Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Jail Diversion and Trauma Recovery Program-Priority to Veterans

Short Title: Diversion and Trauma Recovery
(Initial Announcement)

Request for Applications (RFA) No. SM-09-004

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

Key Dates:

Application Deadline	**Applications are due by April 28, 2009.**
Intergovernmental Review (E.O. 12372)	**Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**

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Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2009 for Jail Diversion and Trauma Recovery Program-Priority to Veterans grants. The purpose of this program is to support local implementation and Statewide expansion of trauma-integrated jail diversion programs to address the needs of individuals with mental illness such as post traumatic stress disorder (PTSD) and trauma related disorders involved in the justice system. In recognition of the dramatically higher prevalence of trauma related disorders among veterans, this program will prioritize eligibility for veterans.

Funding Opportunity Title:	Jail Diversion and Trauma Recovery
Funding Opportunity Number:	SM-09-004
Due Date for Applications:	April 28, 2009
Anticipated Total Available Funding:	$2,366,000
Estimated Number of Awards:	6
Estimated Award Amount:	Up to $394,000 per year
Length of Project Period:	Up to 5 years
Eligible Applicants:	The chief executive of a State, American Indian/Alaska Native (AI/AN) tribes and tribal organizations, and federally recognized AI/AN tribes.[See Section III-1 of this RFA for complete eligibility information.] **MATCH REQUIREMENT** Grantees must provide 25% of the total costs of the grant project from other non-Federal sources, made in cash or in kind fairly evaluated, including planned equipment or services.

1. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2009 for the Jail Diversion and Trauma Recovery Program-Priority to Veterans grants. The purpose of this program is to support local implementation and State/Tribe-wide expansion of trauma-integrated jail diversion programs to address the needs of individuals with mental illness such as post traumatic stress disorder (PTSD) and trauma related disorders involved in the justice system. In recognition of the dramatically higher prevalence of trauma related illnesses among veterans, this program will prioritize eligibility for veterans.

As of April 2008, approximately 1.64 million men and women have been deployed to serve in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) in support of the Global War on Terror. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services.

The program will support States/Tribes to pilot projects locally, integrate them into an existing system of care and to replicate them State/Tribe-wide. This two-pronged approach is necessary because diversion occurs locally in cities and counties where jails are operated and mental health services are delivered. However, policies and funding at the State/Tribe level dramatically impact those local operations and services. The State/Tribe approach will bring together government officials who develop and define State/Tribe policies and funding with stakeholders who are impacted by the untreated trauma of veterans to develop knowledge dissemination and application strategies for the entire State/Tribe.

Jail Diversion and Trauma Recovery is one of SAMHSA's services grant programs. SAMHSA's services grants are designed to address gaps in mental health prevention and treatment services and/or to increase the ability of States, units of local government, American Indian/Alaska Native Tribes and tribal organizations, and community- and faith-based organizations to help specific populations or geographic areas with serious, emerging mental health problems. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 12th month of the project <u>at the latest</u>.

Jail Diversion and Trauma Recovery grants are authorized under 520G of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 18 (Mental Health and Mental Disorders).

2. EXPECTATIONS

Applicants must develop a two-pronged approach to address the needs of forensic populations: 1) implementing an infrastructure building program at the State/Tribe level; and 2) piloting one or more jail diversion projects at the local level. States will be expected to replicate successful pilot projects state-wide.

Working with local communities, the State Mental Health Agency (SMHAs) will determine the most suitable site or sites within the State/Tribe to implement pilot projects to divert veterans and others with mental illness, such as trauma related disorders from jail to community based trauma-integrated services. Project participants must be adults involved in the criminal justice system with a priority given to veterans. Program participants are to be recruited from diversion points along the justice continuum including first contact with law enforcement, initial detention, court hearings and community corrections.

The State Mental Health Agency must convene State/Tribe Advisory Committees that include representatives from State/Tribe departments of corrections, mental health, substance abuse, rehabilitation, parole and probation, State National Guard, United States Department of Veterans Affairs[1], State Department of Veterans Affairs, State/Tribe judiciary, State Medicaid, pilot sites, veterans' organizations, their families, provider organizations and universities interested in the study and treatment of trauma. The State/Tribe Advisory Committee must assure relevant interagency collaboration, maintain contact with pilot communities, oversee the projects' evaluations and develop and implement plans for State/Tribe-wide dissemination and implementation.

Applicants must screen and assess clients for the presence of co-occurring substance use (abuse and dependence) and mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

The following projected milestones illustrate how this two-pronged approach is expected to be developed over the 5 year funding period:

[1] The United States Department of Veterans Affairs Veterans Health Administration (VHA) operates a national, integrated healthcare system that delivers comprehensive medical, mental health (including veteran-specific PTSD treatment), and social support services to veterans.

4 months:	State/Tribe Advisory Committee has convened. Local pilot sites have been selected and have begun strategic planning process.
12 months:	Local strategic plan completed and approved. State/Tribe obtains IRB approval to evaluate projects. Project begins roll-out, having hired and trained staff.
14 months:	Trauma Informed Care training conducted, client screening and diversion begin and treatment and recovery support services are implemented.
24 months:	Preliminary results of evaluation prompt practice adaptations for better fit to settings and populations. State/Tribe Advisory Committee consulted.
36 months:	Between 12 and 24 months of client level data are complete. Screening, recruitment, service delivery and recovery support instruments and protocols are refined and developed for State/Tribe-wide dissemination. State/Tribe-wide dissemination strategy is implemented including conferences, staff training screening and treatment protocols, recovery support systems, consumer and family network development.
48 months:	State/Tribe-wide implementation strategy includes increasing number of localities training staff, implementing trauma screening, treatment and recovery support. Collateral agencies and facilities modify practices to incorporate trauma informed services and recovery support.
60 months:	SAMHSA grant funding ends. State/Tribe and localities implement policy and funding approaches to sustain trauma training, screening, treatment and recovery.

