

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

**Cooperative Agreement for a Physician Clinical Support
System for the Appropriate Use of Methadone in the
Treatment of Pain and Opioid Addiction**

(Short Title: PCSS- M)

(Initial Announcement)

Request for Application (RFA) No. TI-08-014

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

Key Dates:

Application Deadline	May 1, 2008.
Intergovernmental Review (E.O. 12372)	Letters from State Single Point of Contact (SPOC) are due no later than 60 days after the application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by the application deadline. Comments from Single State Agency are due no later than 60 days after the application deadline.

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Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is announcing the availability of FY 2008 funds for a single source award to the American Society of Addiction Medicine (ASAM) for a Physician Clinical Support System for the Appropriate Use of Methadone in the Treatment of Pain and Opioid Addiction (PCSS-M) Cooperative Agreement. The purpose of this project is to establish a national mentoring network offering support (clinical updates, evidence-based outcomes and training) free of charge to physicians and other medical professionals in the appropriate use of methadone for the treatment of chronic pain and opioid addiction. SAMHSA is responsible for certifying over 1,000 Opioid Treatment Programs (OTPs) that use methadone and buprenorphine in the treatment of opioid addiction. This initiative will help address the nation's rise in methadone-associated deaths that has been spurred by misuse/abuse and fatal drug interactions involving methadone.

Funding Opportunity Title:	Cooperative Agreement for a Physician Clinical Support System for the Appropriate Use of Methadone in the Treatment of Pain and Opioid Addiction
Funding Opportunity Number:	TI-08-014
Due Date for Applications:	May 1, 2008
Anticipated Total Available Funding:	\$500,000
Estimated Number of Awards:	1
Estimated Award Amount:	\$500,000
Length of Project Period:	Up to 3 years
Eligible Applicant:	American Society of Addiction Medicine

I. FUNDING OPPORTUNITY DESCRIPTION

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is announcing the availability of FY 2008 funds for a single source award to the American Society of Addiction Medicine (ASAM) for the Physician Clinical Support System for the Appropriate Use of Methadone in the Treatment of Pain and Opioid Addiction (PCSS-M) Cooperative Agreement. The purpose of this project is to establish a national mentoring network offering support (clinical updates, evidence-based outcomes and training) free of charge to physicians and other medical professionals in the appropriate use of methadone for the treatment of chronic pain and opioid addiction. SAMHSA is responsible for certifying over 1,000 Opioid Treatment Programs (OTPs) that use methadone and buprenorphine in the treatment of opioid addiction. This initiative will help address the nation's rise in methadone-associated deaths that has been spurred by misuse/abuse and fatal drug interactions involving methadone.

The mission of the American Society of Addiction Medicine (ASAM) is to educate physicians/other medical professionals and promote the appropriate role of the physician and other medical professionals in the care of patients with addiction. ASAM has developed and disseminated course materials addressing pain and addiction and presently provides training on the use of methadone in SAMHSA certified OTPs throughout the country. Thus, ASAM continues to provide critical support that is vital to the safety of patients receiving methadone-based therapies involving addiction and chronic pain.

SAMHSA presently collaborates with the CDC, DEA, NIDA, and FDA, as well as with State agencies most directly affected by rising methadone mortalities. The collaborative trainings of these agencies, coupled with an increase in requests for consultation and assistance from State authorities and practitioners in the field, has created a need for SAMHSA to evaluate and address the causes of the increase in fatalities and non-medical use of methadone. While the data strongly suggest that most of the increase in methadone-associated deaths is related to the rapid increase in the prescription of methadone for treatment of chronic pain, there is a widespread public perception that diversion of methadone from OTPs and OTP clients, and inappropriate client care in some OTPs, are major reasons for the rise of methadone related mortality. This perception not only damages attitudes toward methadone maintenance treatment, which has been demonstrated scientifically in numerous studies to be the most effective treatment for opioid addiction, but also undermines public support for treatment generally. Therefore, SAMHSA has a strong interest and responsibility to help ensure that methadone, whether prescribed for pain management or dispensed for the treatment of opioid dependence, is being used appropriately by physicians who have been trained in the latest evidence-based practices.

The target population for this initiative includes physicians and other health professionals working in SAMHSA certified OTPs and physicians prescribing methadone for pain. The training and clinical support provided under this initiative will address the specific complexities that are inherent to the medication itself and how those characteristics affect appropriate care of individuals being treated for pain and opioid dependence.

