

**Department of Health and Human Services**  
**Substance Abuse and Mental Health Services Administration**  
**Networking and Certifying Suicide Prevention Hotlines**

(New Announcement)

SM-06-007

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

**Key Dates:**

<b>Application Deadline</b>	<b>May 2, 2006</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 the application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate State and local health agencies by the application deadline. Comments from Single State Agency are due no later than 60 days after the application deadline.</b>

---

A. Kathryn Power, M.Ed.  
Director  
Center for Mental Health Services  
Substance Abuse and Mental Health  
Services Administration

---

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

## Table of Contents

I.	FUNDING OPPORTUNITY DESCRIPTION.....	4
II.	AWARD INFORMATION .....	5
	1. AWARD AMOUNT.....	5
	2. FUNDING MECHANISM.....	5
III.	ELIGIBILITY INFORMATION.....	6
	1. ELIGIBLE APPLICANTS .....	6
	2. COST-SHARING .....	6
	3. OTHER.....	6
IV.	APPLICATION AND SUBMISSION INFORMATION .....	7
	1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	7
	2. CONTENT AND FORM OF APPLICATION SUBMISSION .....	7
	3. SUBMISSION DATES AND TIMES.....	9
	4. INTERGOVERNMENTAL REVIEW.....	10
	5. FUNDING RESTRICTIONS .....	12
	6. OTHER SUBMISSION REQUIREMENTS .....	13
V.	APPLICATION REVIEW INFORMATION.....	17
	1. EVALUATION CRITERIA.....	17
	2. REVIEW AND SELECTION PROCESS .....	22
VI.	AWARD ADMINISTRATION INFORMATION.....	23
	1. AWARD NOTICES.....	23
	2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	23
	3. REPORTING REQUIREMENTS .....	24
VII.	AGENCY CONTACTS.....	24
	Appendix A – Instructions for Completing Standard Form 424.....	26
	Appendix B – Sample Budget and Justification .....	29

Appendix C – Instructions for Completing the Checklist..... 33

Appendix D – Formatting Requirements and Screenout Criteria..... 34

## **I. FUNDING OPPORTUNITY DESCRIPTION**

Under the authority of 520A of the Public Health Service Act, as amended, the Substance Abuse and Mental Health Services Administration (SAMHSA) announces the availability of funds to expand/enhance grant activities funded under the Grant for Networking and Certifying Suicide Prevention Hotlines grant announcement.

The purpose of the Networking and Certifying Suicide Prevention Hotlines grant program is to manage the National Suicide Prevention Lifeline, a single toll-free telephone number (1-800-273-TALK) that routes calls from anywhere in the United States to a network of certified local crisis centers that can link callers to local emergency, mental health, and social service resources. The technology permits calls to be directed immediately to a suicide prevention worker who is geographically convenient to the caller. The Lifeline has developed systems to increase the number of crisis hotlines certified in suicide prevention. Networking on this scale also has enabled the development and use of response protocols and data collection standards to evaluate client- and community-centered outcomes that previously were not pursued.

Supplemental funding is being provided for the National Suicide Prevention Lifeline as a result of Congressional appropriations in the 2006 Labor, HHS, and Education appropriations bill. The primary purpose of the funding is to ensure that Lifeline has the capacity to absorb future increases in call volume, a necessity given the critical role played by Lifeline's networked crisis centers during this past year's devastating hurricanes and the need to accommodate the network's steadily increasing call volume. The funding will also be used to enhance the service quality of networked crisis centers and to enhance service access for at-risk groups such as American Indian/Alaska Native tribes and victims of Hurricane Katrina.

At a minimum the funds awarded will be used to conduct the following activities:

- Increase the call volume capacity of the National Suicide Prevention Lifeline, ensuring its ability to absorb future increases;
- Improve the quality of lethality assessment among crisis centers that are networked to the Lifeline;
- Enhanced crisis center response to victims of Hurricanes Katrina, Rita, and Wilma; and
- Enhanced access/technical assistance to American Indian/Alaska Native tribes or territories.

