Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Screening, Brief Intervention, Referral and Treatment (SBIRT) Medical Residency Program

(Initial Announcement)

Request for Applications (RFA) No. TI-08-003

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

Key Dates:

Application Deadline	**Applications are due by April 30, 2008.**
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.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency 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 Substance Abuse Treatment is accepting applications for fiscal year (FY) 2008 for Screening, Brief Intervention, Referral and Treatment (SBIRT) Medical Residency Program cooperative agreements. The primary purpose of the SBIRT Medical Residency Program is to develop and implement training programs to teach medical residents skills to provide evidence-based screening, brief intervention, brief treatment and referral to specialty treatment for patients who have, or are at risk for, a substance use disorder. Another purpose of the program is to promote adoption of SBIRT through delivery of training to local and Statewide medical communities for wider dissemination of SBIRT practices.

Funding Opportunity Title:	Screening, Brief Intervention, Referral and Treatment (SBIRT) Medical Residency Program
Funding Opportunity Number:	TI-08-003
Due Date for Applications:	April 30, 2008
Anticipated Total Available Funding:	$3.75 million
Estimated Number of Awards:	10
Estimated Award Amount:	Up to $375,000 per year
Length of Project Period:	Up to 5 years
Eligible Applicants:	Eligible applicants are domestic public and private nonprofit entities. [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2008 for Screening, Brief Intervention, Referral and Treatment (SBIRT) Medical Residency Program cooperative agreements. The primary purpose of the SBIRT Medical Residency Program is to develop and implement training programs to teach medical residents skills to provide evidence-based screening, brief intervention, brief treatment and referral to specialty treatment for patients who have, or are at risk for, a substance use disorder. Another purpose of the program is to promote adoption of SBIRT through delivery of training to local and Statewide medical communities for wider dissemination of SBIRT practices.

The abuse of and addiction to substances (including the misuse of prescription medications) increases the risk for numerous health problems, including psychiatric disorders. A reduction in risky/problematic use or abuse of substances is a recognized medical preventive procedure. Evidence-based screening questionnaires can effectively detect and quantify a spectrum of problematic substance use disorders and protocol-driven brief interventions exist that can effectively reduce substance use.

General medicine physicians are positioned to play a critical role in the recognition and treatment of patients with, or at risk for, Substance Use Disorders. Therefore, it is necessary to train physicians who staff and oversee such medical settings to provide and administer programs of screening, brief intervention, and referral to treatment. Since a significant portion of physician training for medical practice occurs in medical residency programs, it is necessary to establish SBIRT as an ongoing part of medical residency programs. Recognition of the validity of these services to be provided in medical and healthcare settings is underscored by adoption of new procedural codes by the Centers for Medicaid and Medicare Services (CMS) and the American Medical Association-Current Procedural Terminology (AMA-CPT®) Board.

SBIRT Medical Residency Program Grant funds are to be used to develop SBIRT curricula and clinical training as part of residency programs for physicians in primary care to include: family medicine, internal medicine, obstetrics and gynecology, pediatrics, emergency medicine, trauma, psychiatry and others. The goal of the program is to train physicians to provide SBIRT services and to promote systemic change in residency programs by integrating SBIRT into the curriculum on a long-term basis. The expectation is that SBIRT will be a component of the education provided to each successive class of medical residents.

Allowable expenses will include items such as: 1) salary of faculty, administrative and secretarial staff; 2) cost of developing and administering the program, including curriculum development; and 3) following program establishment, delivery of training to house staff and local and Statewide medical communities for wider dissemination of SBIRT practices. Grant funds may not be used for direct patient services, tuition costs, or to pay medical residents or other participants in the program.

The SBIRT Medical Residency Program Grants are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010, Volume II (Part B: Focus Area 26 - Substance Abuse).

2. EXPECTATIONS

Background

The National Drug Control Strategy (NDCS) emphasizes: (1) preventing drug use before it starts; (2) intervening and healing those who already use drugs; and (3) disrupting the market for illicit substances (ONDCP, 2007). SBIRT's focus on early intervention and treatment is a central component of the NDCS.

