cause of death between the ages of 10 and 24. From 1952 to 1995, the rate of suicide among children and young adults tripled. From 1980 to 1997, the rate of suicide among youth age 10 to 14 increased 109%.

Pursuant to the *Surgeon General’s Call to Action to Prevent Suicide*, public and private partners worked collaboratively towards the subsequent development of the *National Strategy for Suicide Prevention*. The *National Strategy for Suicide Prevention* contains eleven goals and sixty-eight objectives for action. Objective 4.1 states

**“By 2005, increase the proportion of States with comprehensive suicide prevention plans that a) coordinate across government agencies, b) involve the private sector, and c) support plan development, implementation, and evaluation in its communities.”**

The *National Strategy for Suicide Prevention* goes on to state, “Suicide prevention is a complex problem. It intersects public health (especially injury prevention), mental health, and substance abuse. It requires commitment from education, justice, and social services, and it requires the commitment of various private sector groups....”

Information about the *Surgeon General’s Call to Action* and the *National Strategy for Suicide Prevention* can be located at: <http://www.mentalhealth.org/suicideprevention/calltoaction.asp>.

Pursuant to the *National Strategy for Suicide Prevention* and supported by the findings of the Institute of Medicine’s Report, *Reducing Suicide: A National Imperative*, and the President’s

New Freedom Commission Report, *Achieving the Promise: Transforming Mental Health Care in America*, an increasing number of States have developed such statewide suicide prevention and early intervention plans and strategies.

## **2. EXPECTATIONS**

### **2.1 Program Purpose**

Grantees of SAMHSA's State/Tribal Youth Suicide Prevention Grant Program must use their grant funds for the following purposes:

- Development and implementation of State-sponsored statewide or tribal youth suicide early intervention and prevention strategies in schools, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations.
- Support of public and private nonprofit organizations actively involved in the development and continuation of State-sponsored statewide or tribal youth suicide early intervention and prevention strategies.
- Provision of grants to institutions of higher education to coordinate or implement State-sponsored youth suicide early intervention and prevention strategies.
- Collection and analysis of data on State-sponsored statewide or tribal youth suicide early intervention and prevention services that can be used to monitor the effectiveness of such services and to advance research, technical assistance, and policy development.
- Assistance of eligible entities, through State-sponsored statewide or tribal youth suicide early intervention and prevention strategies, achieve targets for youth suicide reductions under Title V of the Social Security Act.

### **2.2 Program Requirements**

In implementing their grant projects, grantees must meet the following requirements:

- Initiatives must be based on a statewide or tribal suicide prevention plan, which must be submitted in **Appendix 4** of their applications.
- Although grant projects must be based on statewide or tribal suicide prevention plans, grant funded initiatives do not need to be proposed for every locality in a State. Grantees must give preference in supporting activities within the State to initiatives targeting areas, regions, or populations with rates of youth suicide that exceed the national average, as determined by the Centers for Disease Control and Prevention.

- At least 85% of grant funds must be used for direct services, of which at least 5% must be given to institutions of higher learning to coordinate or implement youth suicide early intervention or prevention strategies.
- Grantees must participate in three program evaluation efforts, explained later in this RFA, which may overlap in some instances: (1) annual self-evaluations of outcomes and activities, including consulting with interested families and advocacy organizations (data collection instruments and interview protocols must be submitted in **Appendix 2** of the application); (2) cooperation and participation in a cross-site evaluation that will be conducted under a separate SAMHSA contract (Suicide Prevention Evaluation Contract”); and (3) data and performance measurement to satisfy requirements of the Government Performance and Results Act of 1993 (P.L.103-62, or “GPRA”).
- In providing assistance to entities within the State, grantees must give preference to public organizations, private nonprofit organizations, political subdivisions, institutions of higher education, and tribal organizations actively involved with the State-sponsored statewide or tribal youth suicide early intervention and prevention strategy that:
  - Provide early intervention and assessment services to youth who are at risk for mental or emotional disorders that may lead to suicide or a suicide attempt, and that are integrated with school systems, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations. Examples of such programs include, but are not limited to, gatekeeper training programs, and crisis intervention programs such as hotlines, mobile outreach, or specialized emergency room interventions.
  - Demonstrate collaboration among early intervention and prevention services or certify that entities will engage in future collaboration.
  - Include a commitment to evaluate youth suicide early intervention and prevention practices and strategies adapted to the local community.
  - Provide timely referrals for appropriate community mental health care and treatment to youth who are at risk for suicide or suicide attempts.
  - Provide immediate support and information resources to families of youth who are at risk for suicide, such as families of youth who have attempted suicide.
  - Offer appropriate post-suicide intervention services, care, and information to families, friends, schools, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations of youth who recently committed suicide.
  - Conduct information and awareness campaigns that highlight the risk factors associated with youth suicide and the availability of care. Such campaigns must use effective communication mechanisms that are targeted to and reach at-risk youth, families, educators, childcare professionals, youth workers, community care providers, or the general public. The campaigns should also meaningfully connect to other components of the overall youth suicide prevention strategy. Such campaigns should also incorporate the findings from the latest available research on how to implement safe and effective suicide prevention awareness campaigns. (See the NIMH-sponsored *Reporting on Suicide:*

