

**Department of Health and Human Services**

**Substance Abuse and Mental Health Services Administration**

**National Child Traumatic Stress Initiative– (Category I)  
National Center for Child Traumatic Stress  
(Initial Announcement)**

**Request for Applications (RFA) NO. SM-05-004**

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

**Key Dates:**

<b>Application Deadline</b>	<b>May 6, 2005</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Letters from State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>SSA Coordination</b>	<b>Comments from Single State Agency are due no later than 60 days after application deadline.</b>

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**Table of Contents**

- I. FUNDING OPPORTUNITY DESCRIPTION..... 3
  - 1. INTRODUCTION ..... 3
  - 2. EXPECTATIONS..... 3
  
- II. AWARD INFORMATION ..... 9
  - 1. AWARD AMOUNT ..... 9
  - 2. FUNDING MECHANISM ..... 10
  
- III. ELIGIBILITY INFORMATION ..... 11
  - 1. ELIGIBLE APPLICANTS ..... 11
  - 2. COST SHARING..... 12
  
- IV. APPLICATION AND SUBMISSION INFORMATION ..... 12
  - 1. ADDRESS TO REQUEST APPLICATION PACKAGE ..... 12
  - 2. CONTENT AND FORM OF APPLICATION SUBMISSION ..... 12
  - 3. SUBMISSION DATES AND TIMES ..... 22
  - 4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS ..... 23
  - 5. FUNDING LIMITATIONS/RESTRICTIONS ..... 24
  - 6. OTHER SUBMISSION REQUIREMENTS ..... 24
  
- V. APPLICATION REVIEW INFORMATION..... 25
  - 1. EVALUATION CRITERIA ..... 25
  - 2. REVIEW AND SELECTION PROCESS ..... 31
  
- VI. AWARD ADMINISTRATION INFORMATION..... 31
  - 1. AWARD NOTICES..... 31
  - 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS ..... 31
  - 3. REPORTING REQUIREMENTS ..... 32
  
- VII. AGENCY CONTACTS..... 33
  
- Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications ..... 35
  
- Appendix B - Glossary..... 38
  
- Appendix C – Areas of Budget Consideration ..... 40
  
- Appendix D- Sample Budget and Justification..... 41

# I. FUNDING OPPORTUNITY DESCRIPTION

## 1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces available funding for a National Center for Child Traumatic Stress grant through the National Child Traumatic Stress Initiative. The purpose of the National Child Traumatic Stress Initiative (NCTSI) is to improve treatment and services for all children and adolescents in the United States who have experienced traumatic events. The initiative is designed to address child trauma issues by creating a national Network of grantees—the National Child Traumatic Stress Network—that work collaboratively to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events. The role of the National Center for Child Traumatic Stress (NCCTS) is to provide leadership, infrastructure, and support for the Network to achieve its goals of increasing access and raising the standard of care for traumatized children, adolescents, and their families.

The Network is composed of three types of centers:

1. The National Center for Child Traumatic Stress (NCCTS) works with SAMHSA to develop and maintain the Network structure, provide technical assistance to grantees within the Network, oversee resource development and dissemination, and coordinate national education and training efforts;
2. The Treatment and Services Adaptation (TSA) Centers provide national expertise on specific types of traumatic events, population groups, and service systems and support the specialized adaptation of effective treatment and service approaches for communities across the country; and
3. The Community Treatment and Services (CTS) Centers implement and evaluate effective treatment and services in community settings and youth serving service systems and collaborate with other Network Centers on clinical issues, service approaches, policy, financing, and training issues.

## 2. EXPECTATIONS

In providing leadership for the National Child Traumatic Stress Network, the NCCTS will be expected to perform the following functions:

- Identify National Unmet Needs and Emerging Issues in Child Trauma

The National Center will collaborate with SAMHSA, the Treatment and Services Adaptation Centers, and Community Treatment and Services Centers in identifying child trauma intervention needs, and gaps and fragmentation in services. In conducting analyses of emerging issues or unmet needs related to child trauma, the National Center will further develop and support the Network's collaborative

approach to identifying, improving, developing, disseminating, and/or evaluating child trauma treatment and services.

- Develop and Maintain Collaborative Network Structure

The National Center will continue to develop and maintain a framework and organizational procedures for collaborative National Child Traumatic Stress Network functioning. This framework will include procedures to coordinate and integrate new Centers into the Network. The National Center will identify and use existing resources of Network Centers in all areas of Network activity and promote increased participation of Centers in Network activity, communication, and collaboration among Centers.

- Expand the National Reach of the Network

The National Center will collaborate with SAMHSA staff in developing plans to expand the reach of the National Child Traumatic Stress Network. In part, this effort will include an expanded “vision” of Network membership that is not dependent solely upon Federal funding. As part of this expanded vision, the National Center will develop a process and expectations for “affiliate” membership, which may be available to a wide array of potential organizational partners. Affiliate membership may entitle organizations that do not currently receive SAMHSA grant support to participate in workgroups, training, and product development and dissemination. Through this process, new stakeholders can be engaged in the process of transforming child trauma services, and current grantees that do not receive Federal funds in future years may still participate in collaborative activities of the Network. Affiliate members that contribute productively to Network activities may potentially receive Federal logistical support to attend workgroup meetings and events.