Federal programs, including those operated by SAMHSA/CSAT, have tended to emphasize either universal prevention strategies aimed at those who have never initiated use (Mrazek and Haggerty, 1994) or specialist treatment for those who are dependent (Gerstein and Harwood, 1990). Little attention has been paid to the large group of individuals who use drugs but are not yet dependent and who could successfully reduce drug use through "early intervention" (Fleming, 2002; Klitzner et al., 1992). There is an emerging body of research and clinical experience that supports use of the SBIRT approach as providing effective early intervention for persons at risk for, or diagnosed with, a Substance Use Disorder (i.e., Substance Abuse or Dependence). [1]

The specialist treatment system is often not appropriate for persons at risk for a Substance Use Disorder, nor can that system alone address the needs of all those persons diagnosed with either a Substance Abuse or a Substance Dependence Disorder. Moreover, most people with or at risk for a Substance Use Disorder are unlikely to seek help from the specialty treatment system. According to SAMHSA's National Survey on Drug Use and Health (NSDUH), in 2006, 23.6 million persons age 12 or older needed treatment for a Substance Use Disorder involving alcohol or an illicit drug. Of these, only 2.5 million (10.6 percent) received treatment at a specialty facility. Of the 21.1 million persons who needed but did not get treatment, only 940,000 (4.5 percent) recognized that they needed help for their problem and only one third of these individuals (314,000 persons) made an effort to get treatment.[2]

Consequently, efforts are needed to expand screening and brief intervention and brief treatment for persons at risk for, or diagnosed with, a Substance Use Disorder (Substance Abuse or Dependence). SAMHSA/CSAT currently supports SBIRT grants to States and grants to colleges and universities for campus-based SBIRT programs. In addition, new efforts are needed to train

[1] E.g., see Babor, 2004; Babor et al. 2002; Baker et al. 2001; Barry, 1999; Bernstein et al., 1997; Blow, 1999: Conrod et al., 2000; Dennis et al., 2002a and b; Fleming, 2002; Gil et al., 2004; Gray et al., 2005; Grenard et al., 2007; Humeniuk, 2006; Kelso, 2002; Rohsenow et al., 2004; Samet et al., 1996; Stephens et al., 1994; Stephens, et al., 2000; Stephens, et al., 2004; Sullivan et al., 1997: WHO ASSIST Working Group, 2002; Zweben and Fleming, 1999). A complete listing of the references and resources (including evidence-based practices/services) cited in this document can be found at http://www.mayatech.com/sbirt/tools_resources/references.htm. Copies of the listing are available in the application kits distributed by SAMHSA's National Clearinghouse for Alcohol and Drug Information.

[2] SAMHSA, 2006 National Survey on Drug Use and Health, September 2006

more physicians in SBIRT techniques so that adoption of evidence-based SBIRT practices can be expanded. This grant provides support to expand the number of physicians who are trained to implement SBIRT.

SBIRT is valuable not just for individuals who use alcohol and illicit drugs but also for those who misuse or abuse prescription drugs. According to the 2006 NSDUH, the non-medical use of prescription drugs among young adults increased from 5.4 percent in 2002 to 6.4 percent in 2006, due largely to an increase in the non-medical use of pain relievers.[3]

Core Components of SBIRT

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk for developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted in medical and social service settings.

The following are the core components of SBIRT:

Screening – Incorporated into the normal routine in medical and other community settings, screening provides identification of individuals with problems related to alcohol and/or substance use. Screening can be through interview and/or self-report. The most widely used screening instruments are AUDIT, ASSIST and DAST.

Brief Intervention – face-to-face discussion that is focused on raising an individual's awareness of his/her substance use and motivating the individual toward behavioral change. Brief interventions are 1 to 5 sessions in length. As part of brief intervention, clients must be screened and assessed for the presence of co-occurring substance use (abuse and dependence) and mental disorders and the information obtained from screening and assessment must be used to develop appropriate treatment approaches for persons identified as having such co-occurring disorders. For more information on the process of selecting screening instruments to identify co-occurring substance use and mental disorders, go to http://www.coce.samhsa.gov/products/cod_presentations.aspx.