*Recommendations for the Media* at <http://www.nimh.nih.gov/suicideresearch/mediasurvivors.cfm>.)

- Ensure that educators, childcare professionals, and providers involved in youth suicide early intervention and prevention services are properly trained to effectively identify youth who are at risk for suicide. Provide ongoing training for those individuals on the latest youth suicide early intervention and prevention services practices and strategies.
- Ensure that childcare professionals and community care providers are properly trained to effectively identify youth who are at risk for suicide. Examples of these providers include, but are not limited to pediatricians, foster care providers, and mental health and substance abuse providers. Provide ongoing training for those individuals.
- Grantees must form or participate in an existing public/private coalition of youth-serving institutions and agencies, which includes schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting organizations.
- Grantees and subrecipients of grant funds shall obtain prior written, informed voluntary consent from the child’s parent or legal guardian for assessment services, school sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools except:
  - In an emergency, where it is necessary to protect the immediate health and safety of the student or other students, or.
  - Other instances, as defined by the State, where parental consent cannot be reasonably obtained.

[Note: These requirements do not supersede section 444 of the General Education Provisions Act, including the requirement of prior voluntary parental consent for the disclosure of any educational records. These requirements also do not modify or affect parental notification requirements for programs authorized under the Elementary or Secondary Education Act of 1965 (as amended by the No Child Left Behind Act of 2001).]

- Suicide assessment, early intervention, and treatment services may not be provided for youth whose parents or legal guardians object based on their religious beliefs or moral objections.
- School personnel may not require that a student obtain any medication as a condition of attending school or receiving services.

### **2.3 Data and 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, which are required to report these GPRA data to SAMHSA on a timely basis. The performance measures for grantees in SAMHSA’s State/Tribal Youth Suicide Prevention Program are currently under development. They will most likely be based on the following National Outcome Measures (NOMs) and comprise a subset of those measures appropriate to the program:

1. Improved functioning
2. Increased or retained employment and school enrollment
3. Decreased involvement with the criminal justice system
4. Increased stability in family and living conditions
5. Increased access to services/number of person served by age, gender, race and ethnicity
6. Decreased utilization of psychiatric inpatient beds
7. Increased social support/social connectedness
8. Clients reporting positively about outcomes
9. Cost effectiveness
10. Use of evidence-based practices

The data collection tools to be used for reporting the required data are also under development, as CMHS is in the initial planning stages of implementing a web-based GPRA data collection and reporting system. Grantees of SAMHSA’s State/Tribal Youth Suicide Prevention Grant Program may be asked in the future to submit their GPRA data electronically using this web-based system. 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.

In their applications, applicants must describe the extent to which they currently collect data for each of the NOMs listed above and their willingness to expand their data collection to capture required NOMs that they currently do not collect. Applications must also include the applicant’s agreement to comply with the web-based submission of performance data, a requirement that will be included as a term and condition of all grant awards. Grantees will be required to adhere to these terms and conditions of award.

## **2.4 Evaluation**

In addition to satisfying the GPRA requirements described above, SAMHSA’s State/Tribal Youth Suicide Prevention Program grantees must participate in two additional evaluation efforts. When possible, SAMHSA will attempt to minimize the burden on grantees by coordinating these ongoing efforts.

**Cross-site Evaluation.** A cross-site evaluation will be conducted under a separate SAMHSA contract (“Suicide Prevention Evaluation Contract”). Applicants must state their commitment to cooperate with the Evaluation Contractor in their applications. It is expected that this will entail completing data reports, utilizing a web-based database developed in consultation with the Contractor.



**Annual Project Self-Evaluations.** Grantees must utilize a local evaluator to conduct annual project evaluations of process, outcomes, and activities, including consulting with interested families and advocacy organizations. The evaluation should be designed to provide regular feedback to the project that can translate into informed decision-making and ongoing project improvement. Applicants must submit data collection instruments/interview protocols in **Appendix 2** of the application.