- Facilitate Network Communications

The National Center will develop Network communication systems to promote effective routine and emergency linkage among Network members. Ideally, this communication structure will facilitate access for all grantees to up-to-date information on collaborative activities within the Network. Plans to mobilize specialized Network child trauma expertise in times of national emergency need should be developed and tested. While a new Treatment and Services Adaptation Center focused on disaster and terrorism will be created, the National Center will maintain a leadership role in mobilizing Network resources to assist SAMHSA and its Federal, State, and local partners during times of crisis.

- Strengthen the Process for Developing and Disseminating Network Products

The National Center will continue to work with other National Child Traumatic Stress Network Centers to develop and disseminate information on evidence-based practices, policy and funding opportunities, educational materials, and other

information on child and adolescent traumatic stress vital to professionals, policy makers and the public. The National Center will further develop the Network's national capacity for training Network and non-Network providers in implementing evidence-based treatment and service delivery approaches. As part of this effort, the National Center will support Network activities to assess the effectiveness and applicability of Network-developed intervention products in community and service settings, submit information on effective intervention approaches for review by SAMHSA's National Registry of Effective Programs and Practices (NREPP), and develop and use other approaches for promoting the dissemination of evidence-based interventions.

- Promote Sustainability Planning

In order to be successful in its nationwide goals, the intervention and service approaches developed through the National Child Traumatic Stress Network must "take root" in communities independent of Federal grant funding. All grantees in the National Child Traumatic Stress Network will be expected to develop a sustainability plan and model an infrastructure for sustainability of Network activities that have improved or have the potential to improve outcomes for traumatized children and families. The National Center, with assistance from Network Centers and SAMHSA, will provide an inventory of successful models and strategies for addressing sustainability to members of the Network and provide technical assistance to Network programs to implement these sustainability models and strategies. Results of sustainability planning should include development, implementation, and training on various techniques for sustainability of Network programs and services that are strategically designed for long-term impact.

- Participate in Performance Monitoring and Cross-Site Evaluation Efforts

The National Center will collaborate with SAMHSA, an evaluation contractor, and Network grantees in the design and implementation of cross-site evaluation plans, which will include attention to SAMHSA Government Performance and Results Act (GPRA) goals, National Child Traumatic Stress Network operation goals, and program-specific goals. The National Center will maintain a lead role in providing expertise to Network members on clinical data issues. In this role, the National Center will support the development of Network-wide protocols, clinical assessment measures, and screening instruments for the collection and analysis of clinical treatment and service data. The National Center will also provide technical assistance to grantees on clinical use and analysis of this information.

## **2.1 Allowable Activities**

In close partnership with SAMHSA's Center for Mental Health Services, the National Center will provide the vision, leadership, and overall organization and coordination to move the National Child Traumatic Stress Network toward achieving its goals. Allowable activities to be carried out by the National Center are as follows:

### Administration of National Child Traumatic Stress Network Structure

- Oversight and support for the organization of the Network to support collaborative adaptation of treatment and service approaches, evaluation, and dissemination; clinical data collection and analysis; resource development; knowledge dissemination; and collaboration and coordination with consumer and service provider constituencies.
- Development of collaborative management structures that make it easier for Network members to work with one another.
- Coordination of a Steering Committee for the Network consisting of grantee representatives from all levels of the Network.
- Coordination of an Advisory Committee for the Network consisting of selected experts in child trauma, consumer and family involvement, and related areas.

### Collaborative Product Development and Dissemination

- Development of a comprehensive marketing plan for product development and dissemination.
- Development of customized training materials.
- Organization of training events.
- Dissemination of training curricula developed by Network members.
- Communication and marketing of Network activities and products through the use of multiple media, including Web-based technology.
- Development of a national public education strategy and global marketing plan that reaches out to professional, government, consumers and families, and other stakeholder groups.

### Consultation and Technical Assistance

- Technical assistance to Network members, policy makers, and the public utilizing expertise from within the Network as well as from external consultants.
- Consultation and liaison activities to foster opportunities for grantee sites to partner with state/local mental health systems, major child serving agencies, and other local stakeholders to address community needs related to transforming systems to address the challenges of child and adolescent trauma.

- Consultation and technical assistance on clinical data issues, including consultation on instruments for assessment of clinical and behavioral issues related to child traumatic stress.
- Consultation and technical assistance to Network members on the development and implementation of strategies for disseminating promising practices in child and adolescent trauma, with specific consultation and technical assistance to grantees around the submission of these practices and interventions to the National Registry of Effective Programs and Practices (NREPP). The National Center will consult with SAMHSA staff responsible for NREPP to ensure the development and implementation of appropriate NREPP technical assistance efforts.

### Performance Monitoring

- Development of internal performance monitoring systems.
- Consultation and direct assistance to CMHS and an evaluation contractor to monitor and evaluate all internal and external Network collaborative activities for relevance, efficiency, effectiveness, and impact on the main goals of the Initiative.

## **2.2 Data and Performance Measurement**

The National Center for Child Traumatic Stress will be required to assist SAMHSA and an evaluation contractor in reporting on the performance of the National Child Traumatic Stress Network in accomplishing the following Government Performance and Results Act (GPRA) goals:

- 1) increasing the number of children and adolescents reached by improved services; and
- 2) improving children's outcomes.