SAMHSA has convened two expert panels in response to the increase in methadone-associated deaths (the reports are available at www.dpt.samhsa.gov.) Panel results show that medical

education is critical and warranted to reduce methadone-associated deaths. Also, addictions and pain medicine specialists will be encouraged to participate in the project to serve as mentors for physicians and other medical professionals desiring to treat patients for opioid dependency and chronic pain with methadone products.

The PCSS-M program is authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 26 (Substance Abuse).

2. EXPECTATIONS

2.1 Background

In view of the present healthcare crisis of rising methadone-related mortalities, there is an immediate and major concern to ensure the safety of all patients who utilize methadone-based therapies.

Methadone is an important medication for the treatment of opioid use disorders and chronic pain. It is a well studied, safe and powerful medication when prescribed and consumed properly. Methadone has been used for more than 40 years in the treatment of drug addiction, and its use for the treatment of pain has increased in the last 5 to 10 years.¹

Methadone is life saving, yet it presents special challenges. Some pharmacologic and pharmacokinetic properties of methadone can lead to harm if it is misused, abused or used for nonmedical purposes. The short duration of analgesic effect with methadone and significantly longer elimination half-life increase the risk for methadone toxicity. Methadone can cause fatalities among individuals who have not developed any tolerance to opiates. Deaths have occurred among children and adults who have accidentally taken methadone. Fatal intoxications have also been observed during the first weeks of treatment and adjustment of the methadone dose.²

The lack of a common nomenclature and uniform case definition that distinguish between deaths caused by methadone and deaths in which methadone is a contributing factor or merely present make it difficult to determine the true number and nature of methadone-involved deaths nationwide. Despite this, methadone-associated deaths have continued to rise. In addition, deaths also have been escalating for other opioids such as oxycodone and hydrocodone.³

According to SAMHA's 2007 Methadone Mortality Report, distribution of methadone has increased as has the number of prescriptions. However, the causes of methadone-associated

1, 2, 3 Summary Report of the Meeting: Methadone Mortality – A Reassessment; July 20, 2007; SAMHSA/CSAT.

deaths remain unclear. Some data suggest that the deaths are most likely the result of the accidental misuse of the drug rather than intentional abuse.

The following risk factors for methadone-related mortality have been identified:

- Concomitant use of benzodiazepines, other opioids, and/or alcohol;
- Unpredictability of cardio toxicity (Torsades de Pointes) in some patients;
- Inadequate or erroneous induction dosing and monitoring by physicians, primarily when prescribing methadone for pain; and
- Drug poisoning that occurs as a result of diversion of the drug and its non-medical use.

Data indicate that the greatest risk in the use of methadone occurs during the induction phase of addiction treatment and with the wide variety of pain management regimens.

Accordingly, health care professionals require better training in how to manage opioid addiction and pain, which are medical disorders for which health professionals have an ethical obligation to provide the best available treatment. To do so, physicians and other health care providers need credible, reliable information about the appropriate use of methadone.

In addition, health care providers involved in opioid addiction and chronic pain therapy need continuous up-to-date information on the documented risks and benefits associated with the use of methadone, as well as guidelines for assessing risk-benefit ratios specific to individual patients. They also need to understand methadone's pharmacology and "best practices" for its use, as well as specific indications and cautions to consider when deciding whether to use methadone in the treatment of addiction/chronic pain.

By enlisting the assistance of professional medical organizations and groups, the grantee will offer physicians and other medical professionals the information and consultation they need to provide safe and effective pharmacologic treatment for opioid dependence and chronic pain, thereby reducing methadone mortality.

2.2 Required Activities

At a minimum ASAM will use funds awarded to conduct the following activities:

- Establish and maintain a cadre of expert clinicians and educators to provide support for qualified healthcare providers preparing for, or engaging in, methadone use in treatment of opioid addiction and chronic pain.
- Disseminate authoritative and standardized clinical materials and clinical tools.
- Promote PCSS-M services to identified target populations.
- Provide mentoring support, observation of practice, and consultative services by phone and E-mail that promote and support qualified healthcare providers in the use of methadone in the treatment of opioid addiction and chronic pain.
- Educate prospective practitioners through Web site and published resources, such as Treatment Improvement Protocols (TIPS) containing science-based best practice guidelines for the treatment and maintenance of patients with opioid dependency and chronic pain.