2.1 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population of focus. An evidence-based practice, also called EBP, refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In your application, you will need to:

- Identify the evidence-based practice you propose to implement.
- Identify and discuss the evidence that shows that the practice is effective. [See note below.]
- Discuss the population(s) for which this practice has been shown to be effective and show that it is appropriate for your population(s) of focus. [See note below.]

Note: SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In

addition, other interventions that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with an intervention that has not been formally evaluated with that population are encouraged to provide other forms of evidence that the practice(s) they propose is appropriate for the population of focus. Evidence for these practices may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the population of focus or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the people reviewing your application.

- Document the evidence that the practice you have chosen is appropriate for the outcomes you want to achieve.
- Explain how the practice you have chosen meets SAMHSA's goals for this grant program.
- Describe any modifications/adaptations you will need to make to this practice to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service/practice in a way that is as close as possible to the original service/practice. However, SAMHSA understands that you may need to make minor changes to the service/practice to meet the needs of your population of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to your proposed service/practice that you believe are necessary for these purposes. You may describe your own experience either with the population of focus or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.
- Explain why you chose this evidence-based practice over other evidence-based practices.

Resources for Evidence-Based Practices:

You will find information on evidence-based practices in SAMHSA's *Guide to Evidence-Based Practices on the Web* at www.samhsa.gov/ebpwebguide. SAMHSA has developed this Web site to provide a simple and direct connection to Web sites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Guide* provides a short description and a link to dozens of Web sites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

Please note that SAMHSA's Guide to Evidence-Based Practices also references another SAMHSA Web site, the National Registry of Evidence-Based Programs and Practices (NREPP).

NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions. *Being included in NREPP, or in any other resource listed in the Guide, does not mean an intervention is "recommended" or that it has been demonstrated to achieve positive results in all circumstances.* You must document that the selected practice is appropriate for the specific population of focus and purposes of your project.

In addition to the Web site noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

2.2 Services Delivery

Required Activities:

This grant funds the implementation of a pilot one or more jail diversion program and its expansion statewide. Pilot projects must include the following components:

- Candidates for diversion with mental illness such as PTSD and trauma related disorders must be recruited from diversion points along the justice continuum including first contact with law enforcement, initial detention, court hearings and community corrections.

- The pilot project(s) must screen for persons with PTSD involved in the justice system. A number of tools (such as the Life History Events Questionnaire, the PTSD Checklist for Civilians or PTSD Symptom Scale, Self-Report Version and the Addiction Severity Index, the PTSD Checklist Civilian Version (PCL-C) , PTSD Checklist Military Version (PCL-M)) exist to screen for PTSD and assess the extent of impairment.

- The pilot project(s) must divert clients to trauma-integrated treatment and recovery services that include effective practices such as Seeking Safety and TREM (both found in SAMHSA's National Registry of Evidence-based Programs and Practices, http://www.nrepp.samhsa.gov/) or other types of group psychosocial empowerment programs.

- All staff coming in contact with program participants must receive training on trauma informed care (see the National Center on Trauma Informed Care for more information at http://mentalhealth.samhsa.gov/nctic/).

- The pilot project(s) must integrate the program within existing services systems and ensure the delivery case management, assertive community treatment, medication management and access, integrated mental health and co-occurring substance treatment, and psychiatric rehabilitation, and be coordinated with social services, including life skills training, housing placement, vocational training, education job placement, and health care. Grant funds may be used to purchase services from another provider.

- The project(s) and its evaluation must be coordinated by the State/Tribe Advisory Committee.

- **Service delivery must begin by the 12th month of the project <u>at the latest</u>.**

Allowable Activities

Applicants may select more than one local site and implement more than one diversion strategy to pilot and evaluate the delivery of trauma integrated services.

2.3 Infrastructure Development (maximum 15% of total grant award)

You may use up to 15% of the total services grant award for the following types of infrastructure development:

Required Activities:

Grantees must convene a State/Tribe Advisory Committee that will be linked to local pilot jail diversion and trauma recovery project(s). The State Mental Health Agency must convene a State/Tribe Advisory Committee comprised of representatives from State/Tribe departments of mental health, substance abuse treatment, health, corrections, parole and probation, representatives from military components such as the National Guard, active duty and/or reserve units, United States Department of Veterans Affairs, State Department of Veterans Affairs, State/Tribe judiciary, State Medicaid, pilot sites, veterans' organizations, veterans families, provider organizations and universities interested in the study, training and treatment of trauma. The State/Tribe Advisory Committee must provide oversight of pilot projects' trainings, diversion, service delivery and local project evaluation. The Committee must also design and implement plans to disseminate knowledge about effective pilot projects and to replicate them in other communities in the State/Tribe.

In order to prepare to implement pilot projects, community stakeholders will design the local service delivery system and the infrastructure needed to sustain it. At the completion of this phase, grantees will have developed a strategic plan for a trauma informed integrated service system. The strategic plan will identify resources to support and sustain the comprehensive service system during and beyond the Federal funding. Key stakeholders will include veterans' organizations, veterans families, representatives from military components such as the National Guard, active duty and/or reserve units; providers of health, mental health and substance abuse services; representatives of the U.S. Department of Veterans Affairs, providers of health, mental health and substance abuse services, and representatives from corrections, law enforcement, prosecutors, courts, social service organizations, faith-based organizations and other potential sources of subject matter expertise[2] and funding. Pilot site activities include training, planning, implementation, maintenance and evaluation of diversion and services. The Government Project Officer will review and approve the strategic plan before grantees implement the project and begin services

Allowable Activities

Allowable activities under infrastructure development include relevant State/Tribe agency collaboration toward review and change of policies and regulations, technical assistance, conferences and development of training programs in trauma-informed care for staff in law enforcement, justice and correctional facilities, coordination with Department of Veterans Affairs, diversion systems and community-based human services agencies that serve clients. Infrastructure includes the dissemination of knowledge gained from the planning, implementation, maintenance and evaluation of screening, treatment and recovery services.

