

## Department of Health and Human Services

### Substance Abuse and Mental Health Services Administration

#### National Community Anti-Drug Coalition Institute (Initial Announcement)

Request for Application (RFA) No. SP-08-005

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

#### Key Dates:

<b>Application Deadline</b>	<b>June 18, 2008</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Letters from State Single Point of Contact (SPOC) are due no later than 60 days after the application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>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.</b>

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## I. FUNDING OPPORTUNITY DESCRIPTION

This announcement provides application instructions for a SAMHSA single source project. Under the authority of Public Law 107-82, section (4) (c), as amended by Public Law 109-469 (21 U.S.C. 1521 note) per the direction of the Office of National Drug Control Policy, the Substance Abuse and Mental Health Services Administration (SAMHSA) announces the availability of FY 2008 funds to carry out a single source grant project. The title of this project is the National Community Anti-Drug Coalition Institute. The purpose of the National Community Anti-Drug Coalition Institute is to:

- provide education, training, and technical assistance for coalition leaders and community teams, with emphasis on the development of coalitions serving economically disadvantaged areas;
- develop and disseminate evaluation tools, mechanisms, and measures to better assess and document coalition performance measures and outcomes; and
- bridge the gap between research and practice by translating knowledge from research into practical information.

The goals of the National Community Anti-Drug Coalition Institute are to:

1. Increase the percent of community coalitions across the United States that are effective in their work; and
2. Strengthen technical assistance and training to community coalitions throughout the United States.

The objectives of the National Community Anti-Drug Coalition Institute are to:

1. Increase the percent of coalitions that adopt and implement the core competencies of the Strategic Prevention Framework (SPF) for community coalitions.
2. Improve coalitions' ability to identify and adopt tools, mechanisms and measures to evaluate the creation and implementation of the SPF.
3. Adopt and disseminate practical information about evidence-based policies, practices and programs and assist coalitions with their selection and implementation of appropriate strategies.
4. Provide education, training, and technical assistance for coalition leaders and community teams, with emphasis on issues regarding coalitions serving economically disadvantaged areas.
5. Develop and disseminate evaluation tools, mechanisms, and measures to better assess and document coalition performance measures and outcomes.

This announcement addresses Healthy People 2010 focus area 26 (Substance Abuse).

## **II. AWARD INFORMATION**

### **1. AWARD AMOUNT**

A total of \$2 million may be awarded each year for up to five years for this project. This amount includes direct and indirect costs. Your proposed budget cannot exceed the allowable amount in any year of the proposed project. Annual continuation awards will depend on the availability of funds, your progress in meeting project goals and objectives, and timely submission of required data and reports.

### **2. FUNDING MECHANISM**

The award will be made as a grant.

#### **Role of the grantee:**

1. Deliver technical assistance, training and education to community anti-drug coalitions.
2. Collaborate with CSAP and ONDCP staff, contractors, and programs in the development and implementation of all activities of the National Community Anti-Drug Coalition Institute.
3. Provide CSAP with data for provision to ONDCP required for the Government Performance Resource Act (GPRA) and other data reporting requirements.
4. Participate in relevant meetings defined by CSAP and ONDCP, including participation in monthly DFC Partners meetings with ONDCP and CSAP.
5. Provide semi-annual and special reports to CSAP and ONDCP.
6. Comply with the terms and conditions of the Grant.

## **III. ELIGIBILITY INFORMATION**

### **1. ELIGIBLE APPLICANT**

Only an application from the organization named in the cover letter, Community Anti-Drug Coalitions of America (CADCA), will be considered for funding under this announcement. Section 4 of Public Law 107-82, as amended by Public Law 109-469 (21 U.S.C. 1521 note), provides that the Director of the Office of National Drug Control Policy shall make a directed grant to Community Anti-Drug Coalitions of America to provide for the continuation of the National Community Anti-Drug Coalition Institute.

CADCA is in a unique position to conduct the activities of the National Community Anti-Drug Coalition Institute and meet the objectives of this grant. CADCA is a national organization that exists to support local community anti-drug coalitions in the United States and abroad. For more than 14 years, coalitions and coalition leadership have turned to CADCA to obtain the assistance they need to mount, operate, and sustain effective local community anti-drug strategies. The National Community Anti-Drug Coalition Institute will take advantage of the resources of multiple agencies located throughout the Federal, State and local governments, philanthropies, and universities to bring the best available knowledge, information, and technology to local community coalitions working to prevent and reduce drug use among the youth of America.

## **2. COST-SHARING**

Cost-sharing is not required in this program.

## **3. OTHER**

### **Additional Eligibility Requirements**

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

## **IV. APPLICATION AND SUBMISSION INFORMATION**

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

Required application forms and guidelines are included in this mailing. You may download additional copies of the application forms from the SAMHSA Web site at [www.samhsa.gov/grants](http://www.samhsa.gov/grants).