Brief Treatment – a distinct level of face-to-face care that consists of a limited course of highly focused cognitive behavioral clinical sessions. Brief treatment is 6 to 12 sessions in length. It may occur in the same session as the initial screening or in follow-up sessions. It is conducted by licensed clinical practitioners.

Referral – a proactive process that facilitates access to care for individuals who are assessed to have a Substance Use Disorder requiring a more intensive treatment specialty.

[3] Ibid.

For additional information on SBIRT, go to http://sbirt.samhsa.gov/index.htm.

2.1 Services Design

Training System

Grantees will be required to adopt and implement a training system that focuses on the following areas:

Curriculum Development - Applicants must develop a curriculum that includes: (1) the association of medical conditions with substance abuse (including alcohol, illicit drug and prescription drug abuse); (2) screening tools that identify the full spectrum of risky, problematic substance use, abuse and addiction; (3) brief intervention procedures and evidence of their effectiveness; (4) "hands-on" screening, identification, brief intervention, and referral for treatment for alcohol, illicit drugs, and prescription drug misuse; (5) detoxification procedures for alcohol and other drugs; (6) prescribing of effective medications to treat craving and prevent relapse; (7) appropriate prescribing practices for opioids and other pain medications; (8) ongoing medical management of outpatients; (9) oversight of SBIRT procedures administered by others in various settings (integration of SBIRT into the full continuum of primary care); (10) training on linking to specialty treatment service providers and facilities; 11) workforce development and the training of non-physicians to administer SBIRT services; 12) understanding and working with electronic health record (EHR)-based screening and assessment systems; and 13) institutional and/or administrative issues that affect the implementation of SBIRT services. Validated standardized screening and assessment instruments and evidence-based intervention procedures must be utilized. Curricula must provide for more than didactic lectures; they must include significant practice of SBIRT with patients as part of the overall skills training system. To this end, residency practice sites must establish procedures for the provision of SBIRT services.

Systems-Based Residency Implementation – Because a goal of this program is to effect long-term adoption of evidence-based SBIRT models, each grantee must establish a project training team. The training team should consist of multiple representatives from each residency program and must include both clinicians and non-clinicians (nurses, clinic administrators, etc.) who are trained in planning and implementing SBIRT at the systems level. The project training team also must include practice consultants who must be available to assist with on-site implementation and troubleshooting.

Faculty Training – Each grantee's SBIRT faculty must have experience in primary care and/or addiction medicine and teaching, and be thoroughly trained in the curriculum to be implemented. Faculty training will have two purposes: 1) to provide initial training for the personnel who are to implement the grantee's SBIRT medical residency program; and 2) to prepare faculty to deliver local and Statewide training for wider dissemination of SBIRT practices. An advisory Council of Residency Directors from other residency programs within the academic medical center must be convened. This body will meet quarterly during the term of the grant to assist in the development of the program and to evaluate its effectiveness.

Dissemination Model – The applicant must present a plan for disseminating SBIRT training to other local and State-wide medical communities. This should include physician and non-physician training via training-the-trainer and other training approaches.

Sustainability – Because long-term integration of SBIRT models into residency training is a key component of the program, applicants must describe how the SBIRT training program will be sustained after the grant program is completed.

Policy Change – Each applicant must describe how it will establish a policy of integrating SBIRT into the curriculum and clinical practice experience of residents.

The application must reflect an understanding of the existing barriers to SBIRT training and how these barriers will be addressed.

Project Phases and Operations

Phase I: Project Planning and Startup (approximately 4 months)

- Select members of the Council of Residency Directors
- Develop an organization structure that involves representatives of all key policy organizations related to residency training and specialty certification
- Identify and engage curriculum committee
- Write curriculum
- Create training and dissemination plan
- Recruit participant residency programs
- Establish a mechanism for monitoring residency program performance and compliance

Phase II: Operations (approximately 36 months)

- Train residents in didactic and practice settings
- Widely disseminate curriculum
- Conduct regional trainings
- Provide on-site support for SBIRT implementation plans

Phase III: Phase Out

- Implementation of sustained program operations
- Dissemination of model programs to other residency sites and to other healthcare workers within a locality or State
- Participation in project evaluation

2.2 Using Evidence-Based Practices

The purpose of this program is to develop and implement curricula in medical residency programs that will teach the skills necessary to provide evidence-based SBIRT services to patients. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented scientific evidence. In your application, you will need to:

- Identify the evidence-based practice or practices you propose to implement.
- Identify and discuss the evidence that shows that the practice or practices are 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 patient population(s). [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 target population. Evidence 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 target population 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 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 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 target population 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.