2.4 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). You must document your ability to collect and report the required data in "Section E: Performance Assessment and Data" of your application. Grantees will be required to report performance on the following performance measures: mental illness symptomatology; employment/education; crime and criminal justice; stability in housing; access – number of persons served by age, gender, race, and ethnicity; rate of readmission to psychiatric hospitals; social support/social connectedness; and client perception of care. This information will be gathered using the CMHS TRAC system which can be found at https://www.cmhs-gpra.samhsa.gov/index.htm. Hard copies of the collection instrument are available in the application kits available by calling the

[2] An addition resource found in many communities is the County Veteran Service Officer. Their national organization, NACSVO, is chartered by Congress and Recognized by the VA for Claim Representation. For more information or to locate the County Veteran Service Officer in your state or pilot site location, go to http://nacvso.org/

SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. Data will be collected at baseline, at 6 month follow-up and at discharge. Data are to be entered into the TRAC Web system within seven days of data collection. Technical Assistance related to data collection and reporting will be offered. The collection of these data will enable CMHS to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to mental health. Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

In addition to collecting data described above, grantees must agree to participate in a national multi-site evaluation study as a condition of award. The multi-site evaluation design, instrumentation and data collection processes are under development

Grantees will describe local program services and practices as well as Statewide infrastructure development. Reports will include document planning, implementation and evaluation of pilot projects and Statewide expansion of diversion and trauma integrated services. In addition, grantees will report on:

- Trauma screening, treatment and/or recovery services provided to veterans and others with trauma related disorders in a State/Tribe
- Number of jails, community corrections and/or mental health agencies in a State/Tribe that implement trauma screening, treatment and/or recovery services to veterans
- Number of corrections and other service staff trained in trauma-informed care
- Number of local- and State/Tribe-instituted policies that increase trauma screening, treatment and recovery services for persons involved in the justice system.

Grantees will also collect and report individual outcome data as developed by CMHS. Measures will be adapted from those currently under use by CMHS' TCE Grants for Jail Diversion Program grantees. These data include the volume of activities involved in jail diversion including screening and enrollment of participants as well as the delivery of treatment and supports. Outcome data, collected through interviews with clients at enrollment and at six and twelve months following enrollment include drug and alcohol use; family and living conditions; education, employment and income, veteran status, crime and criminal justice status, mental and physical health problems and treatment; traumatic exposures, traumatic symptoms, symptoms of mental illness; quality of life measures and perceived coercion to enter the program. Sites will also collect each client's record of arrests, sentencing and jail days during the 1 year period prior to jail diversion and 1 year following jail diversion.

2.5 Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted every six months.

At a minimum, the performance assessment should include the required performance measures identified above. Grantees may also consider outcome and process questions, such as the following:

Outcome Questions:

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

Process Questions:

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

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.4 and 2.5 above.

2.6 Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director, evaluator and one consumer/veteran representative) to at least one joint grantee meeting in each year of the grant and include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each meeting will be 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism:	**Grant**
Anticipated Total Available Funding:	**$2,366,000**
Estimated Number of Awards:	**6 awards**
Estimated Award Amount:	**Up to $394,000 per year**
Length of Project Period:	**Up to 5 years**

Proposed budgets cannot exceed $394,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding for this program is subject to the enactment of a final budget for FY 2009. Funding estimates for this announcement are based on potential funding scenarios that reflect early Congressional action on the SAMHSA appropriation but do not reflect final conference action on the 2009 budget. Applicants should be aware that SAMHSA cannot guarantee that sufficient funds will be appropriated to fully fund this program.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are the immediate office of the Chief Executive (e.g., Governor) in the States, Territories, District of Columbia; or the highest ranking official and/or the duly authorized official of a federally recognized American Indian/Alaska Native Tribe or tribal organization. Tribal organization means the recognized body of any AI/AN American Indian/Alaska Native Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. **The Chief Executive of the State, Territory, or District of Columbia, or the highest ranking official and/or the duly authorized official of the Tribal Organization must sign the application.** Following the initial award, the Chief Executive or highest ranking official may delegate responsibility for the grant, including signatory authority for continuation applications, to a State Mental Health Agency.

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Eligibility is limited to States, the District of Columbia, Territories and Tribes because the expansion of pilot jail diversion programs State/Tribe-wide requires State/Tribal level policy, funding and regulatory authority as well as the ability to convene state, territory, district, and/or tribal level departments.

States/Tribes awarded grants under RFA SM -08-009 are ineligible to apply to provide opportunity to other States/Tribes to pilot and expand jail diversion programs in their States/Tribes.

2. COST SHARING and MATCH REQUIREMENTS

As required in the Section 520G of the PHS Act, the Federal share of the TCE for Jail Diversion grants may not exceed 75% of the total cost of the grant project. Grantees must provide 25% of the total costs of the grant project from other non-Federal sources. The non-Federal share may be made in cash or in kind fairly evaluated, including planned equipment or services. Applicants must itemize the match separately in the budget worksheet and explain the match separately in the budget justification. Federal grant funds must be used for the new expenses of the program carried out by the grantee. That is, Federal grant funds must be used to supplement and not supplant, existing funds.

3. OTHER

3.1 Additional Eligibility Requirements

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

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. You must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client mental health services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;

- Each direct service provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and

- Each direct service provider organization must comply with all applicable local (city, county) and State/Tribal licensing, accreditation, and certification requirements, as of the due date of the application.