The self-evaluations should include the GPRA measures referenced in Section I-2.3 of this RFA, as well as both process and outcome components. Process and outcome evaluations must measure change relating to project goals and objectives over time, compared to baseline information.

**Process components** should address issues such as:

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

**Outcome components** should address issues such as:

- What was the effect of grant-funded suicide prevention activities on service capacity and other system outcomes?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?
- How durable were the effects?

## **2.5 Grantee Meetings**

The grantee must budget to attend a 3-day orientation meeting with the SAMHSA Government Project Officer (GPO), other Federal staff involved with Federal suicide prevention efforts, and the Evaluation Contractor, to discuss and clarify roles, responsibilities, project activities, and timelines. The grantee should plan on sending two to five representatives, including the Project Director and, if possible, at least one member of the program's public-private coalition.

The grantee is responsible for working with the GPO, other relevant Federal staff and collaborators, and the Evaluation Contractor to plan and participate in a 3-day midterm Grantee Meeting after the start of the grants. The location will be determined at a later date, but grantees should estimate costs for Washington, D.C. The grantee should plan on sending two to five representatives, including the Project Director and at least one member of the program's public-private coalition.

## **II. AWARD INFORMATION**

### **1. AWARD AMOUNT**

In FY 2005, it is expected that approximately \$5.5 million will be available to fund up to fourteen awards. The amount of the awards will be up to \$400,000 in total costs (direct and indirect) per year for up to 3 years. A minimum of one award will be made to an American Indian or Alaska Native tribe, tribal organization, or urban Indian organization, given the high rates of suicide among American Indian and Alaska Native Youth.

Proposed budgets cannot exceed the maximum award amount of \$400,000 in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantees' progress in reaching program goals and objectives, and timely submission of required data and reports.

### **2. FUNDING MECHANISM**

Awards will be made as Cooperative Agreements.

#### Role of Grantee

Grantees must comply with the terms of the Cooperative Agreement, including implementation of grant activities described above under "Funding Opportunity Description." Grant recipients must agree to provide SAMHSA with all required performance data and collaborate with SAMHSA/CMHS staff in all aspects of the Cooperative Agreement, including submission of all required forms, data, and reports. Grant recipients should also collaborate with the Evaluation Contractor, with the Suicide Prevention Resource Center in its training and technical assistance responsibilities related to implementation, and as appropriate, with other federally funded suicide prevention resources. The Grantee must keep Federal program staff informed of emerging issues, developments, and problems, as appropriate.

#### Role of Federal Staff

The GPO will participate, as needed, on policy, steering, advisory, or other task forces. The GPO will also facilitate linkages to other SAMHSA/Federal government resources and will help grantees access appropriate technical assistance. In addition, the GPO will assure that State/tribe's youth suicide prevention and early intervention projects are responsive to SAMHSA's mission, including implementation of the *National Strategy for Suicide Prevention*. The GPO will monitor development and collection of process and outcome measures; ensure compliance with Government Performance and Results Act; promote collaboration with the Community Mental Health Services and the Substance Abuse Prevention and Treatment Block Grant programs; promote linkages with SAMHSA's Mental Health Transformation State Incentive grants and Strategic Prevention Framework grants; and promote linkages with the Health Resources and Services Administration's Maternal and Child Health Block Grant.

## **III. ELIGIBILITY INFORMATION**

## 1. ELIGIBLE APPLICANTS

Eligibility for SAMHSA’s State/Tribal Youth Suicide Prevention Grant Program is limited to

- a. States;
- b. Public or private non-profit organizations designated by a State to develop or direct the State-sponsored statewide youth suicide prevention and early intervention strategy; and
- c. Federally recognized Indian tribes, tribal organizations (as defined in the Indian Self-Determination and Educational Assistance Act), or urban Indian organizations (as defined in the Indian Health Care Improvement Act) that are actively involved in the development and continuation of a tribal youth suicide early intervention and prevention strategy. A minimum of one award will be made to an American Indian or Alaska Native tribe, tribal organization, or urban Indian organization, given the high rates of suicide among American Indian and Alaska Native Youth.

The Public Health Service Act defines the term “State” to also include the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the Trust Territory of the Pacific Islands.

No single State agency is mandated to be the lead for State/Tribal Youth Suicide Prevention Program grants, as States differ in which State agency has taken the lead for suicide prevention (e.g., Department of Health, Department of Mental Health). Where States have a plan that designates a lead agency, that agency should act as the lead, or should designate an alternative lead for State/Tribal Youth Suicide Prevention Grant Program. If the State plan does not designate a lead, an explanation for why the proposed lead is well suited for this task must accompany the application.