Specific indicators and expected outcomes for the National Center for Child Traumatic Stress include the following:

- Increased percentage of grantees contributing to cross-Network initiatives (i.e. task forces, working groups, cross-site evaluations, product development, etc.); and increased number and quality of Network products that result from cross-Network initiatives (i.e., training manuals, policy briefs, publications, multimedia products, toolkits, etc).
- Increased number of grantees and other treatment and service providers across the country trained in implementing effective child trauma treatment and service delivery.
- Increased percentage of grantees showing evidence of involving clients served and/or their families/partners/guardians in: (a) planning; (b) policy development; and (c) treatment planning implementation.

- Increased number and quality of informational resources and other products available on child and adolescent traumatic stress.
- Increased number and quality of established partnerships with professionals groups, policy makers, community-based organizations, child serving agencies and systems, and other key stakeholders to support dissemination efforts.

Grantees will utilize standard NCTSI-wide instruments to report on these indicators. These instruments are currently under development. Applicants must explicitly state in their application that they will use these instruments to collect and report on the required data. Applicants must document their ability to collect and report the required data in “Section D: Evaluation” of their applications.

### **2.3 Grantee Meetings**

The National Center for Child Traumatic Stress (NCCTS) must coordinate with SAMHSA in planning and conducting an annual national grantee meeting for the National Child Traumatic Stress Network as a whole and must budget for travel for at least ten (10) staff to attend this annual meeting. At these meetings, grantees will collaborate on cross-Network working groups, present the results of their projects, and discuss project requirements with Federal staff. Each meeting will be three days. These meetings will usually be held in the Washington, D.C. area and attendance is mandatory for all Network Centers.

### **2.4 Evaluation**

The National Center for Child Traumatic Stress (NCCTS) must evaluate its project, and applicants are required to describe a proposed evaluation plans in their applications. The evaluation should be designed to provide regular feedback to the project to improve program operations and, ultimately, the outcomes that will result from implementation of the project. The successful grantee will be expected to submit an annual internal evaluation report to SAMHSA.

As the lead grantee working in partnership with SAMHSA to coordinate the activities of the National Child Traumatic Stress Network, NCCTS plays a pivotal role in ensuring that the Network meets the overall goals of this initiative. Therefore, the National Center for Child Traumatic Stress must address the following in its evaluation:

- Demonstrating effectiveness and leadership for managing activities that require coordination and integration across funded Centers;
- Enhancing the national-level impact of the Network through strategic information dissemination activities and external Network partnerships.

Data collected for GPRA purposes should be used in conducting the evaluation. Applicants must also commit the proposed Center to participate in a national evaluation of the National Child Traumatic Stress Initiative and in cross-site evaluations of Network intervention products and



services. In October of 2004, an evaluation firm was contracted to design and implement a national cross-site evaluation of the NCTSI. The goals of the evaluation are to:

- describe the children and families served by the Network and their outcomes;
- assess the development and dissemination of effective treatments and services;
- evaluate intra-Network collaboration; and
- assess the Network's impact beyond the Network.

All Centers funded through the National Child Traumatic Stress Initiative (NCTSI) (including NCCTS) will be required to cooperate with the evaluation contractor and participate in the cross-site evaluation. The evaluation design consists of a core descriptive and outcome study and a study evaluating collaboration and Network participation. In addition there will be several targeted areas for in-depth study, each addressing specified aspects of the evaluation goals described above. At a minimum, NCCTS will participate in the core descriptive and outcome study and the collaboration and Network participation study. Examples of required cross-site evaluation participation by the lead grantee may include: involvement in collaboration and dissemination studies; Network analysis/national impact studies conducted by the evaluation contractor; and sharing information and data collected through already established National Center reporting mechanisms.

All NCTSI grantees (including NCCTS) must provide sufficient evaluation staff with associated support in order to comply with reporting requirements, and cooperate fully with cross-site evaluation activities. Costs associated with employing and supporting evaluation staff must be reflected in the proposal budget. The evaluation contractor will provide ongoing training and technical assistance to all awarded Centers participating in the evaluation to ensure the timely submission of data and overall compliance with the evaluation protocol.

Process evaluations must measure change relating to project goals and objectives over time compared to baseline information. You must consider your evaluation plan when preparing the project budget, including necessary staff time to consult on the cross site evaluation efforts, the implementation of collect clinical data using the core data set, and compile and submit data to a national evaluation contractor. It is estimated that evaluation and data collection activities will average 10-15% of most grantee budgets. No more than 20% of the grant award may be used for evaluation and data collection.

## **II. AWARD INFORMATION**

### **1. AWARD AMOUNT**

It is expected that up to \$5 million will be available to fund one award in FY 2005. The maximum allowable award is \$5 million in total costs (direct and indirect) per year for up to four years. Proposed budgets cannot exceed the allowable amount in any year of the proposed project. The actual amount available for award may vary depending on unanticipated program requirements and the availability of funds.

## 2. FUNDING MECHANISM

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

The specific roles for grantees of the National Center for Child Traumatic Stress and the Federal government are outlined below.