For additional information on evidence-based practices related to SBIRT, go to http://sbirt.samhsa.gov/index.htm.

2.3 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). You must document your ability to collect and report the required data in "Section D: Performance Assessment and Data" of your application. Data are to be collected using the CSAT Training Baseline and Follow-up GPRA forms which can be found at www.samhsa-gpra.samhsa.gov, along with instructions for completing it. Hard copies are available in the application kits available by calling the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

Grantees will be expected to collect and report GPRA baseline (end of training event) data and 30-day follow-up to the training (with a minimum 80% of all baseline participants followed up) on all participants of the training curriculum. Due to the nature of residency programs, grantees have flexibility in determining what constitutes the "end of a training event" for GPRA baseline data collection (e.g., at the end of a training module, end of an academic year, completion of a topic area, etc.). These data must be submitted using the Web-based CSAT GPRA data collection system (SAIS) within 7 days after data is collected.

Training and technical assistance on data collecting, tracking and follow-up as well as data entry, will be provided by CSAT.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

2.4 Performance Assessment

Grantees must assess their projects, addressing the performance measures described in Section I-2.3. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually. As a part of the assessment, you must solicit opinions and information from the residents as to how well the curriculum prepared them for the practice of screening and brief intervention.

Suggested areas for assessment include the following:

- Number of residents trained, within the context of the total number of residents enrolled in the academic program;
- Number of different residencies that incorporate SBIRT into training;
- Number and length of training lectures;
- Clinical experiences (number of patients screened per resident);
- Number of training events held for local and State-wide medical communities;
- Number of technical assistance events held and number of people trained at these sessions;
- Resident ratings of the program and attitudes towards using the SBIRT model; and
- Barriers/solutions to the implementation of SBIRT in medical residency programs.

Your performance assessment should also consider outcome and process questions, including the following:

Process Questions:

- How closely did implementation of the curriculum 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 curriculum and performance assessment?

Outcome Questions:

- What was the effect (e.g., change in knowledge, attitude, behavior) of the curriculum on participants' competencies in the following areas?
    1) understanding of the association of medical conditions with substance abuse, including alcohol, illicit drug and prescription drug abuse;
    2) screening tools that identify the full spectrum of risky, problematic substance use, abuse and addiction;
    3) brief intervention procedures and evidence of their effectiveness;
    4) "hands-on" screening, identification, brief intervention, and referral for treatment for alcohol, illicit drugs, and prescription drug misuse;

5) detoxification procedures for alcohol and other drugs;
6) prescribing of effective medications to treat craving and prevent relapse;
7) appropriate prescribing practices for opioids;
8) ongoing medical management of outpatients;
9) oversight of SBIRT procedures administered by others in various settings (integration of SBIRT into the full continuum of primary care);
10) linking to specialty treatment service providers and facilities;
11) workforce development; and
12) understanding and working with Electronic Health Record (EHR)-based screening and assessment systems.

NOTE: Knowledge, attitude, and behavior must be assessed for each area prior to exposure to the curriculum and at the completion of the program.

- What program/contextual factors were associated with outcomes?
- What individual factors were associated with the outcomes?
- How durable were the effects?

The assessment should include subjective input from the participating residents, the project training team and faculty, and members of the Council of Residency Directors on the barriers/solutions to the implementation of SBIRT in medical residency programs. Grantees are expected to conduct a long-term (e.g., 3 years) follow-up with the graduates of the curriculum.

This program level assessment will be submitted to SAMHSA to constitute an overall assessment.

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-2.3 and 2.4 above.

2.5 Grantee Meetings

Grantees will be required to attend two meetings during each year of the program, and you must include a detailed budget and narrative for this travel in your budget. Each meeting will be two days in length. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: $3.75 million

Estimated Number of Awards: 10

Estimated Award Amount: Up to $375,000 per year

Length of Project Period: Up to 5 years

Proposed budgets cannot exceed $375,000 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.