## 2. COST SHARING

Cost sharing (see Glossary, Appendix B) is not required in this program and applications will not be screened out on the basis of cost sharing. However, grant funds must be used to supplement, and not supplant, Federal and non-Federal funds available for carrying out existing youth suicide early intervention and prevention activities.

## 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 from the 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](http://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. You must use the PHS 5161-1. **Applications that are not submitted on the PHS 5161-1 will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides specific information about the availability of funds along with instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA web site ([www.samhsa.gov](http://www.samhsa.gov)) and on the Federal grants web site ([www.grants.gov](http://www.grants.gov)).

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

#### 2.2 Required Application Components

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

- ❑ **Face Page** – Use Standard Form (SF) 424, which is part of the PHS 5161-1. [Note: 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](http://www.dunandbradstreet.com) or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]
- ❑ **Abstract** – Your total abstract should not be longer than 35 lines. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- ❑ **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- ❑ **Budget Form** – Use SF 424A, which is part of the 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix D of this RFA.
- ❑ **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. These sections in total 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 E through H. There are no page limits for these sections, except for Section G, Biographical Sketches/Job Descriptions.

- *Section E* - Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.
- *Section F* - Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project.
- *Section G* - Biographical Sketches and Job Descriptions.
  - Include a biographical sketch for the Project Director and other key positions. Each sketch should be two pages or less. If the person has not been hired, include

a position description and/or letter of commitment with a current biographical sketch from the individual.

- Include job descriptions for key personnel. Job descriptions should be no longer than one 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 H - 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 4** – Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than 30 pages for Appendices 1 and 3, combined. There are no page limitations for Appendices 2 and 4. 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/Commitment*
  - *Appendix 2: Data Collection Instruments/Interview Protocols*
  - *Appendix 3: Sample Consent Forms*
  - *Appendix 4: Statewide or Tribal Suicide Prevention Plan*
  
- **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 the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way.
  
- **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances, and certifications and is the last page of your application.

## 2.3 Application Formatting Requirements

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

- Information provided must be sufficient for review.

- ❑ Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”)
  - Paper must be white paper and 8.5 inches by 11.0 inches in size.
  - 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.
  
- ❑ 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 and 3 combined should not be exceeded.
  
- ❑ Send the original application and two copies to the mailing address in Section IV-6.1 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material

that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

### Guidance for Electronic Submission of Applications

SAMHSA 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](http://www.Grants.gov) apply site. You will be able to download a copy of the application package from [www.Grants.gov](http://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](http://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](mailto: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 H 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 the requirements for each of the following elements relating to confidentiality and participant protection. If a particular requirement is not relevant to the proposed project, applicants must explain why the requirement is not relevant.

1. Protect Clients and Staff from Potential Risks

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

2. Fair Selection of Participants

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

### 3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.).
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

### 4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Appendix 2, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use.

### 5. Privacy and Confidentiality

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

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

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

## 6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
  - Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

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

- Indicate if you will obtain informed consent from participants or assent from minors along with informed voluntary 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**

SAMHSA expects that most grantees funded under the State/Tribal Youth Suicide Prevention Grant Program will not be required to comply with the Protection of Human Subjects Regulations (45 CFR 46). Grantees will be required to comply with the regulations only if the project-specific evaluation design proposed by the grantee requires compliance with the regulations.

Applicants whose projects must comply with the Protection of Human Subjects Regulations must describe the process for obtaining Institutional Review Board (IRB) approval fully in their applications. While IRB approval is not required at the time of grant award, these applicants will be required, as a condition of award, to provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to enrolling any clients in the proposed project.

General information about Protection of Human Subjects Regulations can be obtained on the web at <http://www.hhs.gov/ohrp>. You may also contact OHRP by e-mail ([ohrp@osophs.dhhs.gov](mailto: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 June 1, 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.

SAMHSA is collaborating with [www.grants.gov](http://www.grants.gov) to accept electronic submission of applications. Please refer to Section IV-2.3 for “Guidance for Electronic Submission of Applications.”

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

Executive Order 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100, sets up a system for State and local review of applications for Federal financial assistance. A current listing of State Single Points of Contact (SPOCs) is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) web site at [www.whitehouse.gov/omb/grants/spoc.html](http://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-05-014**

**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-05-014**

## **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, SAMHSA’s State/Tribal Youth Suicide Prevention Grant Program grantees must comply with the following funding restrictions:

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

State/Tribal Youth Suicide Prevention Grant Program funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).

- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Pay for incentives to induce individuals to enter treatment. However, a grantee or treatment provider may provide up to \$20 or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow-up. This amount may be paid for participation in each required interview.
- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.
- Pay for or refer for abortion.
- 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 **Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early**



**Intervention Program, RFA SM-05-014** 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 or deliver an original application and 2 copies (including appendices) to the mailing address provided above, according to the instructions in Section IV-3. The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

**Hand carried applications will not be accepted. Applications may be shipped using only DHL, 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 through D). 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.**
- You must use the four sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered.** Your application will be scored according to how well you address the requirements for each section.
- 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. See Glossary (Appendix B) for a discussion of cultural competence.
- The Supporting Documentation you provide in Sections E-H and Appendices 1-4 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.

- The number of points after each heading below 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 each section.

**Section A: Statement of Need (10 points)**

- Describe the pattern of youth suicide mortality and morbidity within the State/tribe, using statewide and county data, or tribal data to the extent possible.
- Describe the target population (see Glossary, Appendix B) as well as the geographic area to be served, and justify the selection of both, given the pattern of youth suicide mortality and morbidity within the State/tribe. Provide estimates of the numbers to be served and demographic information for the individuals you expect to serve. 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 needs related to suicide prevention among the various systems within the State/tribe that serve youth at risk for suicide or suicide attempts, including mental health, substance abuse, education, justice, and foster care.
- Discuss how the proposed projects will address needs identified in the State or tribe's suicide prevention plan, and provide a copy of the plan in **Appendix 4** of your application. Discuss how State/tribal needs were assessed and priorities were identified in developing the plan, and provide a description of the public and private partners who participated in the preparation of the plan.

**Section B: Proposed Approach (35 points)**

- Clearly state the purpose of the proposed suicide prevention project, with goals and objectives. Describe how achievement of goals will address the purposes of the State/Tribal Youth Suicide Prevention Grant Program described in Section I-2.1 of this RFA. Discuss how the proposed project will advance the existing State/tribal-sponsored youth suicide prevention plan. Discuss, as well, how the proposed project is supported by the *National Strategy for Suicide Prevention*, and/or the recommendations of the Institute of Medicine in its report, *Reducing Suicide: A National Imperative*.
- Describe the specific activities that will be implemented through the proposed project, and provide a realistic time line for the project (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]
- Discuss how the proposed project addresses the needs identified in Section A of your Project Narrative. Provide a logic model (see Glossary, Appendix B) that demonstrates the linkage between the identified need, the proposed approach, and outcomes.
- Address the Program Requirements specified in Section I-2.2 of this RFA. In addition,

address the following:

- Include a plan for formation or continuation of a public/private partnership that will include stakeholders from the private and public sectors as well as advocacy groups, survivor organizations, faith-based organizations, academic institutions, and others, as appropriate, to oversee implementation, performance, and evaluation of projects supported by this grant. Public sector partners should include mental health, substance abuse, juvenile justice, public health, education, and foster care/child protective services. This public/private partnership may be the State's existing suicide prevention planning body.
  - Include a statement indicating the grantee's intention to work collaboratively with the national technical assistance center for suicide prevention on State/tribal-sponsored youth suicide early intervention and prevention strategies. Collaboration with NIMH- and CDC-funded suicide prevention efforts will be requested as needed.
  - Describe plans for ensuring that the services implemented through the project will be drawn from the following resources:
    - SAMHSA's National Registration of Effective Programs and Practices (NREPP);
    - The Center for Mental Health Services (CMHS) Evidence-based Practice Tool Kits;
    - Model Programs contained in the *President's New Freedom Commission on Mental Health Report*;
    - Practices supported by the Institute of Medicine's Report, *Reducing Suicide: A National Imperative*;
    - Practices supported in the *National Strategy for Suicide Prevention*;
    - Practices included in an already existing State or tribal suicide prevention plan; and
    - Practices supported as promising strategies by recognized experts in suicide prevention.
- Please see the Suicide Prevention Resource Center web site ([www.sprc.org](http://www.sprc.org)) for additional information on suicide prevention programs.
- Describe plans for ensuring how access to emergency care will be assured for youth identified as being at immediate risk for suicide or suicide attempts.
  - Describe plans for facilitating cross-system referrals of youth at risk and continuity of care.
  - Describe how parental consent will be obtained and family involvement promoted. The Garrett Lee Smith Act requires that States, tribes, and entities receiving funding under this Act shall obtain prior, written informed consent from the child's parent or legal guardian for assessment services, school-sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools. This requirement does not apply:

- In an emergency, when it is necessary to protect the immediate health and safety of the student or other students; or
  - Other instances, as defined by the State, where parental consent cannot reasonably be obtained.
- Provide evidence of collaboration among early intervention and prevention services, as well as State/tribal agencies serving youth at risk. Describe the roles and responsibilities of participating organizations, and demonstrate their commitment to the project. Include letters of commitment/coordination/support from these community organizations in **Appendix 1** of your application. Identify any cash or in-kind contributions that will be made to the project.
  - Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy and gender in the target population.
  - Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
  - Provide a plan to secure resources for sustaining the proposed State or tribal suicide prevention initiative when Federal funding ends.
  - Provide a plan to secure resources to sustain the proposed project when Federal funding ends.