### **Role of Federal Staff:**

- Consult with the National Center Directors on all phases of the project to ensure accomplishment of the goals of the Initiative;
- Review critical project activities for conformity to the mission of the NCTSI;
- Assume overall responsibility for monitoring the conduct and progress of the NCTSI programs;
- Make recommendations regarding continued funding;
- Provide guidance on project design and components;
- Participate in policy and steering groups or related work groups;
- Review quarterly reports and conduct site visits, if warranted;
- Oversee development and implementation of a multi-site evaluation in partnership with evaluation contractors, NCCTS staff and other NCTSI grantees;
- Approve data collection plans and institute policies regarding data collection;
- Submit required clearance packages to the U.S. Office of Management and Budget (OMB) using information and materials provided by the grantee and evaluation contractor;
- Recommend outside consultants for training, site-specific evaluation, and data collection, if needed;
- Author or co-author publications on program findings; and
- Provide technical assistance on ways to help disseminate and apply study results.

**Role of Awardee:**

- Comply with the terms of the award and satisfactorily perform activities to achieve the NCTSI goals;
- Consult with and accept guidance from CMHS staff on performance of activities to achieve NCTSI goals;
- Consult with SAMHSA staff and an outside cross-site evaluation contractor on evaluation plans. Assist in cross-site evaluation of Network activities and program outcome evaluation;
- Provide SAMHSA and a cross-site evaluation contractor with justifications and materials for clearance of data collection and analysis activities by the U.S. Office of Management and Budget (OMB);
- Support and participate in Network meetings;
- Respond to requests for information from CMHS;
- Agree to provide SAMHSA with data required for the Government Performance and Results Act (GPRA);
- As appropriate, support and disseminate intervention products, training materials, and other publications developed by the Network for use by the field; and
- Produce required SAMHSA reports.

**III. ELIGIBILITY INFORMATION****1. ELIGIBLE APPLICANTS**

This is a competitive grant award open to domestic public and private nonprofit entities. For example, the following are eligible to apply: community-based organizations, out-patient clinics, faith-based organizations, public or private universities, psychiatric or general hospitals, units of State or local governments, and partnerships of multiple clinical centers, programs and/or community service providers applying as a single center. Eligible are federally recognized tribes, and tribal organizations. “Tribal organization” means the recognized governing body of any American Indian or Alaska Native tribe, or any legally established organization of American Indians and Alaska Natives—such as urban Indian health programs, inter-tribal councils, and regional Indian health boards—which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the AI/AN community to be served by such an organization. The statutory authority for this program precludes grants to for-profit organizations. Existing Network grantees whose funding ends in FY 2005 are also eligible

to apply for this competitive grant award. All applicants will be evaluated by the same criteria outlined in the evaluation criteria section.

## **2. COST SHARING**

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

## **3. OTHER**

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

# **IV. APPLICATION AND SUBMISSION INFORMATION**

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

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

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

You also may download the required documents from the SAMHSA web site at [www.samhsa.gov](http://www.samhsa.gov). Click on "Grants."

Additional materials available on this web site include:

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

## **2. CONTENT AND FORM OF APPLICATION SUBMISSION**

### **2.1 Application Kit**

SAMHSA application kits include the following documents:

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

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

- ❑ **Face Page** – Use Standard Form (SF) 424, which is part of the PHS 5161-1. [Note: Beginning October 1, 2003, applicants will need to provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants will be required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet web site at [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]
- ❑ **Abstract** – Your total abstract should not be longer than 35 lines. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- ❑ **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- ❑ **Budget Form** – Use SF 424A, which is part of the 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix D of this Request for Applications.
- ❑ **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. These sections in total may not be longer than 25 pages. (For example, remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V— Application Review Information” of this document.

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

- *Section E* - Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.
- *Section F* - Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 20% of the total grant award will be used for data collection and evaluation.
- *Section G* - Biographical Sketches and Job Descriptions.
  - Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or letter of commitment with a current biographical sketch from the individual.
  - Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
  - Sample sketches and job descriptions are listed on page 22, Item 6 in the Program Narrative section of the PHS 5161-1.
- *Section H* - Confidentiality and SAMHSA Participant Protection/Human Subjects. Section IV-2.4 of this document describes requirements for the protection of the confidentiality, rights and safety of participants in SAMHSA-funded activities. This section also includes guidelines for completing this part of your application.
- **Appendices 1 through 3** – Use only the appendices listed below. If your application includes any appendices not required in the grant announcement, they will be disregarded. Do not use more than a total of 30 pages for Appendices 1 and 3 combined. There are no page limitations for Appendices 2. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.
  - *Appendix 1*: Letters of Support, Memoranda of Understanding or other documentation of collaboration with other potential centers of programs.
  - *Appendix 2*: Data Collection Instruments/Interview Protocols
  - *Appendix 3*: Sample Consent Forms

- ❑ **Assurances** – Non-Construction Programs. Use Standard Form 424B found in PHS 5161-1. Applicants will be required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170.
- ❑ **Certifications** – Use the “Certifications” forms found in PHS 5161-1.
- ❑ **Disclosure of Lobbying Activities** – Use Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way.
- ❑ **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications and is the last page of your application.