The Networking and Certifying Suicide Prevention Hotlines grant is authorized under 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 18, Mental Health.

## **II. AWARD INFORMATION**

### **1. AWARD AMOUNT**

The estimated funding available is \$369,000 for this one-year project. The proposed budget cannot exceed the allowable amount. This amount includes both direct and indirect costs.

### **2. FUNDING MECHANISM**

The award will be made as a cooperative agreement.

#### **Role of the Grantee:**

- Comply with the terms of the award and all applicable grant rules and regulations, and satisfactorily perform activities to achieve the goals described below;
- Seek SAMHSA approval for key positions to be filled. The key positions include: project director, networking/telephony director, certification director, evaluation director, database director;
- Seek SAMHSA approval of proposed approach to networking of hotlines prior to implementing proposed design and accept SAMHSA-recommended modifications to approach;
- Consult with and accept guidance from CMHS staff on performance of activities to achieve goals described below;
- Respond to requests for information from CMHS;
- Agree to provide SAMHSA with data required for the Government Performance and Results Act (GPRA);
- Manage the toll free telephone number selected by SAMHSA through the end of the grant period and relinquish control of the telephone number to SAMHSA or to another organization, if required;
- Produce required SAMHSA reports.

#### **Role of SAMHSA Staff:**

- Maintain overall responsibility for monitoring the conduct and progress of the suicide prevention hotline networking and certification program;
- Approve proposed key positions/personnel;
- Review proposed approach and request modifications to approach and/or approve the approach;

- Make recommendations regarding continued funding;
- Provide guidance and technical assistance on project design;
- Provide guidance on recruitment of new crisis centers into the network to ensure at least one crisis center in each State;
- Approve all proposed subcontracts;
- Review quarterly reports and conduct a site visit, if warranted;
- Review and approve the evaluation plan, including the sites selected to participate in the evaluation;
- Approve data collection plans and institute policies regarding data collection;
- Recommend consultants for assisting with the resource database, evaluation, and data collection, if needed; and
- Provide technical assistance, as needed, on sustainability and to assist in disseminating the resource database to non-networked crisis centers.
- Provide a toll free number that is easy to remember, life affirming and test marketed.

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANTS**

Eligibility for this funding opportunity is limited to Link2Health Solutions, Inc.

Eligibility is being limited because Congress authorized funding for only one National Suicide Prevention Lifeline program; therefore, the program supplement must be awarded to the grantee that manages Lifeline, specifically to Link2Solutions. It would be inefficient and wasteful to fund a second national suicide prevention hotline network, which would need to develop a parallel and duplicative crisis center network and telephonic infrastructure. Also, establishing and publicizing a second toll-free telephone number would be confusing to callers.

#### **2. COST-SHARING**

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

#### **3. OTHER**

##### **Additional Eligibility Requirements**

The applicant must use the PHS 5161-1 application package and comply with the formatting requirements in Appendix D of this document and certain program requirements, such as provisions relating to participant protection and the protection of human subjects specified in Section V of this document.

## **IV. APPLICATION AND SUBMISSION INFORMATION**

### **1. ADDRESS TO REQUEST APPLICATION PACKAGE**

Required application forms and guidelines are included in this mailing. You may download additional copies of the application forms from the SAMHSA Web site at [www.samhsa.gov/grants](http://www.samhsa.gov/grants).

Additional materials available on the SAMHSA 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 application face page, budget forms, assurances, certification, and checklist. You must use the PHS 5161-1.
- Cover Letter – Invites applications from eligible applicant(s).
- Request for Applications (RFA) – Includes instructions for the grant application. This document is the RFA.

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

#### **2.2 Required Application Components**

The application should be complete and contain all information needed for review. In order for your application to be complete, it must include the following 10 sections.

