

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

**Supplements to State Mental Health Data Infrastructure
Grants for Quality Improvement**

(Initial Announcement)

Request for Applications (RFA) No. SM-08-013

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

Key Dates:

Application Deadline	Applications are due by May 30, 2008
Intergovernmental Review (E.O. 12372)	Letters from State Single Point of Contact (SPOC) are due no later than 60 days after the application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by the application deadline. Comments from Single State Agency are due no later than 60 days after the application deadline.

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Executive Summary:

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces the availability of funds to expand/enhance grant activities funded under the State Mental Health Data Infrastructure Grants for Quality Improvement (DIG). The purpose of this program supplement is to support mental health prevalence estimation and related associations in State populations. The effort is part of the SAMHSA/CDC Intra-Agency Agreement, in which the Mental Health and Stigma Module will be added to the Behavioral Risk Factor Surveillance System (BRFSS) for prevalence estimation of serious psychological distress. The DIG Supplement will support State mental health agencies to coordinate and partner with respective State public health agency contacts who implement the BRFSS. DIG grantees will provide coordination, State data analyses and information dissemination activities that can assist in State program development.

Funding Opportunity Title: Supplements to State Mental Health Data Infrastructure Grants for Quality Improvement

Funding Opportunity Number: SM-08-013

Due Date for Applications: May 30, 2008

Anticipated Total Available Funding: \$276,000

Estimated Number of Awards: Up to 20

Estimated Award Amount: Up to \$13,800 per year

Length of Project Period: Up to one year

Eligible Applicants: State DIG Grantees

[See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces the availability of funds to expand/enhance grant activities funded under the State Mental Health Data Infrastructure Grants for Quality Improvement. The purpose of this program supplement is to support mental health prevalence estimation and related associations in State populations. The effort is part of the SAMHSA/CDC Intra-Agency Agreement, in which the Mental Health and Stigma Module will be added to the Behavioral Risk Factor Surveillance System (BRFSS) for prevalence estimation of serious psychological distress. The DIG Supplement will support State mental health agencies to coordinate and partner with respective State public health agency contacts who implement the BRFSS. DIG grantees will provide coordination, State data analyses and information dissemination activities that can assist in State program development.

This DIG supplement effort builds on an Intra-agency Agreement between SAMHSA and the Centers for Disease Control in which the Mental Health and Stigma Module will be added to the Behavioral Risk Factor Surveillance Survey (BRFSS) for developing State prevalence estimates on serious psychological distress. Serious psychological distress (SPD) is the formal term provided by the authors of the K6 module which is included within the Mental Health and Stigma Module. The K6 is a standardized and validated measure of psychological distress that is designed to help in estimating the prevalence of serious mental illness (SMI) in community populations (Kessler 2002, 2003). The BRFSS as a community survey does not address those in institutions or those who are homeless, so that prevalence of actual serious mental illness for all populations would not be indicated. The K6 measure widely used in the U.S. and Australia has been shown to provide acceptable prevalence estimates of serious DSM IV mental disorders (Furukawa 2003, Kessler 2003). The supplement will support 1) State mental health agency coordination with respective State public health agency contacts who implement the BRFSS, 2) provision of State data analyses, including prevalence estimates and associations to other factors, including behavioral risk factors and chronic disease, and 3) dissemination of findings to State leaders and stakeholders to inform planning.

The Mental Health Data Infrastructure grant presently includes State prevalence estimates and need for mental health services as a goal within the Uniform Reporting System data collection effort. This supplement will provide much needed information on prevalence estimates of serious psychological distress, particularly as related to behavioral risk factors and chronic disease, that can assist the States in areas such as health and mental health integration efforts. Information related to health and behavioral factors for these populations can provide knowledge for increased understanding and improved program development. These efforts are addressed in Goal 1 of the President's New Freedom Commission on Mental Health which supports bridging the gap between health and mental health in service care. In addition to serious psychological distress, two questions on the prevalence of stigma have been included in the Module which can also be of assistance in planning: 1. *Treatment can help people with mental illness lead normal lives? Agree to Disagree* and 2. *People are generally caring and sympathetic to people with mental illness? Agree to Disagree*. For example, the Commission supports the reducing of stigma through provision of educational programs. The information garnered from this work will identify geographical areas in greater need of this education. Finally, in this effort, States

can implement more in-depth data analyses suitable to respective State needs using additional data elements, including State optional modules, as an appropriate prevalence estimation for specific geographical areas.

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

- Coordination and collaboration with the Public Health Agency to enhance understanding of State mental health needs.
- Communication with the Public Health Agency on selected mental health data elements that can be analyzed to assist the State in knowledge and program enhancement.
- Provision of data analyses in the State Mental Health Agency in addition to a minimum data set for prevalence estimates that will be addressed for all supplement grantees.
- Provision of findings and data analysis on State prevalence estimates for serious psychological distress and other findings, including associations to chronic disease and behavioral risk factors.
- Presentation of prevalence findings to key State leaders and stakeholders for assessment and planning.