## 2.3 Application Formatting Requirements

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

- ❑ Information provided must be sufficient for review.
- ❑ Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”)
  - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
  - Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- ❑ Paper must be white paper and 8.5 inches by 11.0 inches in size.
- ❑ To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”)
  - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the 25-page limit for the Project Narrative.
  - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes)

cannot exceed 58.5 square inches multiplied by 25. This number represents the full page less margins, multiplied by the total number of allowed pages.

- Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

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

- Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.
- Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limit of a total of 30 pages for Appendices 1 and 3 combined should not be exceeded.
- Send the original application and two copies to the mailing address in Section IV-6.1 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

#### Guidance for Electronic Submission of Applications

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

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

You must search the Grants.gov site for the downloadable application package, by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.



You must follow the instructions in the User Guide available at: [www.Grants.gov](http://www.Grants.gov) apply site, on the Customer Support tab. In addition to the User Guide, you may wish to use the following sources for help:

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

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

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

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

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

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

submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number.

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

**For United States Postal Service:**

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

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

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

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

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

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

## **Confidentiality and Participant Protection:**

All applicants must describe how they will address the requirements for each of the following elements relating to confidentiality and participant protection.

### 1. Protect Clients and Staff from Potential Risks

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

### 2. Fair Selection of Participants

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

### 3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.).

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

#### 4. Data Collection

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

#### 5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

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

#### 6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:

- Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Appendix 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

**NOTE:** Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

## 7. Risk/Benefit Discussion

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

### **Protection of Human Subjects Regulations**

SAMHSA expects that the grantees funded under this announcement may be required to comply with the Protection of Human Subjects Regulations (45 CFR 46). The grantee will be required

to comply with the regulations only if the project-specific evaluation design proposed by the grantee requires compliance with the regulations.

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

General information about Protection of Human Subjects Regulations can be obtained on the web at <http://hhs.gov/ohrp>. You may also contact OHRP by e-mail ([ohrp@osophs.dhhs.gov](mailto:ohrp@osophs.dhhs.gov)) or by phone (301-496-7005).

### **3. SUBMISSION DATES AND TIMES**

The deadline for submission of applications for the National Center for Child Traumatic Stress is May 6, 2005.

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

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

- For packages submitted via DHL, Falcon Carrier, Federal Express (FedEx), or United Parcel Service (UPS), timely submission shall be evidenced by a delivery service receipt indicating the application was delivered to a carrier service at least 24 hours prior to the application deadline.
- For packages submitted via the United States Postal Service (USPS), proof of timely submission shall be a postmark not later than 1 week prior to the application deadline, and the following upon request by SAMHSA:
  - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
  - a receipt from the Post Office containing the post office name, location, and date and time of mailing.

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

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

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application, and that results in the designated office not receiving your

application in accordance with the requirements for timely submission, it will cause the application to be considered late and ineligible for review.

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

SAMHSA is collaborating with [www.grants.gov](http://www.grants.gov) to accept electronic submission of applications for this grant program. Guidance for electronic submission of applications is provided in Section IV-2.3 of this announcement.

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

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

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are a federally recognized Indian tribal government.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline:

**For United States Postal Service:**

Crystal Saunders, Director of Grant Review  
Office of Program Services  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD **20857**  
ATTN: SPOC – Funding Announcement No. SM-05-004

**For other delivery service:**

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

1 Choke Cherry Road  
Rockville, MD **20850**  
ATTN: SPOC – Funding Announcement No. SM-05-004

## **5. FUNDING LIMITATIONS/RESTRICTIONS**

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

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

In addition, the grant recipient must comply with the following funding restrictions:

- Grant funds must be used for only purposes supported by the program.
- No more than 20% of the grant award may be used for evaluation and data collection expenses.
- Funds may not be used to pay for the purchase or construction of any building or structure to house any part of the grant project. Applications may request up to \$75,000 for renovations and alterations of existing facilities.
- 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 provided in Section IV-2.3 of this announcement. Following are instructions for submission of paper applications.)

Send applications to the following address:

#### **For United States Postal Service:**

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



**For other delivery service:**

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

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include the funding announcement number on the face page of the application. If you require a phone number for delivery, you may use (240) 276-1199.

## **6.2 How to Send Applications**

(Guidance for Electronic Submission of Applications is provided in Section IV-2.3 of this announcement. Following are instructions for submission of paper applications.)

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

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

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

# **V. APPLICATION REVIEW INFORMATION**

## **1. EVALUATION CRITERIA**

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

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

competence aspects of the evaluation criteria. SAMHSA's guidelines for cultural competence can be found on the SAMHSA web site at [www.samhsa.gov](http://www.samhsa.gov). Click on "Grants."

- The Supporting Documentation you provide in Sections E-H and Appendices 1-3 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading below is the maximum number of points a review committee may assign to that section of your Project Narrative. Bullet statements in each section do not have points assigned to them. They are provided to invite the attention of applicants and reviewers to important areas within each section.
- Applicants must be familiar with, or familiarize themselves with, the current structure and operation of the NCTSN and commit to working within this collaborative framework. To adequately address some of the requirements in this section it would be helpful to be familiar with current NETWORK Centers and collaborative activities. This information is available in the application kit and can be accessed electronically at the National Child Traumatic Stress Initiative website ([www.nctsn.org](http://www.nctsn.org)).