[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license.]

In **Appendix 1** of your application, you must: (1) identify at least one experienced, licensed service provider organization; (2) include a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency if the applicant is a treatment or prevention service provider organization; and (3) include the Statement of Assurance (provided in Appendix C of this announcement), signed by the authorized representative of the applicant organization identified on the face-page (SF 424 v2) of the application, attesting that all participating service provider organizations:

- meet the 2-year experience requirement;
- meet applicable licensing, accreditation, and certification requirements; and
- if the application is within the funding range for grant award, the applicant will provide the Government Project Officer (GPO) with the required documentation within the time specified.

In addition, if, following application review, your application's score is within the funding range, the GPO will call you and request that the following documentation be sent by overnight mail:

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization that has agreed to participate in the project;

- official documentation that all participating organizations have been providing relevant services for a minimum of 2 years before the date of the application in the area(s) in which the services are to be provided; and

- official documentation that all participating service provider organizations comply with all applicable local (city, county) and State/Tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/Tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.

If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

You also may download the required documents from the SAMHSA Web site at www.samhsa.gov/grants/apply.aspx.

Additional materials available on this Web site include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- a list of certifications and assurances referenced in item 21 of the SF 424 v2.

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 (SF 424 v2), 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) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (www.samhsa.gov/grants/index.aspx) and a synopsis of the RFA is available on the Federal grants Web site (www.Grants.gov).

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

2.2 Required Application Components

Applications 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 –** SF 424 v2 is the face page. This form is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at www.dunandbradstreet.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]

- **Abstract –** Your total abstract should not be longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

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

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

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

  The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through H. There are no page limits for these sections, except for Section G, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under "Supporting Documentation." Supporting documentation should be submitted in black and white (no color).

- **Appendices 1 through 4 –** Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Appendices 1, 3 and 4 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. Please label the appendices as: Appendix 1, Appendix 2, etc.

  - *Appendix 1:* (1) Identification of at least one experienced, licensed service provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in Appendix C of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) letters of commitment/support.
  - *Appendix 2:* Data Collection Instruments/Interview Protocols
  - *Appendix 3:* Sample Consent Forms
  - *Appendix 4:* Letter to the SSA (if applicable; see Section IV-4 of this document)

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

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

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

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

2.3 Application Formatting Requirements

Please refer to Appendix A, *Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications,* for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on April 28, 2009. Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 11:59 PM (EST). **Hand carried applications will not be accepted. Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**
You will be notified by postal mail that your application has been received.

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

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

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

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

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

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.

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

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

- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SPOC – Funding Announcement No SM-09-004. Change the zip code to **20850** if you are using another delivery service.

5. FUNDING LIMITATIONS/RESTRICTIONS

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

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

In addition, SAMHSA's **Jail Diversion and Trauma Recovery – Priority to Veterans** grant recipients must comply with the following funding restrictions:

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

- No more than 20% of the total grant award may be used for data collection and performance assessment, including incentives for participating in the required data collection follow-up.

SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in Appendix G.

6. OTHER SUBMISSION REQUIREMENTS

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

Submission of Electronic Applications

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

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

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

Submission of Paper Applications

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

Send applications to the address below:

For United States Postal Service:

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

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

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include **Diversion and Trauma Recovery SM-09-004** in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

Hand carried applications will not be accepted. Applications may be shipped using only 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

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the "Program Narrative" instructions found in the PHS 5161-1.**
- The Project Narrative (Sections A-D) together may be no longer than 30 pages.

- 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 of the Project Narrative.

- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA's guidelines for cultural competence can be found on the SAMHSA Web site at www.samhsa.gov. Click on "Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence."

- The Supporting Documentation you provide in Sections F-H and Appendices 1-4 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.

- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (20 points)

- Describe the population of veterans and others involved in the justice system throughout the State/Tribe including demographic and geographic information. Propose one or more communities as jail diversion pilot project areas and justify their selection. Include demographic and other relevant data about the number of persons that could be served through a pilot project.

- Describe the service gaps, barriers and other problems related to the need for infrastructure development. Describe the stakeholders and resources in the target area that have contributed to your understanding of the need in your state and at the pilot sites (see Section I-2.3 Infrastructure Development, describing project stakeholders).

- Describe the need for Federal assistance to initiate the project.

- Document the need for an enhanced infrastructure to increase the capacity to implement, sustain and improve effective trauma integrated services for the proposed population of focus in the (1) State/Tribe and (2) pilot project area(s). Documentation of need may come from local data or trend analyses, State/Tribe data (e.g., from the State or County Strategic Plans and/or State or county needs assessments) and/or national data (e.g., U.S. Department of Justice Bureau of Justice Statistics). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.

- Clearly state the purpose, goals and objectives of your proposed project. Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) and support SAMHSA's goals for the program.

- Describe how members of the population of focus (consumers/veterans) were involved in the preparation of the application and how they will be involved in the planning, implementation and performance assessment of the project.

Section B: Proposed Implementation Approach (40 points)

- Describe the proposed project. Provide evidence that the proposed activities meet the infrastructure needs and show how your proposed infrastructure development strategy will meet the goals and objectives.

- Provide a logic model (see Appendix D) that demonstrates the linkage between the identified need, the proposed approach and outcomes building from the State/Tribe advisory committee, to pilot project(s), and to Statewide expansion.

- Describe the State/Tribe Advisory Committee's membership, member roles, function and meeting frequency. The advisory committee ought to reflect stakeholder involvement described in Section I-2.3 Infrastructure Development of this RFA. Describe any other organizations that will participate and their roles and responsibilities. (When describing the involvement of the VA, be specific whether you refer to the U.S. Department of Veterans Affairs VHA, State Departments of Veterans Affairs, County Veterans Service Offices, and/or local Veterans Affairs Medical Center.) Demonstrate involvement and by including letters of commitment/coordination/support in **Appendix 1** of your application.