State Mental Health Data Infrastructure Grants for Quality Improvement are authorized under 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 18 (Mental Health and Mental Disorders).

II. AWARD INFORMATION

1. AWARD AMOUNT

It is expected that up to \$276,000 will be available to fund up to 20 grants in FY 2008. Awards are expected to be up to \$13,800 in total costs (direct and indirect) for up to one year. Proposed budgets cannot exceed the allowable amount.

Additionally, there is an Intra-Agency Agreement which must be implemented before the program can be finalized.

2. FUNDING MECHANISM

Awards will be made as supplements to the State Mental Health Data Infrastructure Grants for Quality Improvement.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Applicants must be recipients of a SAMHSA Data Infrastructure Grant for Quality Improvement. Also some States may have received awards from the Centers for Disease Control and Prevention (CDC) to implement the Mental Health and Stigma Module through the

Behavioral Risk Factor Surveillance Survey (BRFSS). These States are eligible to receive a DIG supplement and will be required to coordinate with the CDC and provide additional data analyses and data dissemination. A State is also eligible if it implements the Mental Health and Stigma module solely with State funds.

2. COST-SHARING and MATCH REQUIREMENTS

Cost sharing or matching is required. The statutory authorization for this program, Section 1971 (c)(1) of the Public Health Service Act (42 U.S.C.300y(c) (1)), states that, “(1) With respect to the costs of the program to be carried out under subsection (a) of this section by a State, the Secretary may make an award under such subsection only if the applicant agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 50 percent of such costs (100% of the Federal share). (2) Non-Federal contributions under paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the Federal Government or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such contributions.” Funds may not be used to pay for computer hardware. Software expenditures are not encouraged and will be considered on a case-by-case basis.

3. OTHER

Additional Eligibility Requirements

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

V. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

Required application forms and guidelines are included in this mailing. You may download additional copies of the application forms from the SAMHSA Web site at www.samhsa.gov/grants/apply.aspx.

Additional materials available on the SAMHSA 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.
- Cover Letter – Invites applications from eligible applicant(s).
- Request for Applications (RFA) – Includes instructions for the grant application. This document is the RFA.

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

2.2 Required Application Components

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

- **Face Page** – SF 424 v2 is the face page. This form is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet web site at www.dunandbradstreet.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization preparing to submit a Federal grant application. If you included a DUNS number on your original application, use the same number for this submission.]
- **Abstract** – Your total abstract should not be longer than 35 lines. 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 the SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. If you are requesting supplemental funding for one year, complete Section B only. A sample budget and justification is included in Appendix D of this document.

- ❑ **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A through D may not exceed 25 pages. More detailed instructions for completing each section of the Project Narrative are provided in Section V of this document under “Evaluation Criteria.”

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

- ❑ **Appendices 1 through 3** – In your application, include the appendices listed below. Please label the appendices as: Appendix 1, Appendix 2, etc.
 - *Appendix 1: Data Collection Instruments/Interview Protocols*
 - *Appendix 2: Sample Consent Forms*
 - *Appendix 3: Letter to the SSA (if applicable; see Section IV-4 of this document)*
- ❑ **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application
- ❑ **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
- ❑ **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form.
- ❑ **Checklist** – Use the Checklist found in the PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

2.3 Application Formatting Requirements

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

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on May 30, 2008. Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 12:00 midnight (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.

Failure to meet the timely submission requirements above may affect the ability of your application to be reviewed. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. Allow sufficient time for your package to be delivered.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application, and that results in the designated office not receiving your application in accordance with the requirements for timely submission, it may affect the ability of your application to be funded.

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

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

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

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

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

Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SPOC – Funding Announcement No. **SM-08-013**. 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)¹ to the head(s) of appropriate State or local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

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

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

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Appendix 4, "Letter to the SSA."** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent not later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **SM-08-013**. 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.

¹ Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 v2 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

- The applicant must notify the SSA within 30 days of receipt of an award.

5. FUNDING RESTRICTIONS

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

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

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

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

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$20 to encourage attendance and/or attainment of

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

- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.
- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

6. OTHER SUBMISSION REQUIREMENTS

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

Submission of Electronic Applications

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

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

Please refer to Appendix 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 “**State DIG, SM-08-013**” in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

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

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

Section A: Progress to Date (20 points)

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

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

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

Section C: Implementation Plan and Staffing (35 points)

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

Section D: Evaluation (15 points)

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

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

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

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

SUPPORTING DOCUMENTATION

The supporting documentation for your application is made up of Sections E through G. This documentation provides additional information necessary for the review of your application. The supporting documentation should be included immediately following Sections A through D

of the Project Narrative of your application. There are no page limits for the supporting documentation, except for Section E, the Biographical Sketches/Job Descriptions. (There is no requirement to conduct a literature review or to cite literature in your application. However, if literature is cited, provide references, including titles and authors.)