**A. Understanding of National Needs Related to Child Traumatic Stress (25 Points)**

- Describe the major issues involved in: (1) improving treatment and services for children and adolescents who experience traumatic events throughout the country, and (2) increasing access to such improved treatment and services.
- Describe the capacity and experience of the proposed Center Director(s) in providing national leadership focused on child traumatic stress, and the expertise of other proposed key staff in child/adolescent trauma interventions and service delivery, clinical data collection and use, measurement and evaluation, and policy issues relevant to child/adolescent trauma.
- Based on the concepts and goals outlined in the President's New Freedom Commission Report for mental health ([Achieving the Promise: Transforming Mental Health Care in America](#), July 2003), briefly describe potential areas in which the National Center for Child Traumatic Stress can provide leadership to help accomplish the major goals of the report. The applicant should also outline general issues and concerns related to the necessary transformation of service systems for children and adolescents who have experienced trauma.

**B. Proposed Approach (45 Points Total)**

- Describe how you will perform the following functions of the National Center for Child Traumatic Stress. Propose a set of plans to develop Network activities, resources, and products within the existing framework of the National Child Traumatic Stress Network. This framework requires

collaboration of Network Centers through the Network's organization of committees in all phases of Network operations. Applicants must be familiar with, or familiarize themselves with, the current structure and operation of the Network, and commit to operating within this collaborative framework. The plans must state specific goals that can be assessed to indicate success in accomplishing the objectives of each of the required sections, and strategies and procedures that will be used to adequately achieve the proposed performance goals stated for each required area.

## **1. Leadership of National Network**

- Describe how the National Center for Child Traumatic Stress will work collaboratively with SAMHSA and Network grantees to promote the transformation of services for children and adolescents who have experienced trauma in order to promote improved access to effective services. National leadership activities focused on transforming service systems may include promoting national attention to child trauma, promoting policy initiatives, and collaborating with national consumer and professional organizations. The applicant must describe how it will provide leadership and support for collaborative activities of Network Centers.
- Describe how the National Center for Child Traumatic Stress will refine and maintain a framework and organizational procedures for collaborative National Child Traumatic Stress Network functioning. The applicant must describe a process through which it will identify and use existing resources of Network Centers in all areas of Network activity, and promote increased participation of Centers in Network activity, and communication and collaboration among Centers. Describe procedures to identify and recruit staff and other resources from Network Centers for Network activities. This framework must include procedures to coordinate and integrate new Centers into the Network. Describe mechanisms to improve communication among Network Centers and involvement of Centers in collaborative Network activities. The applicant must demonstrate an understanding of the current structure of the Network, and outline areas for potential improvement and suggestions for potential modifications to the current structure.
- Describe the composition and activities of a Steering Committee representative of Network Centers to provide guidance on general policies for operation of the Network, and an Advisory Board of constituency representatives to provide input on how the Network can achieve the national goals of NCTSI, including membership, roles, functions, and frequency of meetings.
- Describe a planning process to expand the reach of the National Child Traumatic Stress Network by developing formalized procedures for collaboration with organizations that do not receive direct grant funding from SAMHSA. This process should include plans to develop an

approach to “affiliate” membership, which may be available to a wide array of potential organizational partners. A selective process of affiliate membership may entitle organizations that do not currently receive SAMHSA grant support (e.g., prior grantees, community organizations) to participate in workgroups, training, and product development and dissemination.

- Describe plans for any policy-related projects and activities (such as development of analytical materials related to the adoption of evidence-based practices within a variety of service systems). The rationale, purpose, and guidelines for any policy-related projects and activities must be clearly described. In keeping with Federal law, applicants must state explicitly that grant funds will not be used for the preparation, distribution, or use of information designed to support or defeat legislation pending before Congress or State legislatures.
- Describe procedures to include input from consumer constituency groups, especially children/adolescents, families, and community service providers, in all aspects of Center and Network activities, including, but not limited to, representation on the Advisory Board.
- Describe procedures to ensure consideration of cultural and other types of diversity in the activities of the Network and in the development of interventions and intervention products.

## **2. Collaborative Resource Development and Dissemination**

- Describe how Network Centers will be engaged in public, professional, and policy maker resource development, and how the resource needs of the Centers will be solicited and met. Describe a process to obtain input from key consumers, service providers, and policy makers on information and other resource needs. Describe a process, including staffing needs, to produce a range of materials to address the public, consumer, service provider, and policy maker needs. Indicate how the adequacy of resources developed to meet resource needs will be assessed. Discuss how considerations of cultural and other types of diversity will be incorporated into information and resource development.
- Describe processes to support development and dissemination of effective clinical and service intervention products through collaborative Network activity.
- Describe how the National Center will further develop the Network’s national capacity for training Network and non-Network providers in implementing evidence-based treatment and service delivery approaches. As part of this effort, describe how the National Center will support Network activities to assess the effectiveness and applicability of Network-developed intervention products in community and service settings, and assist grantees in submitting information on

effective intervention approaches for review by SAMHSA's National Registry of Effective Programs and Practices (NREPP), and developing and using other approaches for promoting the dissemination of evidence-based interventions.