- Describe how the State/Tribe Advisory Committee will assure relevant collaboration between the interagency partners, pilot sites and consumers.

- Describe how the program will be integrated into an existing systems of care.

- Provide a complete list of staff positions for the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as the evaluator and treatment/prevention personnel.

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

- Describe how you will identify, reach out to and prioritize veterans for jail diversion and trauma integrated services at the 1) State/Tribe and 2) pilot project(s).

- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. Describe how the population of focus will be identified, recruited, and retained.

- Describe potential barriers to pilot implementation and statewide expansion of the proposed project and how you will overcome them.

- Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Section C: Proposed Evidence-Based Service/Practice (20 points)

- Describe your procedures for screening and assessing PTSD and trauma related disorders and co-occurring substance use (abuse and dependence) and mental health disorders and for using information obtained from screening and assessment to develop appropriate treatment approaches for co-occurring disorders.

- Discuss the population of focus's language, beliefs, norms and values, as well as socioeconomic factors that must be considered in delivering programs to this population and how the proposed approach addresses these issues at both the 1) State/Tribe and 2) pilot project area(s).

- Describe how the proposed service or practice will be implemented at the pilot site(s). Describe the criminal justice intercept point(s) and processes of screening, diversion, and delivery of treatment and recovery services.

- Describe the evidence-based practices and support services used to deliver trauma integrated services. Include adaptations under consideration that meet the needs of the population of focus in terms of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, gender and in particular, veteran status.

- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the population of focus. If the ADA does not apply to your organization, please explain why.

Section D: Performance Assessment and Data (20 points)

- Describe the relationship between the state Advisory Committee, the pilot project(s) and its evaluation.

- Document your ability to collect and report on the required performance measures as specified in Section I-2.4 of this RFA. Describe your plan for data collection, management, analysis and reporting.

- Describe your plan for conducting the performance assessment as specified in Section I-2.5 of this RFA and document your ability to conduct the assessment.

- Specify and justify any additional measures or instruments you plan to use for your grant project.

- Describe how data will be used to manage the project and assure continuous quality improvement.

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

SUPPORTING DOCUMENTATION

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

Section F: 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 15% of the total grant award will be used for infrastructure development, if necessary, and that no more than 20% of the total grant award will be used for data collection and performance assessment. An illustration of a budget and narrative justification is included in Appendix H of this document.

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 a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available on the SAMHSA Web site.

Section H: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section H of your application, using the guidelines provided below.

<u>Confidentiality and Participant Protection:</u>

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the seven bullets below. Appendix F of this RFA provides a more detailed discussion of issues applicants should consider in addressing these seven bullets. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven bullets, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

- Identify foreseeable risks or adverse effects due to participation in the project and/or in the data collection (performance assessment) activities (including physical, medical, psychological, social, legal, and confidentiality) and provide your procedures for minimizing or protecting participants from these risks. Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

- Describe the population of focus and explain why you are including or excluding certain subgroups. Explain how and who will recruit and select participants.

- State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons), and the value of any such incentives. Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven to be effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed $20. (See Appendix F: Confidentiality and Participant Protection.)

- Describe data collection procedures, including sources (e.g., participants, school records) and the data collecting setting (e.g., clinic, school). Provide copies of proposed data collection instruments and interview protocols in **Appendix 2** of your application, "Data Collection Instruments/Interview Protocols." State whether specimens such as urine and/or blood will be obtained and the purpose for collecting the specimens. If applicable, describe how the specimens and process will be monitored to ensure both the safety of participants and the integrity of the specimens.

- Explain how you will ensure privacy and confidentiality of participants' records, data collected, interviews, and group discussions. Describe where the data will be stored, safeguards (e.g., locked, coding systems, storing identifiers separate from data), and who will have access to the information.

- Describe the process for obtaining and documenting consent from adult participants and assent from minors along with consent from their parents or legal guardians. Provide copies of all consent forms in **Appendix 3** of your application, "Sample Consent Forms." If needed, give English translations.

- Discuss why the risks are reasonable compared to expected benefits from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed performance assessment design may meet the regulation's criteria of research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under "Applying for a New SAMHSA Grant," http://www.samhsa.gov/grants/apply.aspx.

Applicants whose projects must comply with the Human Subjects Regulations must, in addition to the bullets above, fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling clients in the project. General information about Human Subjects Regulations can be obtained through OHRP at http://www.hhs.gov/ohrp, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above. For those programs where the individual award is over $100,000, applications also must 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 applicable, approved by the Center for Mental Health Services National Advisory Council;

- availability of funds; and

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

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

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at http://www.samhsa.gov/grants/management.aspx.

- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (http://www.samhsa.gov/grants/management.aspx).

- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
    - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
    - requirements relating to additional data collection and reporting;
    - requirements relating to participation in a cross-site evaluation; or
    - requirements to address problems identified in review of the application.

- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.

- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a Federal grant.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.4, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit semi-annual and final progress reports, as well as annual and final financial status reports.

- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.

- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports 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 your progress toward meeting its goals.

3.2 Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance requirements for SAMHSA’s Jail Diversion and Trauma Recovery Program-Priority to Veterans grant program are described in Section I-2.4 of this document under “Data Collection and Performance Measurement.”

3.3 Publications

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

In addition, SAMHSA requests that grantees:

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

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

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

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

VII. AGENCY CONTACTS

For questions about program issues contact:

David Morrissette, Ph.D. LCSW
Commander, USPHS
Center for Mental Health Services, SAMHSA
1 Choke Cherry Road Room 6-1011
Rockville, MD. 20857
Phone: 240-276-1960 Fax 240-276-1970
david.morrissette@samhsa.hhs.gov

For questions on grants management issues contact:

Gwendolyn Simpson
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1085
Rockville, Maryland 20857
(240) 276-1408
gwendolyn.simpson@samhsa.hhs.gov

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

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

- Use the PHS 5161-1 application form.

- Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.

- Information provided must be sufficient for review.

- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in Section IV-6 of this announcement under "Submission of Electronic Applications.")

- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

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

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 and submitted in the following order:

    - Face Page (Standard Form 424 v2, 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
- 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 and participant protection specified in Section V-1 of this announcement.
    - Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
    - Documentation of nonprofit status as required in the PHS 5161-1.

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

- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Appendices 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 Section IV-2.2 of this announcement should not be exceeded.

- Send the original application and two copies to the mailing address in Section IV-6 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.

Appendix B – Guidance for Electronic Submission of Applications

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

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

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

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

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

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described 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 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, and bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.

- *Amount of space allowed for Project Narrative*: The Project Narrative for an electronic submission may not exceed 15450 words. **If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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

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

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. 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. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

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

For United States Postal Service:

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

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

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

Appendix C – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*] ____, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization listed in Appendix 1 of the application, that has agreed to participate in the project;

- official documentation that all service provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and

- official documentation that all participating service provider organizations are in compliance with all local (city, county) and State/Tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/Tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

______________________________ ____________________

Signature of Authorized Representative Date

Appendix D – Sample Logic Model

A Logic Model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or “change” and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A Logic Model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among what resources you put in (inputs), what you do (outputs), and what happens or results (outcomes). Based on both your planning and evaluating activities, you can then make a “logical” chain of “if-then” relationships.

Look at the graphic on the following page to see the chain of events that links the inputs to program components, the program components to outputs, and the outputs to outcomes (goals).

The framework you set up to build your model is based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your target group. Then you look at the Inputs, which are the resources, contributions, time, staff, materials, and equipment you will invest to change these conditions. These inputs then are organized into the Program Components, which are the activities, services, interventions and tasks that will reach the population of focus. These outputs then are intended to create Outputs such as changes or benefits for the consumer, families, groups, communities, organizations and SAMHSA. The understanding and further evidence of what works and what does not work will be shown in the Outcomes, which include achievements that occur along the path of project operation.

Examples of **Inputs** (resources) depicted in the sample logic model include people (e.g., staff hours, volunteer hours), funds and other resources (e.g., facilities, equipment, community services).

Examples of **Program Components** (activities) depicted in the sample logic model include outreach; intake/assessment (e.g., client interview); treatment planning/treatment by type (e.g., methadone maintenance, weekly 12-step meetings, detoxification, counseling sessions, relapse prevention, crisis intervention); special training (e.g., vocational skills, social skills, nutrition, child care, literacy, tutoring, safer sex practices); other services (e.g., placement in employment, prenatal care, child care, aftercare); and program support (e.g., fundraising, long-range planning, administration, public relations).

Examples of **Outputs** (objectives) depicted in the logic model include waiting list length, waiting list change, client attendance, and client participation; number of clients, including those admitted, terminated, in-program, graduated and placed; number of sessions per month and per client/month; funds raised; number of volunteer hours/month; and other resources required.

The **Inputs, Program Components** and **Outputs** all lead to the **Outcomes** (goals). Examples of Outputs depicted in the logic model include in-program (e.g., client satisfaction, client retention); and in or post-program (e.g., reduced drug use-self reports, urine, hair; employment/school progress; psychological status; vocational skills; safer sexual practices; nutritional practices; child care practices; and reduced delinquency/crime.
[Note: The logic model presented is not a required format and SAMHSA does not expect strict adherence to this format. It is presented only as a sample of how you can present a logic model in your application.]

Sample Logic Model

Resources (Inputs)	Program Components (Activities)	Outputs (Objectives)	Outcomes (Goals)
Examples	**Examples**	**Examples**	**Examples**
People	Outreach	Waiting list length	Inprogram:
Staff – hours	Intake/Assessment	Waiting list change	Client satisfaction
Volunteer – hours	Client Interview	Client attendance	Client retention
		Client participation	
Funds	Treatment Planning		In or postprogram:
	Treatment by type:		Reduced drug use – self
Other resources	Methadone maintenance	Number of Clients:	reports, urine, hair
Facilities	Weekly 12-step meetings	Admitted	Employment/school
Equipment	Detoxification	Terminated	progress
Community services	Counseling sessions	Inprogram	Psychological status
	Relapse prevention	Graduated	Vocational skills
	Crisis intervention	Placed	Social skills
			Safer sexual practices
	Special Training		Nutritional practices
	Vocational skills		Child care practices
	Social skills		Reduced delinquency/crime
	Nutrition		
	Child care	Number of Sessions:	
	Literacy	Per month	
	Tutoring	Per client/month	
	Safer sex practices		
	Other Services		
	Placement in employment		
	Prenatal care		
	Child care	Funds raised	
	Aftercare	Number of volunteer hours/month	
	Program Support	Other resources required	
	Fundraising		
	Long-range planning		
	Administration		
	Public Relations		

Appendix E – Logic Model Resources

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

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

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

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

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

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

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

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

Appendix F – 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 population(s) of focus 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.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed $20.

- 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. <u>Data Collection</u>

- 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 <u>all</u> available data collection instruments and interview protocols that you plan to use.

5. <u>Privacy and Confidentiality</u>

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

- Describe:

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

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

6. Adequate Consent Procedures

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

- State:

    - Whether or not their participation is voluntary.
    - Their right to leave the project at any time without problems.
    - Possible risks from participation in the project.
    - Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

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

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

Applicants may also have to comply with the Protection of Human Subjects Regulations (45 CFR 46), depending on the evaluation and data collection procedures proposed and the population to be served.