- ❑ **Face Page** – Complete the Standard Form (SF) 424, which is part of the PHS 5161-1. Instructions for completing the SF 424 are provided in Appendix A of this document. [Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants must 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 preparing to submit a Federal grant application. If you included a DUNS number on your original application, use the same number for this submission.]
- ❑ **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 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 attachment.
- ❑ **Budget Form** – Use the SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. If you are requesting supplemental funding for one year, complete Section B only. An illustration of a sample budget and justification is included in Appendix B of this Program Announcement.
- ❑ **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A through D may not exceed 25 pages. More detailed instructions for completing each section of the Project Narrative are provided in Section V of this document under “Evaluation Criteria.”

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 G. There are no page limits for these sections, except for Section E, the Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.”

- ❑ **Attachments 1 through 3** – In your application, include the attachments listed below.
  - *Attachment 1:* Data Collection Instruments/Interview Protocols
  - *Attachment 2:* Sample Consent Forms
  - *Attachment 3:* Letter to the SSA (if applicable; see Section IV.4)
- ❑ **Assurances** – Non-Construction Programs. Use Standard Form 424B found in the PHS 5161-1. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be provided in the application kit you receive.



- ❑ **Certifications** – Use the “Certifications” forms found in the 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 the PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications and is the last page of your application. Appendix C includes instructions for completing the checklist.

### 2.3 Application Formatting Requirements

The application must comply with basic application requirements. Failure to comply with these requirements may affect the ability of your application to be funded. See Appendix D of this document for a list of the specific formatting requirements and screenout criteria for SAMHSA grant applications.

### 3. SUBMISSION DATES AND TIMES

The application is due by close of business on the date indicated on the front page of this document.

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

- For packages submitted via DHL, FedEx, or UPS, proof of timely submission shall be the date on the tracking label affixed to the package by the carrier upon receipt by the carrier. That date must be at least 24 hours prior to the application deadline. The date affixed to the package by the applicant will not be sufficient evidence of timely submission.
- For packages submitted via 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.

**Failure to meet the timely submission requirements above may affect the ability of your application to be funded.** Please remember that mail sent to Federal facilities undergo 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 may affect the ability of your application to be funded.

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 only for select funding opportunities. Instructions for submitting an application electronically can be found in Section IV-6.2 under “Guidance for Electronic Submission of Applications.”

## **4. INTERGOVERNMENTAL REVIEW**

### **4.1 Executive Order 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 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. OA-06-002

**For other delivery service:**

Use the same mailing information above for other delivery services but change the zip code to **20850**.

**4.2 Public Health System Impact Statement (PHSIS)**

The Public Health System Impact Statement or PHSIS (approved by OMB under control no. 0920-0428; see burden statement below) is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. State and local governments and Indian tribal government applicants are not subject to the following Public Health System Reporting Requirements.

Community-based, non-governmental service providers who are not transmitting their applications through the State must submit a PHSIS to the head(s) of the appropriate State and local health agencies in the area(s) to be affected no later than the pertinent receipt date for applications. This PHSIS consists of the following information:

- a copy of the face page of the application (SF 424); and
- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served, 2) a summary of the services to be provided, and 3) a description of the coordination planned with appropriate State or local health agencies.

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

Applicants who are not the SSA must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 3, “Letter to the SSA.”** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent not later than 60 days after the application deadline to:

**For United States Postal Service:**

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

ATTN: SSA – Funding Announcement No. OA-06-002

**For other delivery service:**

Use the same mailing information above for other delivery services but change the zip code to **20850**.

In addition:

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

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

**5. FUNDING 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 and Federally Recognized Indian Tribal Governments: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Hospitals: 45 CFR Part 74, Appendix E

In addition, you must comply with the following funding restrictions:

Funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- 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.
- 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-6.2 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:**

Use the same mailing information above for other delivery services but change the zip code to **20850**.