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

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

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

Confidentiality and Participant Protection:

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

Decisions to fund a grant are based on:

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

VI. AWARD ADMINISTRATION INFORMATION

1. AWARD NOTICES

If you are approved for funding, you will receive a notice, the Notice of Grant Award (NOGA), signed by SAMHSA’s Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows the grantee to receive Federal funding for work on the grant project.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- Successful applicants must comply with all terms and conditions of the grant award. SAMHSA’s standard terms and conditions are available on the SAMHSA web site (www.samhsa.gov/grants/generalinfo/grants_management.aspx).
- Successful applicants must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA web site (http://www.samhsa.gov/Grants/generalinfo/grant_reqs.aspx).

- Depending on the nature of the proposed project and the results of review, additional terms and conditions may be identified in the NOGA or negotiated with the grantee prior to grant award. These may include, for example:
 - actions required to be in compliance with participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation; or
 - requirements to address problems identified in review of the application.

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

- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a Federal grant.

- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site. Applicants are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

3.1 Progress and Financial Reports

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

3.2 Publications

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

In addition, SAMHSA requests that grantees:

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

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

VII. AGENCY CONTACTS

For programmatic issues, contact:

Olinda Gonzalez, Ph.D.
Public Health Advisor
Division of State and Community Development
Center for Mental Health Services
Substance Abuse and Mental Health Services
1 Choke Cherry Road
Room 2-1087
Rockville, MD 20857
(240) 276-1762
olinda.gonzalez@samhsa.hhs.gov

For grants management issues, contact:

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

Appendix A - Formatting Requirements and Screenout Criteria

SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. Failure to adhere to these requirements may affect the ability of your application to be funded.

- Use the PHS 5161-1 application 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 products (e.g., Microsoft Word, Microsoft Excel, etc.). 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 **12,875** words. If the Project Narrative for an electronic submission exceeds the word limit, **then any part of the Project narrative in excess of these limits will not be submitted to review.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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

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 – Sample Budget and Justification (match required)

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.

The executive director will provide oversight of grant, including fiscal and personnel management, community relations and project implementation and evaluation. The coordinator will coordinate project services and activities, including training, communication, data collection and dissemination.

NON-FEDERAL MATCH

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

JUSTIFICATION: Describe the role and responsibilities of each position.

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

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

B. Fringe Benefits: List all components of fringe benefits rate

FEDERAL REQUEST

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

NON-FEDERAL MATCH

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

JUSTIFICATION: Fringe reflects current rate for agency.

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

Cost for two members to attend a grantee meeting in Washington. Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on agency's privately owned vehicle (POV) reimbursement rate.

NON-FEDERAL MATCH

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

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

Coalition agencies will provide funding for two members to attend the regional technical assistance workshop (our closest location is Chicago, IL). Local travel rate is based on agency's POV reimbursement rate.

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

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

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

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe need and include explanation of how costs were estimated.

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

NON-FEDERAL MATCH

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

JUSTIFICATION: Describe need and include explanation of how costs were estimated.

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

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

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

FEDERAL REQUEST (Consultant)

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

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

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

FEDERAL REQUEST (Contract)

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

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

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

NON-FEDERAL MATCH (Consultant)

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

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

Twelve (12) coalition members are volunteering their time to facilitate the youth prevention and outreach sessions outlined in the strategic plan. Hourly rate is based on average salaries of the volunteers. Travel is based on average distance between volunteer's location and the meeting sites. Mileage rate is based on POV reimbursement rate.

NON-FEDERAL MATCH (Contract)

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

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

West Bank School District is donating their contracted services to provide drug testing, referral and case management for 50 non-school attending youth. Average cost is \$300/person. (MOU attached to application)

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

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

G. Construction: NOT ALLOWED – Leave Section B columns 1&2 line 6g on SF424A blank.**H. Other:** expenses not covered in any of the previous budget categories**FEDERAL REQUEST**

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

JUSTIFICATION: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.

Rent and telephone is necessary to operate the project. Monthly telephone costs reflect the % of effort for the personnel listed in this application. Survey copyright requires the purchase of the ATOD surveys. Brochures will be used at various community functions (health fairs and exhibits).

NON-FEDERAL MATCH

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

JUSTIFICATION: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.

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

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

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

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

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

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

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

BUDGET SUMMARY:

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

*** TOTAL DIRECT COSTS:**

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

TOTAL PROJECT COSTS: SUM OF TOTAL DIRECT COSTS AND INDIRECT COSTS

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