In addition, ASAM may propose to conduct other activities with cooperative agreement funds in its application.

2.3 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). This information will be gathered using the data collection tools referenced below.

You must document your ability to collect and report the required data in “Section D: Performance Assessment and Data” of your application. You must collect and report data using the CSAT Baseline Meeting Satisfaction Survey, the CSAT Follow-up Meeting Satisfaction Survey, the CSAT Baseline Training Satisfaction Survey, or the CSAT Follow-up Training Satisfaction Survey which can be found at www.samhsa-gpra.samhsa.gov, along with instructions for completing these. Hard copies are available by calling the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

The following GPRA measures have been established for this program:

- Number of consultation events, educational events, technical assistance events or contacts;
- Number of physicians participating in each event;
- Percentage of physicians satisfied with educational and support services offered; and
- Percentage of physicians who report that consultation or educational events resulted in appropriate practice change(s).

GPRA data must be collected at the end of each event and 30 days following the event. Data are to be submitted using the Web-based CSAT GPRA data collection system (SAIS) within 7 days after data are collected. GPRA data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA’s budget request.

2.4 Performance Assessment

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

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

Outcome Questions:

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

Process Questions:

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

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment.

II. AWARD INFORMATION

1. AWARD AMOUNT

A total of \$500,000 may be awarded each year for up to three years for this project. This amount includes direct and indirect costs. Your proposed budget cannot exceed \$500,000 in any year of the proposed project. Annual continuation awards will depend on the availability of funds, your progress in meeting project goals and objectives, and timely submission of required data and reports.

2. FUNDING MECHANISM

The award will be made as a cooperative agreement. Under this cooperative agreement, the roles and responsibilities of the grantee and SAMHSA staff are:

Role of Grantee:

- Implement and assess the program in full cooperation with SAMHSA staff members and contractors;
- Establish a steering committee to oversee the development of the PCSS-M for methadone-based treatment of opiate addiction and chronic pain and determine the direction of the project. The steering committee must be comprised of representatives from participating national professional medical organizations authorized by law to conduct trainings, other stakeholders, and the Government Project Officer;

- Convene the steering committee, at a minimum, yearly and confer by conference call semiannually to develop strategies to further enhance the project;
- Comply with all aspects of the terms and conditions of the cooperative agreement (to be issued with the award);
- Participate in selecting a chairperson for the steering committee;
- Provide required reports, including those related to the Government Performance and Results Act (GPRA); and
- Respond to requests by the Government Project Officer for information or data related to the program.

Role of SAMHSA Staff:

- Participate in the selection of physician and non-physician members of a steering committee that will develop the PCSS-M. The Government Project Officer (GPO) will serve as a voting member of the steering committee, but will not chair the committee;
- Ensure that consultation services are provided to the States and regions of the country with the greatest need;
- Assist the grantee to plan for health care infrastructure development;
- Help to establish measures of cost effectiveness;
- Assist the grantee to meet quality improvement goals;
- Provide advice and assistance in developing the performance assessment;
- Foster learning, collaboration and coordination with other SAMHSA-funded activities; and
- Provide some of the on-site educational activities, observation of practice, consultative services, peer monitoring, and other services envisioned under this program.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Only an application from ASAM will be considered for funding under this announcement.

There is a public health crisis involving the misuse, non medical use and fatalities associated with the increased availability of methadone for the treatment of pain and opioid addiction.

According to the National Center for Health Statistics (NCHS), methadone poisoning deaths nationwide increased 390% from 786 deaths in 1999 to 3,849 deaths in 2004, and on going data indicate that the number of deaths in many states continued to increase in 2005 and 2006. Thus, prompt and direct implementation of this cooperative agreement is necessary to help ensure public health and safety.

To address this healthcare crisis in a timely manner, eligibility for the cooperative agreement is limited to ASAM to establish a national mentoring network and to carry out the dissemination of information and education as it relates to methadone use in the treatment of opioid addiction and

chronic pain. ASAM presently provides a parallel service under a SAMHSA cooperative agreement to operate a Physician Clinical Support System (PCSS) to assist physicians with issues related to office-based treatment of opioid dependence with buprenorphine. As a result, ASAM is in the unique position to have the infrastructure and capacity in place to expeditiously meet the specific and unique needs outlined in this announcement. In addition, ASAM has demonstrated in the past (through the PCSS project) the capability to implement and achieve the goals of this program.