Be sure to insert the Program Announcement title (from the cover letter) and number SM-06-007 in item number 10 on the face page (SF 424) of the application. If you require a phone number for delivery, you may use (240) 276-1199.

## **6.2. How to Send Applications**

SAMHSA is collaborating with [www.Grants.gov](http://www.Grants.gov) to accept electronic submission of applications. Please refer to the “Guidance for Electronic Submission of Applications” below.

The 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 instructions in Section IV-3. The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

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

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

### Guidance for Electronic Submission of Applications

SAMHSA offers the opportunity for you to submit your application to us either in electronic or paper format. Register one time, and [Grants.gov](http://www.Grants.gov) will generate your information for future applications so you don't have to re-enter it. Built-in error-checking increases the completeness and accuracy of your application. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the [www.Grants.gov](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](http://www.Grants.gov) site. E-mail submissions will not be accepted.

You may search the [Grants.gov](http://www.Grants.gov) site for the downloadable application package, by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at the [www.Grants.gov](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 D of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help to ensure the accurate transmission and equitable treatment of applications.

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of one inch each. Adhering to these standards will help to ensure the accurate transmission of your document. If the type size in the Project Narrative of an electronic submission exceeds 15 characters per inch, or the text exceeds 6 lines per vertical inch, SAMHSA will reformat the document to Times New Roman 12, with line spacing of single space. Please note that this may alter the formatting of your document, especially for charts, tables, graphs, and footnotes.
- *Amount of space allowed for Project Narrative:* The Project Narrative for an electronic submission may not exceed 12,875 words. If the Project Narrative for an electronic submission exceeds the word limit and exceeds the allowed space as defined in Appendix A, then **any part of the Project Narrative in excess of these limits will not be submitted to review.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

While keeping the Project Narrative as a separate document, please consolidate all other materials in your application to ensure the fewest possible number of attachments. Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. Please name and number your attachments, indicating the

order in which they should be assembled. Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV-3 of this announcement. The paper submission must be clearly marked: **“Back-up for electronic submission.”** The paper submission must conform with all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Include the Grants.gov tracking number in the top right corner of the face page for any paper submission.**

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

**For United States Postal Service:**

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

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

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



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

## **V. APPLICATION REVIEW INFORMATION**

### **1. EVALUATION CRITERIA**

Your application will be reviewed and scored against the requirements listed below for developing the Project Narrative (Sections A-D). **These are to be used instead of the “Program Narrative” instructions found in the PHS 5161-1.** Independent reviewers will review and score your application and report to SAMHSA on the quality of your response to the requirements listed below, on issues that may impede the effective implementation of your project, and on participant protection issues that may need to be addressed. Deficiencies in your application may delay or prevent grant award or lead to special terms and conditions being placed on your award. In Sections A-D of the Project Narrative, you must clearly describe how you intend to use grant funds. Sections A-D of your application may not exceed 25 pages.

#### **Section A: Progress to Date (20 points)**

Describe your organization’s experience with the existing grant program. Report on accomplishments to date. Discuss any obstacles/problems that have been encountered and actions taken towards their resolution.

#### **Section B: Proposed Approach for Program Expansion/Enhancement (30 points)**

Describe your plans to expand or enhance your existing program and how your planned activities will meet the expected goals and objectives of the supplemental program. Clearly describe all activities that will be supported with the supplemental grant funds. Discuss how the supplemental activities will be integrated into the ongoing project. Describe roles and responsibilities of collaborating organizations, where applicable. Where applicable, provide the projected number of persons to be served, along with a clinical and demographic description of the projected number of persons to be served. Demonstrate how the proposed approach appropriately addresses factors such as age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender of the target population. Provide the evidence base for any new services.

#### **Section C: Implementation Plan and Staffing (35 points)**

Present your plan for implementing and managing the supplemental activities. Include a timeline for implementation showing key activities, milestones, and responsible staff. Identify any cash or in-kind contributions that will be made to the project by the applicant or other partnering organizations.