Additional materials available on this Web site include:

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

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

#### **2.1 Application Kit**

The SAMHSA application kit includes the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page (SF 424 v2), budget forms, assurances, certification, and checklist.

- Cover Letter – Invites submission of your application and includes instructions specific to your grant application.
- Request for Application (RFA) – Includes instructions for the grant application. This document is the RFA.

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

## 2.2 Required Application Components

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

- ❑ **Face Page** – SF 424 v2 is the face page. This form is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]
- ❑ **Abstract** – Your total abstract should not be longer than 35 lines. 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 C of this document.
- ❑ **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A through D together may not exceed 50 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, 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 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
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form.
- **Checklist** – Use the Checklist found in the PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

## 2.3 Application Formatting Guidelines

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

- Text must be legible and applications should be prepared using black ink. This improves the quality of the copies of applications that are provided to reviewers.
- Use white paper only (8.5” by 11.0” in size). Do not use colored, heavy, or light-weight paper or any material that cannot be photocopied using automatic photocopying machines. Odd-sized and oversized attachments, such as posters, will not be reviewed. Do not send videotapes, audiotapes, or CD-ROMs.
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. For example, the abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Appendices 1-3 should be labeled and separated from the

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

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

Your application is due by close of business on **June 18, 2008**. A hard copy application is due by 5:00 PM (EST). An electronic application is due by 11:59 PM (EST). **A hand carried application will not be accepted. Your application may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

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

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

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

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

SAMHSA accepts electronic submission of applications through [www.Grants.gov](http://www.Grants.gov). Please refer to Appendix A for “Guidance for Electronic Submission of Applications.”

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

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

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are 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. **SP-08-005**. 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)<sup>1</sup> to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

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

For SAMHSA grants, the appropriate State agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs can be found on SAMHSA’s Web site at [www.samhsa.gov](http://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. **SP-08-005**. Change the zip code to **20850** if you are using another delivery service.

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

In addition:

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

## **5. FUNDING RESTRICTIONS**

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at [www.samhsa.gov/grants/management.aspx](http://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](http://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](http://www.Grants.gov) apply site. You will be able to download a copy of the application package from [www.Grants.gov](http://www.Grants.gov), complete it off-line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

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

## **Submission of Paper Applications**

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

Send applications to the address below:

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

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

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

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**Nat’l. Community Anti-Drug Coalitions, SP-08-005**” in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

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

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

## **V. APPLICATION REVIEW INFORMATION**

### **1. EVALUATION CRITERIA**

Your application will be reviewed and scored against the requirements listed below for developing the Project Narrative (Sections A-D). **These are to be used instead of the “Program Narrative” instructions found in the PHS 5161-1.** Independent reviewers will review and score your application and report to SAMHSA on the quality of your response to the requirements listed below, on issues that may impede the effective implementation of your project, and on participant protection issues that may need to be addressed. Deficiencies may delay or prevent grant award or lead to special terms and conditions being placed on your award. In Sections A-D of the Project Narrative, you must clearly describe how you intend to use grant funds. Sections A-D of your application may not exceed 50 pages.

## **Section A: Organization and Staffing (20)**

Describe your organization, its history and mission, the range of services the organization provides, experience with previous SAMHSA grants, and the organizational structure. Also, provide a list of key personnel and a description of their qualifications for the Coalition Institute.

In this section of your application, you must:

- Describe your management structure and how it will ensure the effective delivery of services to the anti-drug coalitions.
- Provide evidence of your organization's experience (specifically for the Project Director) in building and working with anti-drug coalitions. Include evidence of cultural sensitivity and work in delivering training and technical assistance on organizational development and science-based substance abuse prevention content to community anti-drug coalitions on a local and national basis.
- Provide a staffing plan for the Coalition Institute. Your staffing plan must include a Project Director, Evaluator and Marketing Director.
- Describe the expertise of proposed key personnel.
- Describe staff competencies in: cultural sensitivity, bilingual communications, technical assistance, technology transfer and related training, and substance abuse prevention knowledge.
- Demonstrate that your staff (or contractor) is competent with computer information technology and can create/maintain Web resources to support the Institute's field work and provide remote access to its programs and products.
- Describe the management plan and timelines for the work proposed to meet the goals and objectives of this grant.
- Describe the quality controls standards, procedures and techniques to be used to manage this project.

## **Section B: Proposed Approach (30)**

Discuss your plans to use grant funds. Describe the proposed project and state its purpose, including goals and objectives. Clearly describe all activities that will be supported with grant funds. If you propose to collaborate with other organization(s), describe their roles and responsibilities. Identify any cash or in-kind contributions that will be made to the project by the applicant or other partnering organizations.