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific performance assessment design proposed by the applicant may require compliance with these regulations. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under "Applying for a New SAMHSA Grant," http://www.samhsa.gov/grants/apply.aspx.

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

General information about Protection of Human Subjects Regulations can be obtained on the Web at http://www.hhs.gov/ohrp. You may also contact OHRP by e-mail (ohrp@osophs.dhhs.gov) or by phone (240/453-6900). SAMHSA-specific questions related to Protection of Human Subjects Regulations should be directed to the program contact listed in Section VII of this RFA.

Appendix G – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.

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

- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)

- Pay for housing other than residential mental health and/or substance abuse treatment.

- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.

- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.

- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to $20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to $20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Food is generally unallowable unless it’s an integral part of a conference grant or program specific, e.g., children’s program, residential.

- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.

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

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

Appendix H – Sample Budget and Justification
(match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE. WITH GUIDANCE FOR COMPLETING SF 424A: SECTION B FOR THE BUDGET PERIOD.

<u>A. Personnel</u>: an employee of the applying agency whose work is tied to the application

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Executive Director	John Doe	$64,890	10%	$6,489
Coordinator	To be selected	$46,276	100%	$46,276
			TOTAL	$52,765

JUSTIFICATION: Describe the role and responsibilities of each position.
The executive director will provide oversight of grant, including fiscal and personnel management, community relations and project implementation and evaluation. The coordinator will coordinate project services and activities, including training, communication, data collection and dissemination.

NON-FEDERAL MATCH

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Executive Director	John Doe	$64,890	7%	$4,542
Prevention Specialist	Sarah Smith	$26,000	25%	$6,500
Peer Helper	Ron Jones	$23,000	40%	$9,200
Clerical Support	Susan Johnson	$13.38/hr x 100 hr.		$1,338
			TOTAL	$21,580

JUSTIFICATION: Describe the role and responsibilities of each position.
The executive director will provide oversight of grant, including fiscal and personnel management, community relations and project implementation and evaluation. The development specialist will provide staffing support to the working council. The peer helper will be responsible for peer recruitment, coordination and support. The clerical support will process paperwork, payroll, and expense reports.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) **$52,765**
NON-FEDERAL MATCH (enter in Section B column 2 line 6a of form SF424A) **$21,580**

<u>B. Fringe Benefits</u>: List all components of fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	$52,765	$4,037
Workers Compensation	2.5%	$52,765	$1,319
Insurance	10.5%	$52,765	$5,540
		TOTAL	$10,896

NON-FEDERAL MATCH

Component	Rate	Wage	Cost
FICA	7.65%	$21,580	$1,651
Workers Compensation	2.5%	$21,580	$ 540
Insurance	10.5%	$21,580	$2,266
		TOTAL	$4,457

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A) **$10,896**
NON-FEDERAL MATCH (enter in Section B column 2 line 6b of form SF424A) **$4,457**

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Conference (be as specific as possible)	Washington, DC	Airfare	$200/flight x 2 persons	$400
		Hotel	$180/night x 2 persons x 2 nights	$720
		Per Diem (meals)	$46/day x 2 persons x 2 days	$184
Local travel		Mileage	3,000 miles@.38/mile	$1,140
			TOTAL	$2,444

JUSTIFICATION: Describe the purpose of travel and how costs were determined.
Cost for two members to attend a grantee meeting in Washington. Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on agency's privately owned vehicle (POV) reimbursement rate.

NON-FEDERAL MATCH

Purpose of Travel	Location	Item	Rate	Cost
Regional Training Conference	Chicago, IL	Airfare	$150/flight x 2 persons	$300
		Hotel	$155/night x 2 persons x 2 nights	$620
		Per Diem (meals)	$46/day x 2 persons x 2 days	$184
Local Travel	Outreach workshops	Mileage	350 miles x .38/mile	$133
			TOTAL	$1,237

JUSTIFICATION: Describe the purpose of travel and how costs were determined.
Coalition agencies will provide funding for two members to attend the regional technical assistance workshop (our closest location is Chicago, IL). Local travel rate is based on agency's POV reimbursement rate.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A) **$2,444**
NON-FEDERAL MATCH (enter in Section B column 2 line 6c of form SF424A) **$1,237**

D. Equipment: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit – federal definition.

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF424A) **$ 0**
NON-FEDERAL MATCH – (enter in Section B column 2 line 6d of form SF424A) **$ 0**

E. Supplies: materials costing less that $5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	$50/mo. x 12 mo.	$600
Postage	$37/mo. x 8 mo.	$296
Laptop Computer*	$900	$900
Printer*	$300	$300
Projector*	$900	$900
Copies	8000 copies x .10/copy	$800
	TOTAL	$3,796

JUSTIFICATION: Describe need and include explanation of how costs were estimated.
Office supplies, copies and postage are needed for general operation of the project. The laptop computer is needed for both project work and presentations. The projector is needed for presentations and outreach workshops. All costs were based on retail values at the time the application was written. *Provide justification for purchases, especially if they were requested and purchased under a previous budget.

NON-FEDERAL MATCH

Item(s)	Rate	Cost
General office supplies	$50/mo. x 12 mo.	$600
Bookcase*	$75	$75
Digital camera*	$300	$300
Fax machine*	$150	$150
Computer*	$500	$500
Postage	$37/mo. x 4 mo	$148
	TOTAL	$1,773

JUSTIFICATION: Describe need and include explanation of how costs were estimated.
The local television station is donating the bookcase, camera, fax machine, and computer (items such as these can only be claimed as match once during the grant cycle and used for the project). The “applying agency” is donating the additional costs for office supplies and postage.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A) **$ 3,796**
NON-FEDERAL MATCH - (enter in Section B column 2 line 6e of form SF424A) **$ 1,773**

F. Contract: generally amount paid to non-employees for services or products. A consultant is a non-employee who provides advice and expertise in a specific program area.