Cooperative Agreement

These awards are being made as cooperative agreements because they require substantial post-award Federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

Role of Grantee:

- Comply with the terms and conditions of the cooperative agreement award.
- Agree to provide SAMHSA with data required for GPRA.
- Collaborate with CSAT staff in project implementation and monitoring.
- Select members and organize/conduct regular meetings of the project's Council of Residency Directors.
- Implement and monitor activities of the cooperative agreement project.
- Collect, evaluate, and report Statewide project and GPRA data.
- Respond to requests for program-related data.
- Document intended and actual systemic changes resulting from the project's activities.
- Submit the final Project Implementation Plan by the end of the third month following the award.

Role of SAMHSA Staff:

- Collaborate in the selection of the Council of Residency Directors; review and approve final membership.
- Work collaboratively with the grantee, project staff, and Council of Residency Directors to finalize the Project Implementation Plan; review and approve the plan to be submitted by the end of the third month for release of funds for implementation (i.e., Phases II and III).
- Provide best practice program information, resource materials, and technical assistance, e.g., examples of model programs, financing strategies and benefit designs, and screening and assessment tools/protocols to help grantees identify, select, and replicate evidence-based practices for implementing SBIRT.
- Provide guidance on how to access resource allocation strategies.
- Actively participate in the Council of Residency Directors discussions.
- Work cooperatively with the grantee to sustain the system changes achieved by the project.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example, State and local governments, federally recognized American Indian/Alaska Native Tribes and tribal organizations, urban Indian organizations, public or private universities and colleges; and community- and faith-based organizations may apply. Tribal organization means the recognized body of any AI/AN 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. Consortia of tribal organizations are eligible to apply, but each participating entity must indicate its approval. The statutory authority for this program prohibits grants to for-profit agencies.

Given the subject matter, applications are encouraged from universities/colleges affiliated with teaching hospitals that offer residency programs and teaching hospitals with graduate training programs for medical residencies. However, because this is a new program, SAMHSA wants to provide potential applicants maximum flexibility and opportunity for innovation in the design of these SBIRT Medical Residency programs. Therefore, SAMHSA has decided to provide open eligibility for this program.

If the applicant is not an academic medical center or academic affiliated teaching hospital, the applicant must provide MOUs, MOAs, IAAs, or formal contractual agreements that demonstrate existing relationships with academic medical centers or academic affiliated teaching hospitals to implement the SBIRT curriculum. **These documents must be provided in Appendix 4 of your application.**

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

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.

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 E of this document.

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E 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 F through I. There are no page limits for these sections, except for Section H, 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 2, 3, and 4 combined. There are no page limitations for Appendix 1. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.

  - *Appendix* 1: Data Collection Instruments/Interview Protocols
  - *Appendix 2*: Sample Consent Forms
  - *Appendix 3*: Letter to SSA (if applicable; see Section IV-4 of this document)

- *Appendix 4*: MOUs, MOAs, IAAs or formal contractual agreements that demonstrate relationships with academic medical centers and academic affiliated teaching hospitals, if applicable (see Section III-1 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. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA's Web site with the RFA and provided in the application kits.

- **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 30, 2008**. 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 DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

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

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. **TI-08-003**. Change the zip code to **20850** if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)[4] to the head(s) of appropriate State or local health agencies in the area(s) to

[4] Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 v2 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The

be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

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

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

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Appendix 3, "Letter to the SSA**." The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent not later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville MD **20857**. ATTN: SSA – Funding Announcement No. **TI-08-003**. Change the zip code to **20850** if you are using another delivery service.

In addition:

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

5. FUNDING 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

OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

- 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 SBIRT Medical Residency Program grant recipients must comply with the following funding restrictions:

- For training grants, SAMHSA reimburses indirect costs at a fixed rate of 8 percent of modified total direct costs, exclusive of tuition and fees, expenditures for equipment, and subawards and contracts in excess of $25,000.
- 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 D.

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 "**SBIRT Medical Residency Program–# TI-08-003**" in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

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

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- 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-E) 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-I 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, applicants are encouraged to respond to each bulleted statement.