### **Section C: Staff, Management, and Relevant Experience (30 points)**

In this section, applicants must describe key personnel (including staff and subcontractors or subgrantees) and organizational experience and qualifications as they relate to the fields of public health, mental health, and suicide prevention. In this context, the term “organization” refers to the primary applicant group plus partners with substantial duties in the project.

- Describe the range of experience of the applicant organization with public health programs, including suicide prevention.
- Provide a list of staff who will participate in the project, showing the role of each and their level of effort. Staffing levels should reflect a level of effort that adequately reflects the requirements of this project.
- Describe the qualifications, roles, and responsibilities of any subcontractors or subgrantees that will participate. Demonstrate their commitment to the project. Include letters of commitment from these community organizations in **Appendix 1** of the application. Identify any cash or in-kind contributions that will be made to the project.
- Describe your organization’s current information technology infrastructure in database/website/virtual library development capacity and experience in data collection, storage, and retrieval.

- Describe your organization’s past experience in forming strategic partnerships to advance a public policy issue. Specify the nature of the alliance and for what purpose the partnership was formed.
- Describe your organization’s experience working with consumer/advocacy groups, as well as survivor and family organizations.
- Describe your experience in incorporating cultural competency in past program activities (see Glossary, Appendix B).
- Describe the qualifications of the Project Director for assuming responsibility for oversight of this project.
- Describe the qualifications and experience of other key personnel for providing the types of resources required by this project, including content-specific knowledge of youth suicide prevention and early intervention. Provide a description of key personnel’s understanding of the cultural context of suicide and suicide attempt in target populations and communities that are diverse. Please include bio-sketches and job descriptions in **Section G** of your application.
- Present an organizational chart that clearly demarks reporting relationships and division of responsibility. [To be included in the narrative, not in an appendix.]
- Indicate what types of quality control mechanisms will be put in place to ensure smooth oversight, management, and day-to-day operations of this project.
- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the target population.

**Section D: Evaluation and Data (25 points)**

- Describe your annual project self-evaluation, including consulting with interested families and advocacy organizations. Include specific process, performance, and outcome measures related to the goals and objectives identified for the project in **Section B** of your Project Narrative, as well as the required performance measures specified in Section I-2.3 of this RFA.
- Describe the extent to which you currently collect data for each of the National Outcome Measures (NOMs) listed in Section I-2.3 of this RFA and your willingness to expand your data collection to capture required NOMs that you currently do not collect. Include a statement expressing your agreement to comply with the web-based submission of performance data.

- Describe plans for data collection, management, analysis, interpretation, and reporting. Describe the existing approach to the collection of data, along with any necessary modifications. Be sure to include data collection instruments/interview protocols in **Appendix 2** of your application.
- Describe how collection, analysis, and reporting of the required performance data specified in Section I-2.3 of this RFA will be integrated into the evaluation activities.
- Discuss the reliability and validity of evaluation methods and instruments(s).
- Describe a process to document what lessons were learned; what barriers inhibited implementation, how such barriers were resolved; and what should be done differently in the future to effect improvements.
- Discuss how you will summarize findings in the progress reports and final report of the project.
- Explicitly state your willingness to collaborate with the Suicide Prevention Evaluation Contractor and to comply with all necessary GPRA requirements.

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

## **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 evaluation criterion in Section V-1 with the highest number of possible points (Proposed Approach - 35 points). Should a tie still exist, the evaluation criterion with the next highest possible point value will be used, continuing sequentially

to the evaluation criterion with the lowest possible point value, should that be necessary to break all ties. If an evaluation criterion to be used for this purpose has the same number of possible points as another evaluation criterion, the criterion listed first in Section V-1 will be used first.

## **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**

#### **2.1 General 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/grants\\_management.aspx](http://www.samhsa.gov/grants/generalinfo/grants_management.aspx).
- Depending on the nature of the specific funding opportunity and/or the proposed project as identified during review, additional terms and conditions may be negotiated with the grantee prior to grant award. These may include, for example:
  - Actions required to be in compliance with 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 annual and final progress reports. The final progress report must summarize information from the annual reports, describe the accomplishments of the project, and describe next steps for implementing plans developed during the grant period.
- 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 infrastructure development and enhancement efforts can be sustained, your financial reports must explain plans to ensure the sustainability (see Glossary, Appendix B) 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. The performance requirements for SAMHSA’s State/Tribal Youth Suicide Prevention Grants are described in Section I-2.3 of this document under “Data and Performance Measurement.”