#### **Section D: Evaluation (15 points)**

The same reporting requirements that applied to the original Networking and Certifying Suicide Prevention Hotlines grant (awarded in 2004) apply to this supplemental grant: The applicant must conduct an evaluation of the grant project that accurately documents the population served by the toll-free crisis line service, including variations in usage by state and area code; the reason(s) for callers' use of the service; the nature and appropriateness of the service that was provided; the outcome(s) (i.e., referrals made to emergency, mental health, and social service resources); and the technical efficiency and effectiveness of the telephone service that is provided to callers using the toll-free crisis service. The applicant should either have, or partner with, another organization that has a documented history of successful evaluation efforts.

Provide an updated evaluation plan that incorporates the new activities to be funded with the supplemental funds. Identify data that will be collected to provide regular feedback to the project to determine if the goals of the supplemental program are being met. The evaluation should include both process and outcome requirements. Include, as **Attachment 1** to your application, copies of the instruments and/or protocols you will use and include, in **Attachment 2**, copies of consent forms.

Describe how you will incorporate individuals served as a result of the supplemental activities into your ongoing Government Performance and Results Act (GPRA) activities. Remember to include evaluation and data collection costs in your requested budget.

**(Note: If there is other information about your proposed project that you deem important to the application, discuss it in the appropriate section(s) above, while staying within the 25 page limit.)**

Although the budget for the proposed project is not an evaluation criterion, the review group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

## **SUPPORTING DOCUMENTATION**

The supporting documentation for your application is made up of Sections E through G. This documentation provides additional information necessary for the review of your application. The supporting documentation should be included immediately following Sections A through D of the Project Narrative of your application. There are no page limits for the supporting documentation, except for Section E, the Biographical Sketches/Job Descriptions. (There is no requirement to conduct a literature review or to cite literature in your application, however, if literature is cited, provide references, including titles and authors.)

**Section E.** Job Descriptions and Biographical Sketches: Include a job description and biographical sketch for the project director and for other key positions. The job description should not be longer than 1 page. If a person has not been hired, include a job description and/or letter of commitment with a current biographical sketch from the individual. Each sketch should not be longer than 2 pages. Sample sketches and job descriptions are listed on page 22, Item 6, in the Program Narrative of the PHS 5161-1.

**Section F.** Budget Justification: Provide a narrative justification of the items included in your proposed budget as well as a description of existing resources and other support, including any cost-sharing arrangements, you expect to receive for the proposed project. Discuss plans to continue activities after the period of grant funding. Use SF 424A, which is attached to form PHS 5161-1. Fill out Sections B, C, and E. If you are requesting funding for one year, complete Section B only. An illustration of a budget and narrative justification is included in Appendix B of this document.

**Section G.** Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe and provide an update of your procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section G of your application, using the guidelines provided below. Problems with confidentiality, participant protection, and protection of human subjects identified during peer review of your application may result in the need to request additional information and may delay funding.

**Confidentiality and Participant Protection Requirements:**

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the seven bullets below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven bullets, read the section that follows entitled Protection of Human Subject Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining IRB approval.

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, or others 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 as **Attachment 1** of your application “**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** get written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in the 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 **Attachment 2, “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**

Depending on the evaluation design you propose in your application, you may have to comply with the Protection of Human Subjects Regulations (45 CFR 46). 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. Specific questions regarding this topic may be directed to the program contact named in the cover letter.

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 (240) 453-6900. You may get touch with the program contact named in the cover letter for specific information related to SAMHSA participant protection requirements.

## **2. REVIEW AND SELECTION PROCESS**

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by the independent reviewers and, when applicable, approval by the appropriate National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography.

## **VI. AWARD ADMINISTRATION INFORMATION**

### **1. AWARD NOTICES**

If you are approved for funding, you will receive a notice, the Notice of Grant Award (NOGA), 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.