Section A: Statement of Need (20 points)

- Describe the participants for the SBIRT Medical Residency Program and the geographic area to be served. Include residents' area of specialty and year in residency program. Also identify the profession/role of non-residents participating in the program.

- Discuss the potential significance of the proposed project as a comprehensive, multidisciplinary, collaborative effort, both regionally and State-wide.

- If applicable, discuss any existing screening and brief intervention curriculum at your institution and the benefits of expanding this curriculum to cover a broader continuum of care.

Section B: Proposed Evidence-Based Service/Practice (25 points)

- 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.

- Identify the evidence-base for the SBIRT practices included in your training program (e.g., instruments, screening tools, brief intervention approaches) and the source of your information. (See Section I-2.2, Using Evidence-Based Practices.) Discuss the evidence that shows that these practices are effective with the patient population served by the residency program. If the evidence is limited or non-existent for the patient population, provide other information to support your selection of these practices.

- Identify and justify any modifications or adaptations you will need to make to the proposed practices to meet the goals of your project and why you believe the changes will improve the outcomes.

- Describe how the proposed curriculum and training will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the patient population that residents will be serving.

Section C: Proposed Implementation Approach (30 points)

- Describe how the proposed SBIRT curriculum will be implemented. Describe the policy you will establish to integrate SBIRT into the curriculum content and clinical practice experience for residents.

- State the total number of residents you propose to train each year and how they will be selected.

- Describe and identify the type and number of trainings you expect to conduct each year of your project in terms of: 1) short-term training events designed primarily to raise awareness or impart limited information, and the expected number of participants for each event and in total; and 2) long-term academic programming and technical assistance events designed to develop or enhance skills, provide in-depth knowledge, or affect the systemic adoption of SBIRT practices, their length of time, and the number of participants for each event and in total.

- Explain how the project will coordinate with other programs within the institution and how linkages with external partners will be established. Identify external partners.

- Describe the curriculum to be developed that includes: (1) the association of medical conditions with substance abuse including alcohol, illicit drug and prescription drug abuse; (2) screening tools that identify the full spectrum of risky, problematic substance use, abuse and addiction; (3) brief intervention procedures and evidence of their effectiveness; (4) "hands-on" screening, identification, brief intervention, and referral for treatment for alcohol, illicit drugs, and prescription drug misuse; (5) detoxification procedures for alcohol and other drugs; (6) prescribing of effective medications to treat craving and prevent relapse; (7) appropriate prescribing practices for opioids and other pain medications; (8) ongoing medical management of outpatients; (9) oversight of SBIRT procedures administered by others in various settings (integration of SBIRT into the full continuum of primary care); (10) training on linking to specialty treatment service providers and facilities; 11) workforce development and the training of non-physicians to administer SBIRT services; 12) understanding and working with electronic health record (EHR)-based screening and assessment systems; and 13) institutional and/or administrative issues that affect the implementation of SBIRT services.

- Discuss how you will disseminate SBIRT training to other local and State-wide medical communities (e.g., training-the-trainer).

- Describe how residency practice sites will establish procedures for the provision of SBIRT services.

- Describe your project training team and show that it consists of multiple representatives from each residency program, including both clinicians and non-clinicians (nurses, clinic administrators, etc.), to be SBIRT trainers.

- Describe your Council of Residency Directors and the specialty areas they will represent, and discuss how the Council will assist in the development and evaluation of your project.

- Describe the potential barriers to successful conduct of the proposed project and how they will be overcome.

- Describe a 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 D: Staff and Organizational Experience (10 points)

- Discuss the capability and experience of the applicant organization and other participating organizations.

- 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 treatment/prevention personnel.

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

- Provide a detailed time line, chart or graph for Year 1 of the project showing key activities and responsible staff. Provide an outline of key milestones for Years 2-5. (Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.)

Section E: Performance Assessment and Data (15 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this RFA. Describe your plan for data collection, management, analysis and reporting. 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.

- Describe your plan for conducting the performance assessment as specified in Section I-2.4 of this RFA and document your ability to conduct the assessment.

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

Section G: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 20% of the total grant award will be used for data collection and performance assessment. An illustration of a budget and narrative justification is included in Appendix E of this document.