FEDERAL REQUEST (Consultant)

Name	Service	Rate	Other	Cost
To be selected	Coalition Building	$150/day	15 days	$2,250
	Travel	.38/mile	360 miles	$137
			TOTAL	$2,387

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.
This person will advise staff and coalition members of ways to maintain, increase membership, and develop a Strategic Prevention Framework for the local coalition. The rate is based on the average consulting rate in this area. Consultant is expected to make up to 6 trips (each trip a total of 60 miles) to meet with staff and the coalition. Mileage rate is based on POV reimbursement rate. A request for proposal will be issued to secure a competitive bid before final selection is made.

FEDERAL REQUEST (Contract)

Entity	Product/Service	Cost
To be selected	1.5 minute Public Service Announcement (PSA)	$2,300
To be selected	Evaluation Report	$4,500
	TOTAL	$6,800

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.
A local media outlet will produce a 1.5-minute PSA from the youth drug awareness video for the local television market. Tasks will include cutting and editing the tape, preparing introductory statement, inserting music and/or narrative, and synchronizing the sound track. A local evaluation specialist will be contracted to produce the year-end results of the coalition efforts. A request for proposal will be issued to secure a competitive bid before final selection is made.

NON-FEDRAL MATCH (Consultant)

Name	Service	Rate	Other	Cost
Coalition members	Outreach meeting facilitation	$17.5/hour	6 members x $17.50 x20 hr./mo. x 12 mo.	$25,200
	Travel Expenses	.38/mile	12 members x 148 miles x .38/mile	$675
			TOTAL	$25,875

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.
Twelve (12) coalition members are volunteering their time to facilitate the youth prevention and outreach sessions outlined in the strategic plan. Hourly rate is based on average salaries of the volunteers. Travel is based on average distance between volunteer’s location and the meeting sites. Mileage rate is based on POV reimbursement rate.

NON-FEDERAL MATCH (Contract)

Entity	Product/Service	Cost
West Bank School District	Student Assistance Program	$15,000
	TOTAL	$15,000

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.
West Bank School District is donating their contracted services to provide drug testing, referral and case management for 50 non-school attending youth. Average cost is $300/person. (MOU attached to application)

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) **$ 9,187**
(combine the total of consultant and contact)
NON-FEDERAL MATCH – (enter in Section B column 2 line 6f of form SF424A) **$ 40,875**
(combine the total of consultant and contact)

G. Construction: NOT ALLOWED – Leave Section B columns 1&2 line 6g on SF424A blank.

H. Other: expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
Rent	$15/sq.ft x 700 sq. feet	$10,500
Telephone	$100/mo. x 12 mo.	$1,200
Student Surveys	$1/survey x 2784	$2,784
Brochures	.89/brochure X 1500 brochures	$1,335
	TOTAL	$15,819

JUSTIFICATION: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.
Rent and telephone is necessary to operate the project. Monthly telephone costs reflect the % of effort for the personnel listed in this application. Survey copyright requires the purchase of the ATOD surveys. Brochures will be used at various community functions (health fairs and exhibits).

NON-FEDERAL MATCH

Item	Rate	Cost
Space rental	Varies between $75/event to over $300/event	$11,500
Television time	$250/spot x 50 spots	$12,500
Food and beverages	$2.50/meeting x 40 attendees x 3 meetings	$300
Internet services	$26/mo. x 12 mo.	$312
Student surveys	$1/survey x 1583 surveys	$1,583
Printing	$300/run x 6 runs	$1,800
	TOTAL	$27,995

JUSTIFICATION: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.
Various coalition and community organizations donate space for the various activities outlined in the scope of work, such as teen night out, after-school programs, and parent education classes. The prices range from$75/event for the West Bank School District to over $300/event for the Holiday Inn. The local ACME market is donating the food for three meetings. The local television station is donating airtime for the PSA (MOU attached to application). The applying agency is donating the internet services for the full-time coordinator. The West Bank School District is donating the cost of 1,583 student surveys. All costs are the value placed on the service at the time of this grant application. A coalition member is donating the printing for the bi-monthly newsletter.

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) **$ 15,819**
NON-FEDERAL MATCH – (enter in Section B column 2 line 6h of form SF424A) **$ 27,995**

Indirect cost rate: Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement.

For information on applying for the indirect rate go to: samhsa.gov then click on grants – grants management – HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A)
8% of personnel and fringe (.08 x $63,661) **$5,093**

NON-FEDERAL MATCH (enter in Section B column 2 line 6j of form SF424A)
8% of personnel and fringe (.08 x $26,037) **$2,083**

JUSTIFICATION: The indirect costs rate was approved by the Dept. of Health and Human Services in 200X and is applied to the personnel and fringe, per the negotiated agreement. A copy of the fully executed, negotiated, indirect cost agreement is attached.

BUDGET SUMMARY:

Category	Federal Request	Non-Federal Match	Total
Personnel	$52,765	$21,580	$74,345
Fringe	$10,896	$4,457	$15,353
Travel	$2,444	$1,237	$3,681
Equipment	0	0	0
Supplies	$3,796	$1,773	$5,569
Contractual	$9,187	$40,875	$50,062
Other	$15,819	$27,995	$43,814
Total Direct Costs*	$94,907	$97,917	$192,824
Indirect Costs	$5,093	$2,083	$7,176
Total Project Costs	$100,000	$100,000	$200,000

* TOTAL DIRECT COSTS:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) **$94,907**
NON-FEDERAL MATCH – (enter in Section B column 2 line 6i of form SF424A) **$97,917**

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **$100,000**
NON-FEDERAL MATCH (enter in Section B column 2 line 6k of form SF424A) **$100,000**