### **2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS**

- Successful applicants must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA web site ([www.samhsa.gov/grants/generalinfo/grants\\_management.aspx](http://www.samhsa.gov/grants/generalinfo/grants_management.aspx)).
- Successful applicants must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA web site ([http://www.samhsa.gov/Grants/generalinfo/grant\\_reqs.aspx](http://www.samhsa.gov/Grants/generalinfo/grant_reqs.aspx)).
- Depending on the nature of the proposed project and the results of review, additional terms and conditions may be identified in the NOGA or negotiated with the grantee prior to grant award. These may include, for example:
  - actions required to be in compliance with participant protection/human subjects requirements;
  - requirements relating to additional data collection and reporting;
  - requirements relating to participation in a cross-site evaluation; or
  - requirements to address problems identified in review of the application.
- Successful applicants will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a Federal grant.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application kit for

SAMHSA grants and is posted on the SAMHSA web site. 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**

As a SAMHSA grantee, you will be required to submit progress and financial reports. The reports will be submitted at least annually and no more than quarterly (unless a high risk determination is made). The format and requirements for completing and submitting the reports will be provided to you by your Government Project Officer (GPO).

#### **3.2 Publications**

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

In addition, SAMHSA requests that grantees:

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

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

## **VII. AGENCY CONTACTS**

For programmatic issues, contact:

Richard McKeon, Ph.D., M.P.H.  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
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 grants management issues, contact:



Kimberly Pendleton  
Office of Program Services, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road, Room 7-1097  
Rockville, Maryland 20857  
(240) 276-1421  
[kimberly.pendleton@samhsa.hhs.gov](mailto:kimberly.pendleton@samhsa.hhs.gov)

APPENDIX A – INSTRUCTIONS FOR COMPLETING STANDARD FORM 424

INSTRUCTIONS FOR COMPLETING NEW  
APPLICATION FOR FEDERAL ASSISTANCE  
STANDARD FORM 424 (REV. 9/2003)

Standard Form (SF) 424, “Application for Federal Assistance,” is also known as the “Face Page” of the PHS Grant Application Form 5161-1. The following instructions replace those found on the reverse side of the SF 424.

**Block 1.**      **Type of Submission:** Under “Application” check “Non-Construction.” Under “Preapplication” leave both boxes blank.

**Block 2.**      **DATE SUBMITTED:** Insert the date the application is sent to the State or the Federal agency.

-- **Applicant Identifier:** Insert the applicant’s control number (if applicable).

**Block 3.**      **(State Use Only.) DATE RECEIVED BY STATE:** (if applicable).

--**State Application Identifier:** Insert the applicant’s control number (if applicable).

**Block 4.**      **(Federal Use Only.) DATE RECEIVED BY FEDERAL AGENCY:** Leave this block blank.

--**Federal Identifier:** Leave this block blank.

**Block 5.**      **APPLICANT INFORMATION:**

--**Legal Name:** Insert the legal name of the applicant organization.

--**Organizational Unit:** Insert the name of the primary organizational unit which will undertake the proposed activity.

--**Organizational DUNS:** Insert the DUNS number that you obtained from Dun and Bradstreet ([www.dunandbradstreet.com](http://www.dunandbradstreet.com) or 866-705-5711).

-- **Address:** Insert the complete mailing address of the applicant organization.

-- **Name and telephone number of the person to be contacted on matters involving this application (give area code):** Insert the name, area code and telephone and FAX numbers and an E-mail/Internet address (if available) for the project director/principal investigator. Project director/principal investigator is defined as an employee of the applicant organization who will direct the grant. **NOTE: This individual must be**

**the same person identified in the right-hand block of Part C of the Checklist in the PHS Grant Application Form 5161-1. This is the individual responsible for directing the proposed program or project. (This is usually not the authorized representative as defined in Block 18.)**