Section H: 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 I: 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 I of your application, using the guidelines provided below. More detailed guidance for completing this section can be found in Appendix C of this RFA.

Confidentiality and Participant Protection:

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 C of this RFA provides a more detailed discussion of the 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 target population 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 C: 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 1** 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 2** 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 Substance Abuse Treatment's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among target populations 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, 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-2.3, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

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

- 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 SBIRT Medical Residency Grant Program are described in Section I-2.3 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:

Tom Stegbauer
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1099
Rockville, Maryland 20850
(240) 276-2965
tom.stegbauer@samhsa.hhs.gov

For questions on grants management issues contact:

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

Appendix A – 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.

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 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, 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 **15,450** 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. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV-3 of this announcement. The paper submission must be clearly marked: **"Back-up for electronic submission."** The paper submission must conform with all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

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

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

For United States Postal Service:

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

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

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

Appendix C – Confidentiality and Participant Protection

1. Protect Clients and Staff from Potential Risks

   - Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.

   - Describe the procedures you will follow to minimize or protect participants against potential risks, **including risks to confidentiality**.

   - Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

   - Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

   - Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.

   - Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

   - Explain the reasons for including or excluding participants.

   - Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

   - Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

   - If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). 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. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Appendix 1, "Data Collection Instruments/Interview Protocols,"** copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

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

- Describe:

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

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

6. Adequate Consent Procedures

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

- State:

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

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

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

- Indicate if you will obtain informed consent from participants or assent from minors along with 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 2, "Sample Consent Forms"**, of your application. If needed, give English translations.

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

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?

- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

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 D – 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 E – Sample Budget and Justification

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

OBJECT CLASS CATEGORIES

Personnel

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

Travel

2 trips for SAMHSA Meetings for 2 Attendees (Airfare @ $600 x 4 = $2,400) + (per diem @ $120 x 4 x 6 days = $2,880)	$5,280	$-0-
Local Travel (500 miles x .24 per mile)	$-0-	$120
SUBTOTAL	**$5,280**	**$120**
Enter Travel subtotal on 424A, Section B, 6.c.		**$ 5,400**

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

Equipment (List Individually)

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

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

Supplies

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

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

CONTRACTUAL COSTS

Evaluation

Job Title	Name	Annual Salary	Level of Effort	SAMHSA Funded	Non-Federal Sources	TOTAL
Evaluator	J. Wilson	$48,000	.05	$24,000	$-0-	
Other Staff		$18,000	1.0	$18,000	$-0-	
Fringe Benefits (25%)				$10,500	$-0-	
Travel						
2 trips x 1 Evaluator ($600 x 2)				$ 1,200	$-0-	
Per Diem @ $120 x 6				720	$-0-	
Supplies (General Office)				500	$-0-	
Evaluation Contractual Direct Costs				$54,920	$-0-	
Evaluation Contractual Indirect Costs (19%)				$10,435	$-0-	
Evaluation Contract Subtotal				**$65,355**		
SUBTOTAL				**$65,355**	**$-0-**	**$65,355**

Training

Job Title	Name	Annual Salary	Level of Effort	SAMHSA Funded	Non-Federal Sources	TOTAL
Coordinator	M. Smith	$ 12,000	0.5	$12,000	$-0-	
Admin. Asst.	N. Jones	9,000	0.5	9,000	$-0-	
Fringe Benefits (25%)				5,250	$-0-	
Travel						
2 Trips for Training						
Airfare @ $600 x 2				$1,200	$-0-	
Per Diem $120 x 2 x 2 days				480	$-0-	
Local (500 miles x .24/mile)				120	$-0-	
Supplies						
Office Supplies				$500	$-0-	
Software (Microsoft Word)				$500	$-0-	
Training Contractual Direct Costs Subtotal				$40,025	$-0-	**$40,025**
Training Contractual Indirect Costs Subtotal				$-0-	$-0-	**$-0-**

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

SUBTOTAL	**$105,380**	**$-0-**	**$105,380**
Enter Contractual subtotal on 424A, Section B, 6.f.			**$105,380**

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

JUSTIFICATION

PERSONNEL - Describe the role and responsibilities of each position.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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