#### **3.3 Publications**

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA’s Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded 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 on program issues, contact: Richard McKeon, Ph.D., SAMHSA, Center for Mental Health Services, 1 Choke Cherry Road, Room 6-1105, Rockville, MD 20857; 240-276-1873; [richard.mckeon@samhsa.hhs.gov](mailto:richard.mckeon@samhsa.hhs.gov).

For questions on grants management issues, contact: Kimberly Pendleton, SAMHSA, Office of Program Services, Division of Grants Management, 1 Choke Cherry Road, Room 7-1097, Rockville, MD 20857; (240) 276-1421; [kimberly.pendleton@samhsa.hhs.gov](mailto: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 a proof of timely submission, as detailed in Section IV-3 of this announcement.
- Information provided must be sufficient for review.
- Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-2.3 of this announcement under “Guidance for Electronic Submission of Applications.”)
  - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
  - Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.
- To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-2.3 of this announcement under “Guidance for Electronic Submission of Applications.”)
  - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the page limit for the Project Narrative stated in the specific funding announcement.
  - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by the total number of allowed pages. 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 in 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 specific funding announcement.
  - Budgetary limitations as specified in Sections I, II, and IV-5 of the specific funding announcement.
  - Documentation of nonprofit status as required in the PHS 5161-1.
  
- Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.
  
- Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
  
- The page limits for Appendices stated in this 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

**Adolescence:** The period of physical and psychological development from the onset of puberty to maturity.

**Advocacy groups:** Organizations that work in a variety of ways to foster change with respect to a societal issue.

**Best Practice:** Practices that incorporate the best objective information currently available from recognized experts regarding effectiveness and acceptability.

**Causal factor:** A condition that alone is sufficient to produce a disorder.

**Cognitive/Cognition:** The general ability to organize, process, and recall information.

**Community:** A group of people residing in the same locality or sharing a common interest.

**Cooperative Agreement:** 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.

**Consumer:** A person using or having used a health service.

**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.

**Cultural competence/Culturally appropriate:** A set of values, behaviors, attitudes, policies, and practices reflected in the work of an organization or program that enables it to be effective when serving diverse groups, including the ability of the program to honor and respect the beliefs, language, interpersonal styles, customs, and behaviors of individuals and families receiving services. Within this framework, is a commitment to being respectful of—and responsive to—the array of diversity that exists within the target population and broader community with regard to, for example: race, ethnicity, gender, age, sexual orientation, disability, socio-economic status, immigration status, religion, language(s) spoken, family composition, geography, and legal status.

**Early intervention:** A strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition.

**Educational institution:** Means a school or institution of higher education.

**Effective:** Prevention programs that have been scientifically evaluated and shown to decrease an adverse outcome or increase a beneficial one in the target group more than in a comparison group.

**Epidemiology:** The study of statistics and trends in health and disease across communities.

**Evaluation:** The systematic investigation of the value and impact of an intervention or program.

**Evidence-based:** Programs that have undergone scientific evaluation and have proven to be effective.

**Frequency:** The number of occurrences of a disease or injury in a given unit of time; with respect to suicide, frequency applies only to suicidal behaviors which can repeat over time.

**Gatekeepers:** Those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine; they may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate.

**Goal:** A broad and high-level statement of general purpose to guide planning around an issue; it is focused on the end result of the work.

**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.

**Health:** The complete state of physical, mental, and social well-being, not merely the absence of disease or infirmity.

**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.

**Intentional injuries:** Injuries resulting from purposeful human action, whether directed at oneself (self-directed) or others (assaultive), sometimes referred to as violent injuries.

**Intervention:** A strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition.

**Logic Model:** 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 C.

**Means:** The instrument or object whereby a self-destructive act is carried out (i.e., firearm, poison, medication).

**Mental Health Transformation Planning:** SAMHSA is leading the ongoing process of developing an action agenda, defining the roles of the States and other partners and identifying the changes that are necessary to create a more recovery-focused, mental health services delivery system that emphasizes cross-system collaboration, the use of evidence-based interventions, and the importance of consumer-driven services and supports. In FY 2005, SAMHSA/CMHS will be making grant awards available to states to engage in the process of planning and infrastructure development to advance this process. Please see the SAMHSA web site ([www.samhsa.gov](http://www.samhsa.gov)) for additional information on Mental Health Transformation and the Mental Health Transformation State Incentive Grant program.