- Describe strategies for establishing and maintaining partnerships with professional groups, policy makers, community-based organizations, child serving agencies and systems, and other key stakeholders to support dissemination efforts.
- Describe how needs of diverse cultural and linguistic communities will be addressed in Network-developed products.
- Describe a plan for developing a national media strategy and marketing plan for the National Child Traumatic Stress Network that reaches professional and government organizations.

### **3. Consultation and Technical Assistance**

- Describe how the National Center for Child Traumatic Stress will support a Network capacity to collect clinical and service data across Network Centers that provide treatment and services, including support for procedures for collecting such data, with attention to issues of clinical feasibility, the uses of such data, and how such data can promote knowledge to improve treatment and services for children/adolescents/families exposed to traumatic events. The applicant should describe plans to provide technical assistance and consultation to grantees on the effective use and analysis of clinical and service data.
- Describe a plan to identify effective models of sustainability from within the National Child Traumatic Stress Network and elsewhere in the fields of mental health, substance abuse, and co-occurring disorders, and a plan to facilitate the transfer of executable knowledge and methods for sustainability plan development and implementation to sites in the Network. The plan must describe how the applicant will: (a) establish and operate a planning group representative of the Network, (b) stimulate and support Network sites in developing multifaceted sustainability plans that extend beyond traditional fund raising to include community collaboration and support, outcomes evaluation, social marketing, and diverse strategies for funding and other supportive resources, (c) provide outreach and training to Network sites using a variety of methods, and (d) evaluate the process and products/outputs/outcomes of these activities.

### **C. Staff, Management, and Relevant Experience (20 points)**

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

- Describe a staffing plan adequate to accomplish the function and goals specified above in “Proposed Approach,” including a description of staff positions with expected qualifications, or identification of existing staff with background and experience capable of performing required staff roles.
- Describe the experience and expertise of the applicant organization in managing a complex, national network of collaborative projects.
- Indicate how the applicant organization will support and promote cultural competence in the Center’s activities through staffing and/or training.

**D. Evaluation (10 points)**

- Describe the applicant organization’s commitment and plan for collaborating with SAMHSA staff, an evaluation contractor, and Network grantees in providing available data and reports for evaluation purposes, and for contributing to the development of a data collection package and supporting materials for approval by the U.S. Office of Management and Budget (OMB).
- Describe an internal performance evaluation plan to assess and report annually on the performance of the National Center for Child Traumatic Stress in achieving the function and goals specified in “Proposed Approach” above. This internal evaluation plan should identify indicators of goal achievement, some benchmarks to assess progress in goal achievement, data collection methods, discussion of potential barriers/issues/problems, and proposed strategies for correction of these issues.
- Discuss coordination with a cross-site evaluation contract overseen by the Center for Mental Health Services. For example, the National Center for Child Traumatic Stress may provide consultation regarding the clinical data routinely collected by trauma programs, and consult with CMHS and its evaluation contractor regarding appropriate data to be included in the cross-site evaluation of Community Treatment and Services Centers. The National Center for Child Traumatic Stress may also provide technical assistance to other Network grantees regarding the clinical use of data. The application must discuss preliminary plans to collaborate with the evaluation contractor in the implementation of the cross-site evaluation of Network activities and Network-produced intervention products. These plans must include attention to NCTSI and SAMHSA GPRA goals. Plans should also discuss technological capabilities and potential processes for data collection and data sharing.
- Describe other planned activities in the areas of data collection, analysis, evaluation, and reporting of findings to promote the goals of the National Child Traumatic Stress Initiative.

## 2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when appropriate, approved by the appropriate National Advisory Council;
- availability of funds; and
- after applying the aforementioned criteria, the following method for breaking ties: When funds are not available to fund all applications with identical scores, SAMHSA will make award decisions based on the application that received the greatest number of points by peer reviewers on the evaluation criterion in Section V-1 with the highest number of possible points (Proposed Approach - 45 points). Should a tie still exist, the evaluation criterion with the next highest possible point value will be used, continuing sequentially to the evaluation criterion with the lowest possible point value, should that be necessary to break all ties. If an evaluation criterion to be used for this purpose has the same number of possible points as another evaluation criterion, the criterion listed first in Section V-1 will be used first.

## VI. AWARD ADMINISTRATION INFORMATION

### 1. AWARD NOTICES

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

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

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

### 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

#### 2.1 General Requirements

- You must comply with all terms and conditions of the grant award. SAMHSA’s standard terms and conditions are available on the SAMHSA web site at [www.samhsa.gov/grants/generalinfo/grants\\_management.aspx](http://www.samhsa.gov/grants/generalinfo/grants_management.aspx).
- You will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application kit for SAMHSA grants. Applicants are encouraged to complete the survey and return it, using the instructions provided on the survey form.