- Block 6. EMPLOYER IDENTIFICATION NUMBER (EIN):** Insert the 9-digit EIN as assigned by the Internal Revenue Service. Please provide the EIN prefix and suffix, if already assigned (can be inserted before and after the boxes).
- Block 7. TYPE OF APPLICANT:** Insert the appropriate letter in the box provided.
- Block 8. TYPE OF APPLICATION:** Check “New.”
- Block 9. NAME OF FEDERAL AGENCY:** Insert SAMHSA and the specific Center (either CMHS, CSAP or CSAT) from which support is being requested.
- Block 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) NUMBER:** It is not necessary to insert the CFDA number but it is necessary to insert the program announcement number and the short title of the program announcement.
- Block 11. DESCRIPTIVE TITLE OF APPLICANT’S PROJECT:** Insert a brief descriptive title of the proposed project. Do not exceed 56 typewritten spaces, including spaces between words and all punctuation. A new application must have a different title from any other PHS project with the same project director/principal investigator.
- Block 12. AREAS AFFECTED BY PROJECT:** Insert the name of the largest political jurisdictions affected (e.g., the name of the specific State, counties, cities).
- Block 13. PROPOSED PROJECT:** Leave the Start and Ending Date blocks blank. These dates will be determined if the project is funded.
- Block 14. CONGRESSIONAL DISTRICTS OF:**
- a. **Applicant:** Insert the applicant organization’s Congressional District.
  - b. **Project:** Insert any Congressional District(s) directly affected by the project.
- Block 15. ESTIMATED FUNDING:**
- a. **Federal:** Insert the total amount of direct and indirect funds being requested from SAMHSA under this program announcement for the period of support. (This figure should be the same amount as that indicated on Form 424A, Section B, column (1) line 6.k.).

-- b.-e. **Applicant, State, Local, Other:** Insert the amount to be contributed and/or the value of in-kind contributions for the period of support by each contributor (i.e., Applicant, State, Local, Other), as appropriate. [These figures should be the same amounts as those indicated on Form 424A, Section C, line 12, columns (b), (c), and (d)].

--f. **Program Income:** Insert the amount of Program Income anticipated to be earned by the grantee for the period of support, if any. (This figure should be the same amount as that indicated on Form 424A, Section B, line 7, column (1).

Program income is defined as income earned by a grantee from activities part or all of the cost of which is borne as a direct cost by a grant **or** income that would not have occurred except for the existence of the grant supported project. Examples of program income are: fees for services supported with grant funds such as laboratory drug testing, rental or usage fees for use of equipment purchased with grant funds, third-party patient reimbursement where such reimbursement occurs because of the grant-supported activity (including Medicaid/Medicare), sale of commodities such as educational materials (including curricula) developed under the grant or equipment purchased with grant funds. Not included would be revenues raised by a government recipient under its governing powers, interest on grant funds, rebates, credits, discounts, or refunds, results of fund raising (given that no grant funds were used to accomplish the fund raising activity) and income earned by procurement contractors under a procurement contract awarded by the grantee.

-- g. **TOTAL:** Insert the total of lines 15a through 15f.

**Block 16. IS APPLICATION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?** The Federal Executive Order (E.O.) 12372 applies to this program. Therefore, applicants should read and adhere to instructions in Section IV of this program announcement.

**Block 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?** This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

**Block 18.**

--a., b. and c.: **Insert the name, title, area code and telephone number of the authorized representative of the applicant organization in the spaces provided.**

**Note: The authorized representative is the individual with the legal authority to obligate the applicant organization financially and otherwise.**

--d. and e.: The authorized representative is required to sign and date the application in the spaces provided.



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

**Travel**

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

**Supplies**

Office Supplies	\$ 500
Software (WordPerfect)	500

**Other**

Rent (500 Sq. Ft. x \$9.95)	\$ 4,975
-----------------------------	----------

Telephone	500
-----------	-----

Maintenance (e.g., van)	\$ 2,500
-------------------------	----------

Audit	\$ 3,000
-------	----------

Training Direct \$ 40,025

Training Indirect \$ -0-

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



**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 \$183,500 is effective for all FY 2006 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 most recent Appropriations legislation.