**Methods:** Actions or techniques which result in an individual inflicting self-harm (i.e., asphyxiation, overdose, jumping).

**Mental disorder:** A diagnosable illness characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress that significantly interferes with an individual's cognitive, emotional, or social abilities; often used interchangeably with mental illness.

**Mental health:** The capacity of individuals to interact with one another and the environment in ways that promote subjective well-being, optimal development, and use of mental abilities (cognitive, affective, and relational).

**Mental health problem:** Diminished cognitive, social, or emotional abilities, but not to the extent that the criteria for a mental disorder are met.

**Mortality:** The relative frequency of death, or the death rate, in a community or population.

**National Registry of Effective Programs and Practices:** A registry developed by SAMHSA to review and feature programs and practices that have been tested in communities, schools, social service organizations, and workplaces across America, and have provided solid proof that they have prevented or reduced substance abuse and other related high-risk behaviors. For additional information see [www.modelprograms.samhsa.gov](http://www.modelprograms.samhsa.gov).

**Objective:** A specific and measurable statement that clearly identifies what is to be achieved in a plan. It narrows a goal by specifying who, what, when, and where, or clarifies by how much, how many, or how often.

**Outcome:** a measurable change in the health of an individual or group of people that is attributable to an intervention.

**Outreach programs:** Programs that send staff into communities to deliver services or recruit participants.

**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.

**Prevention:** A strategy or approach that reduces the likelihood of risk of onset, or delays the onset of adverse health problems that have been known to lead to suicide.

**Protective factors:** Factors that make it less likely that individuals will develop a disorder. Protective factors may encompass biological, psychological, or social factors in the individual, family, and environment.

**Public information campaigns:** Efforts designed to provide facts to the general public or to target populations through various media such as radio, television, advertisements, newspapers, magazines, and billboards.

**Rate:** The number per unit of the population with a particular characteristic, for a given unit of time.

**Risk factors:** Those factors that make it more likely that individuals will develop a disorder or experience a specified negative outcome. Risk factors may encompass biological, psychological, or social factors in the individual, family, and environment.

**Screening:** Administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment.

**Screening tools:** Those instruments and techniques (questionnaires, checklists, self-assessments forms) used to evaluate individuals for increased risk of certain health problems.

**Self-harm:** The various methods by which individuals injure themselves, such as self-laceration, self-battering, taking overdoses, or deliberate recklessness.

**Suicidal act:** (Also referred to as suicide attempt.) A potentially self-injurious behavior for which there is evidence that the person probably intended to kill himself or herself; a suicidal act may result in death, injuries, or no injuries.

**Suicidal behavior:** A spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and completed suicide.

**Suicidal ideation:** Self-reported thoughts of engaging in suicide-related behavior.

**Suicidality:** A term that encompasses suicidal thoughts, ideation, plans, suicide attempts, and completed suicide.

**Suicide:** Death from injury, poisoning, or suffocation where there is evidence that a self-inflicted act led to the person's death.

**Suicide attempt:** A potentially self-injurious behavior with a nonfatal outcome, for which there is evidence that the person intended to kill himself or herself; a suicide attempt may or may not result in injuries.

**Suicide attempt survivors:** Individuals who have survived a prior suicide attempt.

**Suicide survivors:** Family members, significant others, or acquaintances who have experienced the loss of a loved one due to suicide; sometimes this term is also used to mean suicide attempt survivors.

**Surveillance:** The ongoing, systematic collection, analysis, and interpretation of health data with timely dissemination of findings.

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

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

**Target population:** The specific population of people which a particular program or practice is designed to serve or reach.

**Tribal organization:** The recognized governing body of any Indian tribe or any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such an organization and which includes the maximum participation of Indians in all phases of activities.

**Youth:** For the purposes of this grant, youth are defined as between the ages of 10 and 24.



## Appendix C – Logic Model Resources

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

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

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

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

Julian, D.A. (1997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, 20(3), 251-257.

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

Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3<sup>rd</sup> 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 D – 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
<b>Enter Personnel subtotal on 424A, Section B, 6.a.</b>				<b>\$64,000</b>

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**

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

**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		
<b>Travel</b>					
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		
<b>Supplies</b>					
Office Supplies			\$ 500		
Software (WordPerfect)			500		
<b>Other</b>					
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        \$ 1,500  
(If expert is known, should list by name)

**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 through the fifth 12-month budget periods are entered on Form 424A, Section E, Columns (b) – (e), line 20. The RFA will specify the maximum number of years of support that may be requested.