Demonstrate how the approach appropriately addresses factors such as race/ethnicity, culture, language, age, literacy, disability and gender of the target population.

In this section of your application, you must:

- Clearly state how your goals and objectives relate to the goals and objectives described under Section I, “Funding Opportunity Description.”
- Describe the unique role that community anti-drug coalitions play in substance abuse prevention and identify their major strengths, weaknesses and challenges. Discuss strategies the Institute will undertake to help coalitions address barriers to effectiveness.
- Describe the approach and process the Institute will use to implement the elements of the Strategic Prevention Framework.
- Describe the approach that will be used to develop strategic goals, objectives outcomes, logic model, theory of change, strategic plan, and a one-year implementation plan.
- Provide a plan for a minimum of 80% of funds for the direct delivery of services to community anti-drug coalitions at the local, regional, and national levels. Examples of direct services include: preparation of materials, training, de-briefing of event and materials, preparation of on-line materials, technical assistance, de-briefing of technical assistance and materials, and travel. Examples of administrative services include: hiring process, supervising, in-house training, in-house logistics, preparation of materials for committees and meetings.
- Provide a plan to identify and leverage any external resources to support the goals and objectives of the Coalition Institute program

### **Section C: Implementation Plan (35)**

Present your plan for implementing and managing the grant project. Include your timeline for implementation showing key activities, milestones and responsible staff. Include the following:

- Provide a strategic plan that builds on the work the Institute has accomplished to date. The multi-year plan must include the vision, mission, goals, objectives, strategies, and measurable outcomes.
- Provide a detailed one-year implementation plan that describes the following:
  - Data collection efforts to define problems, resources, and readiness of DFC coalitions throughout the United States.
  - Recommended targets for the delivery of technical assistance, training, education, and materials.
  - Strategies to build staff and consultant capacity to address identified needs and gaps.

- Planning process to continually update a logical, data-driven strategic plan to attain outcomes.
  - Innovative strategies to deliver high-quality technical assistance, training, education, and materials.
  - Evaluation strategies that will measure the impact of all efforts.
- Provide a one-year training plan to provide both new and existing community coalitions with a range of technical assistance, training, education, and materials that will impact their development from year 1-10 of the DFC grant cycle and increase their skill sets in the SPF core competencies over the life of their grant cycle. The plan must include a detailed description and rationale of each training activity or service to be provided. (e.g., topic of training, number of trainings that will be provided, length of training, curricula used, channel of training, target population, number of people served). An annual training for all new and existing grantees should be included in the plan.
  - Describe how you will tailor and promote your services to meet the needs of the diverse types of community anti-drug coalitions (in regards to such variables as geographic location, demographic makeup, ethnic makeup, size, length of existence, and effectiveness) that you outlined in Section A.
  - Describe the Computer Information Technology (CIT) system to be used for this program. This system must support and enhance existing prevention information systems and must enhance on-line mentoring and collaboration work among community anti-drug coalitions.

#### **Section D: Performance Assessment and Data (15)**

As a SAMHSA grantee, you are expected to assess your project and describe your performance assessment plan in your application. The performance assessment should be designed to provide regular feedback to the project to determine if goals and objectives are being met. Include in your application information on what types of data will be collected (e.g., numbers of services provided, numbers of persons served, client characteristics, etc.). The performance assessment should include both process and outcome requirements. Include copies of the instruments and/or protocols you will use as Appendix 1 to your application and consent forms as Appendix 2.

The Government Performance and Results Act (GPRA) requires all Federal agencies to set program performance targets and report annually on the degree to which the targets were met. Agencies are expected to evaluate their programs regularly and to use results of these evaluations to explain their successes and failures and justify requests for funding. You must include an assurance in your application that you will meet GPRA requirements. GPRA data are to be submitted electronically on a semi-annual basis. Remember to include performance assessment and data collection costs in your requested budget.

You must describe your proposed approach for evaluating both the work of the Community Anti-Drug Coalition Institute (process measures) and the resulting change in the actions of the community anti-drug coalitions that receive Coalition Institute services (outcome measures).

- Describe the evaluation design, sampling, data collection, and analysis methods that will be used to evaluate the goals and objectives that you have detailed in sections A and B above.
- State plans for providing on-site and Web-based strategies for data management, data processing and clean-up, quality control, data retention, and database formats. This must include provision of electronic content and services data.
- Provide an assurance statement that the Coalition Institute will supply the necessary GPRA data on: delivery of services to DFC coalitions, ratings of satisfaction with services, and all outcome indicators required by the program objectives.