2. COST-SHARING

Cost-sharing is not required in this program.

3. OTHER

Additional Eligibility Requirements

You must use the PHS 5161-1.

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.

Additional materials available on this Web site include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- enhanced instructions for completing the PHS 5161-1 application.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

2.1 Application Kit

The SAMHSA application kit includes the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page (SF 424 v2), budget forms, assurances, certification, and checklist.
- Cover Letter – Invites submission of your application and includes instructions specific to your grant application.

- Request for Application (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** – SF 424 v2 is the face page. This form is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at www.dunandbradstreet.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]
- **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix B of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A through D together 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 F, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.” Supporting Documentation should be submitted in black and white (no color).

- ❑ **Appendices 1 through 4** – In your application, include the appendices listed below. Please label the appendices as: Appendix 1, Appendix 2, etc.
 - *Appendix 1*: Letters of Support
 - *Appendix 2*: Data Collection Instruments/Interview Protocols
 - *Appendix 3*: Roles and Responsibilities of Participating National Professional Medical Organizations
 - *Appendix 4*: Letter to the SSA

- ❑ **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.

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

- ❑ **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form.

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

2.3 Application Formatting Guidelines

To facilitate review of your application, you are encouraged to follow these guidelines:

- Text must be legible and applications should be prepared using black ink. This improves the quality of the copies of applications that are provided to reviewers.

- Use white paper only (8.5” by 11.0” in size). Do not use colored, heavy, or light-weight paper or any material that cannot be photocopied using automatic photocopying machines. Odd-sized and oversized attachments, such as posters, will not be reviewed. Do not send videotapes, audiotapes, or CD-ROMs.

- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. For example, the abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Appendices 1-4 should be labeled and separated from the

Project Narrative and budget section, and the pages should be numbered to continue in the sequence.

3. SUBMISSION DATES AND TIMES

Your application is due by close of business on **May 1, 2008**. A hard copy application is due by 5:00 PM (EST). An electronic application is due by 11:59 PM (EST). **A hand carried application will not be accepted. Your application may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

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

Failure to meet the timely submission requirements above may affect the ability of your application to be reviewed. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, it may affect the ability of your application to be reviewed.

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

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

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

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) Web site at www.whitehouse.gov/omb/grants/spoc.html.

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are an American Indian/Alaska Native tribe or tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State’s review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.

- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville MD **20857**. ATTN: SPOC – Funding Announcement No. **TI-08-014**. Change the zip code to **20850** if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)⁴ to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424 v2); and
- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate State or local health agencies.

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

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Appendix 4, "Letter to the SSA."** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent not later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville MD **20857**. ATTN: SSA – Funding Announcement No. **TI-08-014**. Change the zip code to **20850** if you are using another delivery service.

⁴ Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 v2 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

In addition:

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

5. FUNDING RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at www.samhsa.gov/grants/management.aspx:

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

SAMHSA's PCSS-M Cooperative Agreement recipient must comply with the following funding restrictions:

Cooperative agreement funds may not be used for:

- Needs assessment;
- Strategic planning;
- Financing/coordination of funding streams;
- Policy development to support needed service improvements (e.g., rate-setting activities, establishment of standards of care, development/revision of credentialing, licensure, or accreditation requirements);
- Performance measurement development;
- Data infrastructure/MIS development;

In addition, you must comply with SAMHSA's 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.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.
- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.
- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

6. OTHER SUBMISSION REQUIREMENTS

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

Submission of Electronic Applications

SAMHSA accepts electronic submission of applications through www.Grants.gov. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

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

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

Submission of Paper Applications

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

Send applications to the address below:

For United States Postal Service:

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

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

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “PCSS-M, TI-08-014” in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

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

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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 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: Statement of Need (10)

- Document the need for infrastructure to increase the capacity to implement and sustain the PCSS-M for the proposed target population.
- Describe the gaps, barriers, and other problems related to the need for infrastructure development. Describe the stakeholders and resources in the target area that can help implement the needed infrastructure development.