### **3. REPORTING REQUIREMENTS**

#### **3.1 Progress and Financial Reports**

- Grantees must provide quarterly and final progress reports. The final progress report must summarize information from the annual reports, describe the accomplishments of the project, and describe next steps for implementing plans developed during the grant period.
- Grantees must provide annual and final financial status reports. These reports may be included as separate sections of annual and final progress reports or can be separate documents. Because SAMHSA is extremely interested in ensuring that infrastructure development and enhancement efforts can be sustained, your financial reports must explain plans to ensure the sustainability (see Appendix B: Glossary) of efforts initiated under this grant. Initial plans for sustainability should be described in year 1 of the grant. In each subsequent year, you should describe the status of the project, successes achieved and obstacles encountered in that year.
- SAMHSA will provide guidelines and requirements for these reports to grantees at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine the grantee’s progress toward meeting its goals.

#### **3.2 Government Performance and Results Act**

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees as outlined in the performance expectations section, Section 2.2, of this announcement.



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

### **3.3 Publications**

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

In addition, SAMHSA requests that grantees:

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

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

## **VII. AGENCY CONTACTS**

For questions concerning program issues contact:

Cecilia Rivera-Casale, Ph.D.  
Division of Prevention, Traumatic Stress, and Special Programs  
SAMHSA/Center for Mental Health Services  
1 Choke Cherry Road, Room 6-1003  
Rockville, MD 20857  
240-276-1880  
E-mail: [cecilia.casale@samhsa.hhs.gov](mailto:cecilia.casale@samhsa.hhs.gov)

For questions on grants management issues, contact:

Kimberly Pendleton  
Office of Program Services, Division of Grants Management  
Substance Abuse and Mental Health Services Administration

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

*SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. If you do not adhere to these requirements, your application will be screened out and returned to you without review.*

- Use the PHS 5161-1 application.
- Applications must be received by the application deadline or have proof of timely submission, as detailed in Section IV-3 of the grant announcement.
- Information provided must be sufficient for review.
- Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-2.3 of this announcement under “Guidance for Electronic Submission of Applications.”)
  - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
  - Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.
- To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-2.3 of this announcement under “Guidance for Electronic Submission of Applications.”)
  - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the page limit for the Project Narrative stated in the specific funding announcement.
  - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by the page limit. This number represents the full page less margins, multiplied by the total number of allowed pages.
  - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

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

- The 10 application components required for SAMHSA applications should be included. These are:
  - Face Page (Standard Form 424, which is in PHS 5161-1)
  - Abstract
  - Table of Contents
  - Budget Form (Standard Form 424A, which is in PHS 5161-1)
  - Project Narrative and Supporting Documentation
  - Appendices
  - Assurances (Standard Form 424B, which is in PHS 5161-1)
  - Certifications (a form within PHS 5161-1)
  - Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
  - Checklist (a form in PHS 5161-1)
  
- Applications should comply with the following requirements:
  - Provisions relating to confidentiality, participant protection and the protection of human subjects specified in Section IV-2.4 of the FY 2005 standard funding announcements.
  - Budgetary limitations as specified in Section I, II, and IV-5 of the FY 2005 standard funding announcements.
  - Documentation of nonprofit status as required in the PHS 5161-1.
  
- Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.
  
- Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
  
- The page limits for Appendices stated in the specific funding announcement should not be exceeded.
  
- Send the original application and two copies to the mailing address in the funding announcement. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized

attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

## Appendix B - Glossary

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

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

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

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

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

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

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

**Logic Model:** A logic model is a diagrammatic representation of a theoretical framework. A logic model describes the logical linkages among program resources,

conditions, strategies, short-term outcomes, and long-term impact. More information on how to develop logics models and examples can be found through the resources listed in Appendix G.

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

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

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

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

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

**Wraparound Service:** Wraparound services are non-clinical supportive services—such as child care, vocational, educational, and transportation services—that are designed to improve the individual’s access to and retention in the proposed project.

## Appendix C – Areas of Budget Consideration

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

<b>Budget Category</b>	<b>Allowable Activities</b>	<b>Percentage Range of Budget</b>	<b>Dollar Range of Budget (TC)</b>
<i>Administration</i>	Center director(s), administrative staff, support for Advisory Board and Steering Committee, other administrative activities	15-20%	\$750,000 to \$1,000,000
<i>Support for Network Collaboration</i>	Support for Network organizational structure, Network committees, Network meetings and communication	20-30%	\$1,000,000 to \$1,500,000
<i>Support for Liaison with Network Centers</i>	Staff dedicated to regular communication with Network centers, travel to Network sites	A minimum of 10%	\$500,000
<i>Evaluation/Data Collection</i>	Participation in cross-site evaluation and performance monitoring activities, Network clinical data collection, implementation of the core data set, center-specific evaluation activities	10-20%	\$500,000 to \$1,000,000
<i>Resource Development and Dissemination</i>	Development of resources for public, professionals, and policy makers, support for Network intervention product development, dissemination of Network educational and intervention products	20-40%	\$1,000,000 to \$2,000,000



## Appendix D- Sample Budget and Justification

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

#### OBJECT CLASS CATEGORIES

##### Personnel

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

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

##### Fringe Benefits (24%) \$15,360

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

##### Travel

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

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

##### Equipment (List Individually)

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

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

##### Supplies

Office Supplies **\$500**  
Computer Software - 1 WordPerfect **500**

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

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 \$180,100 is effective for all FY 2005 awards.) \***

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

\*Consistent with the requirement in the Consolidated Appropriations Act, Public Law 108-199.

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

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

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

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

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

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

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