**(Note: If there is other information about your proposed project that you deem important to the application, discuss it in the appropriate section above, while staying within the 20-page limit.)**

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

## **SUPPORTING DOCUMENTATION**

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

**Section 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 you expect to receive for the proposed project. Discuss plans to continue activities after the period of grant funding. Use SF 424A, which is attached to form PHS 5161-1. Fill out Sections B, C, and E. If you are requesting funding for one year, complete Section B only. An illustration of a detailed budget and narrative justification is included in Appendix C of this document.



**Section G: Confidentiality and SAMHSA Participant Protection/Human Subjects:** You must describe 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. More detailed guidance for completing this section can be found in Appendix B 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 eight bullets below. 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 eight 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 B: 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](mailto: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;  
and

- availability of funds.

## **VI. AWARD ADMINISTRATION INFORMATION**

### **1. AWARD NOTICES**

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

### **2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS**

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
  - 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**

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

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

#### **3.2 Publications**

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

In addition, SAMHSA requests that as a grantee you:

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

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

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Ivette Ruiz  
Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 4-1100  
Rockville, Maryland 20857  
(240) 276-1511  
[ivette.ruiz@samhsa.hhs.gov](mailto:ivette.ruiz@samhsa.hhs.gov)

For questions on grants management issues contact:

Edna Frazier  
Office of Program Services, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 7-1087  
Rockville, Maryland 20857  
(240) 276-1405  
[edna.frazier@samhsa.hhs.gov](mailto:edna.frazier@samhsa.hhs.gov)

## Appendix A – Guidance for Electronic Submission of Applications

If you would like to submit your application electronically, you may search [www.Grants.gov](http://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](http://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](mailto:support@Grants.gov)
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday, 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 your application are provided in Section IV-2.3 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 **25,750** words. If the Project Narrative for an electronic submission exceeds the word limit, **then any part of the Project narrative in excess of these limits will not be submitted to review.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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

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

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

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

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

**For United States Postal Service:**

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

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

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



## Appendix B – 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 of 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](mailto: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 C – 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-	
<b>SUBTOTAL</b>				<b>\$55,000</b>	<b>\$9,000</b>	
<b>Enter Personnel subtotal on 424A, Section B, 6.a.</b>						<b>\$64,000</b>
<b><u>Fringe Benefits</u> (24%)</b>				<b>\$15,360</b>	<b>\$-0-</b>	
<b>SUBTOTAL</b>				<b>\$15,360</b>	<b>\$-0-</b>	
<b>Enter Fringe Benefits subtotal on 424A, Section B, 6.b.</b>						<b>\$15,360</b>

##### Travel

2 trips for SAMHSA Meetings for 2 Attendees (Airfare @ \$600 x 4 = \$2,400) + (per diem @ \$120 x 4 x 6 days = \$2,880)				\$5,280	\$-0-	
Local Travel (500 miles x .24 per mile)				\$-0-	\$120	

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

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

##### 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.

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

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

**Supplies**

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

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

**CONTRACTUAL COSTS**

**Evaluation**

<b>Job Title</b>	<b>Name</b>	<b>Annual Salary</b>	<b>Level of Effort</b>	<b>SAMHSA Funded</b>	<b>Non-Federal Sources</b>	<b>TOTAL</b>
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**

<b>Job Title</b>	<b>Name</b>	<b>Annual Salary</b>	<b>Level of Effort</b>	<b>SAMHSA Funded</b>	<b>Non-Federal Sources</b>	<b>TOTAL</b>
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.)

<b>SUBTOTAL</b>	<b>\$105,380</b>	<b>\$-0-</b>	<b>\$105,380</b>
<b>Enter Contractual subtotal on 424A, Section B, 6.f.</b>			<b>\$105,380</b>
	<b>SAMHSA Funded</b>	<b>Non-Federal Sources</b>	<b>TOTAL</b>
<b><u>OTHER</u></b>			
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-	
<b>SUBTOTAL</b>	<b>\$6,957</b>	<b>\$5,500</b>	
<b>Enter Other subtotal on 424A, Section B, 6.h.</b>			<b>\$12,475</b>
<b><u>TOTAL DIRECT CHARGES (sum of 6.a-6.h)</u></b>			
<b>Enter Total Direct on 424A, Section B, 6.i.</b>			<b>\$192,640</b>
<b><u>INDIRECT CHARGES</u></b>			
15% of Salary and Wages (copy of negotiated Indirect Cost Rate Agreement attached) [\$64,000 X 15% = \$9,600]			
<b>Enter Indirect Costs subtotal of 424A, Section B, 6.j.</b>			<b>\$9,600</b>
<b>Enter TOTALS on 424A, Section B, 6.k. (sum of 6i and 6j)</b>			<b>\$202,240</b>

**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.)**

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

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

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

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

<b>Contractual</b>			
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.

<b>Other</b>	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
<b>TOTAL COSTS</b>	<b>202,240</b>	<b>216,884</b>	<b>219,603</b>



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.