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

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

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

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

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

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

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



## APPENDIX C - INSTRUCTIONS FOR COMPLETING THE CHECKLIST

A Checklist is provided in the PHS Grant Application Form 5161-1. The instructions within the Checklist are self-explanatory except for Part A and Part C:

### Part A:

4. Assurance of Compliance (Civil Rights, Handicapped Individuals, Sex Discrimination, Age Discrimination)  
Before a grant or cooperative agreement award can be made, a domestic applicant organization must certify that it has filed with the DHHS Office for Civil Rights: an Assurance of Compliance (Form HHS 690) with Title VI of the Civil Rights Act of 1964 (P.L. 88-352, as amended), which prohibits discrimination on the basis of race, color, or national origin; Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112, as amended), which prohibits discrimination on the basis of handicaps; Title IX of the Education Amendments of 1972 (P.L. 92-318, as amended) which prohibits discrimination on the basis of sex; and the Age Discrimination Act of 1975 (P.L. 94-135), which prohibits discrimination on the basis of age. The Assurance of Compliance Form HHS 690 is included in the application kit. (Note: Assurance of Compliance Form HHS 690 is now used in lieu of individual assurances: Form HHS 441 - Civil Rights; Form HHS 641 - Handicapped Individuals; Form HHS 639-A - Sex Discrimination; and Form HHS 680 - Age Discrimination.) On the blank lines provided under Part A: 4., please indicate the date on which each of the assurances was filed by the applicant organization.
5. Human Subjects Certification, when applicable (45 CFR 46)  
Depending on the project evaluation and data collection requirements that are being proposed under this announcement, the requirements of 45 CFR Part 46, Protection of Human Subjects, may be required. When the proposed project is subject to the requirements of 45 CFR Part 46, the Assurance must be included with the application or provided before grant award. Where SAMHSA has determined that projects funded under this announcement must meet SAMHSA Participant Protection (SPP) requirements, applicants must check the NOT applicable box.

### Part C:

1. The administrative official to be notified if an award is to be made may be the same as the authorized representative identified in Item 18 on the face page (SF 424) or may be the designated administrative/business official of the applicant organization. The official Notice of Grant Award will be mailed to the administrative official named in Part C.
2. If the applicant organization has already been assigned a modified EIN number because of receipt of another grant from the Department of Health and Human Services (DHHS), include the complete 12-digit number (1-digit prefix, 9-digit EIN, 2-digit suffix). Leave blank if the applicant organization has never been assigned a modified number from the DHHS.
3. The individual designated to direct the project must be the same as the individual identified in Item 5 on the face page of the application.

## APPENDIX D - FORMATTING REQUIREMENTS AND SCREENOUT CRITERIA

*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. Failure to adhere to these requirements may affect the ability of your application to be funded.*

- Use the PHS 5161-1 application.
- Applications must be received by the application deadline or have proof of timely submission, as detailed in Section IV.3 of this document.
- 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-6.2 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-6.2 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 25-page limit for Sections A-D of 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 the page limit. This number represents the full page less margins, multiplied by the total number of allowed pages.
  - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

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

sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- The 10 application components required for SAMHSA applications should be included. These are:
  - Face Page (Standard Form 424, which is in PHS 5161-1)
  - Abstract
  - Table of Contents
  - Budget Form (Standard Form 424A, which is in PHS 5161-1)
  - Project Narrative and Supporting Documentation
  - Appendices
  - Assurances (Standard Form 424B, which is in PHS 5161-1)
  - Certifications (a form 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, as indicated in Section V of this document.
  - Budgetary limitations as indicated in Section II.1 of this announcement.
  - Documentation of nonprofit status as required in the PHS 5161-1.
  
- Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.
  
- Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
  
- Send the original application and two copies to the mailing address in 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.