Section B: Proposed Approach (45)

- Clearly state the purpose of the proposed project, with goals and objectives. Describe how achievement of goals will increase system capacity to address the rise in methadone-associated deaths as a result of misuse/abuse.
- Describe the proposed project, including how you will conduct the required activities outlined in Section I-2.2 of this RFA. Provide evidence that the proposed activities meet the infrastructure needs and show how your proposed infrastructure development strategy will meet the goals and objectives.
- Describe the Project Steering Committee including its membership, roles and functions, and frequency of meetings.
- Identify stakeholders and any other organizations that will participate and describe their roles and responsibilities. Demonstrate their commitment to the project. Include letters of commitment/coordination/support from these organizations in **Appendix 1** of your application.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.

- Describe how your activities will increase the appropriate use of methadone for the treatment of chronic pain and opioid addiction.
- Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Section C: Staff, Management and Relevant Experience (25)

- Provide a realistic time line for the entire project period (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]
- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.
- Provide a list of staff who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as the evaluator and treatment/prevention personnel.
- Describe the resources available for the proposed project (e.g., facilities, equipment).

Section D: Performance Assessment and Data (20)

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

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

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

SUPPORTING DOCUMENTATION

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

Section F: Biographical Sketches and Job Descriptions: Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual. Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each. Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative of the PHS 5161-1 instruction page, available on the SAMHSA Web site.

Section G: 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 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 detailed budget and narrative justification is included in Appendix B of this document.

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; and
- availability of funds.

VI. AWARD ADMINISTRATION INFORMATION

1. AWARD NOTICES

If you are approved for funding, you will receive a notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive Federal funding for work on your grant project.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA’s standard terms and conditions are available on the SAMHSA Web site at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation; or
 - requirements to address problems identified in review of the application.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a Federal grant.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

3.1 Progress and Financial Reports

As a SAMHSA grantee, you will be required to submit annual and final progress and financial reports. The format and requirements for completing and submitting the reports will be provided to you by your Government Project Officer (GPO).

3.2 Publications

As a SAMHSA grantee, you 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 as a grantee you:

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

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

VII. AGENCY CONTACTS

For questions about program issues contact:

Anthony Campbell
Project Officer
1 Choke Cherry Road
Room 2 -1067
Rockville, Maryland 20857
(240) 276-2702
anthony.campbell@samhsa.hhs.gov

For questions on grants management issues contact:

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

Appendix A – Guidance for Electronic Submission of Applications

If you would like to submit your application electronically, you may search www.Grants.gov for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at the www.Grants.gov apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for help:

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

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

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

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for your application are provided in Section IV-2.2 of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.
- *Amount of space allowed for Project Narrative:* The Project Narrative for an electronic submission may not exceed **12,875** words. If the Project Narrative for an electronic submission exceeds the word limit, **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.

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

Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

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

After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Include the Grants.gov tracking number in the top right corner of the face page (SF 424 v2) for any paper submission. Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

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

For United States Postal Service:

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

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

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

Appendix B – Sample Budget and Justification

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

OBJECT CLASS CATEGORIES

Personnel

Job Title	Name	Annual Salary	Level of Effort	SAMHSA Funded	Non-Federal Sources	TOTAL
Project Director	J. Doe	\$30,000	1.0	\$30,000	\$-0-	
Clinical Director	J. Doe			\$-0-	In-Kind	
Secretary	Unnamed	\$18,000	0.5	\$-0-	\$ 9,000	
Counselor	R. Down	\$25,000	1.0	\$25,000	\$-0-	
SUBTOTAL				\$55,000	\$9,000	
Enter Personnel subtotal on 424A, Section B, 6.a.						\$64,000
<u>Fringe Benefits</u> (24%)				\$15,360	\$-0-	
SUBTOTAL				\$15,360	\$-0-	
Enter Fringe Benefits subtotal on 424A, Section B, 6.b.						\$15,360

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	\$-0-	
Local Travel (500 miles x .24 per mile)				\$-0-	\$120	

[Note: Current Federal Government per diem rates are available at www.gsa.gov.]

SUBTOTAL				\$5,280	\$120	
Enter Travel subtotal on 424A, Section B, 6.c.						\$ 5,400

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.

SUBTOTAL				\$-0-	\$-0-	
Enter Equipment subtotal on 424A, Section B, 6.d.						\$-0-

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

Supplies

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

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

CONTRACTUAL COSTS

Evaluation

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

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

Travel

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

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

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

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

Training

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

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

Travel

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

Supplies

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

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

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

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

JUSTIFICATION

PERSONNEL - Describe the role and responsibilities of each position.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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