Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

National Child Traumatic Stress Initiative
Treatment and Service Adaptation Centers
(TSA Centers)
(Initial Announcement)

Request for Applications (RFA) No. SM-07-010

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

Key Dates:

Application Deadline	**Applications are due by May 15, 2007**
Intergovernmental Review (E.O. 12372)	**Letters from State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

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Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2007 for Treatment and Service Adaptation Center cooperative agreements through the National Child Traumatic Stress Initiative. The purpose of this program is to provide national expertise on specific types of traumatic events, population groups, and service systems and support the specialized adaptation of effective treatment and service approaches for communities across the country.

Funding Opportunity Title:	NCTSI Treatment and Service Adaptation (TSA) Centers
Funding Opportunity Number:	SM-07-010
Due Date for Applications:	May 15, 2007
Anticipated Total Available Funding:	$3.0 million
Estimated Number of Awards:	5
Estimated Award Amount:	Up to $600,000
Length of Project Period:	Up to 4 years
Eligible Applicants:	Domestic public and private nonprofit entities. [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2007 for Treatment and Service Adaptation Center cooperative agreements through the National Child Traumatic Stress Initiative.

Treatment and Service Adaptation Centers are a category (Category II) of cooperative agreements under SAMHSA's larger National Child Traumatic Stress Initiative (NCTSI). The purpose of the NCTSI is to improve treatment and services for all children and adolescents in the United States who have experienced traumatic events. The NCTSI is designed to address child trauma issues by creating a national network of grantees that work collaboratively to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events. The NCTSI Network is composed of three types of Centers:

1. The National Center for Child Traumatic Stress (NCCTS-Category I) works with SAMHSA to develop and maintain the Network structure, coordinate collaborative activity within the Network, oversee resource development and dissemination, and coordinate national education and training efforts;

2. The Treatment and Service Adaptation (TSA-Category II) Centers provide national expertise on specific types of traumatic events, population groups, and service systems and support the specialized adaptation of effective treatment and service approaches for communities across the country; and

3. The Community Treatment and Services (CTS-Category III) Centers implement and evaluate effective treatment and services in community settings and youth-serving service systems and collaborate with other Network Centers on clinical issues, service approaches, policy, financing, and training issues.

Treatment and Service Adaptation (TSA) Centers provide the National Child Traumatic Stress Initiative Network with access to national expertise on child traumatic stress and interventions. The TSA Centers serve as lead organizations for identifying and adapting effective treatment and services for specific types of trauma, types of trauma interventions, and/or traumatized populations. TSA Centers are expected to build reciprocal partnerships with CTS Centers that strengthen the Network, promote innovation, and increase the quality and accessibility of trauma-informed interventions and practices. TSA Centers also develop training and implementation approaches and materials for their trauma interventions so that these interventions can be disseminated throughout the country.

TSA Center cooperative agreements are authorized under Title 42. Public Health and Welfare, Chapter 6A – Public Health Service, Subchapter III09 A – Substance Abuse and Mental Health Services Administration, Part G Projects for Children and Violence, 42 U.S.C. 290hh-1. This

announcement addresses Healthy People 2010 focus area 18 (Mental Health and Mental Disorders).

2. EXPECTATIONS

SAMHSA/CMHS has identified program priority funding areas to fill gaps in the existing National Child Traumatic Stress Initiative Network (hereafter referred to as the Network) for FY 2007. Therefore, applicants must apply in one of the identified program priority funding areas below:

- **Medical Trauma** - including physical injuries or incapacitation; chronic, severe, painful, or life-threatening medical conditions; or invasive or painful medical procedures.

- **Refugee Trauma** - from exposure to war, political oppression, torture, and/or forced displacement.

- **Family Treatment and Services Approaches to Trauma** – family-centered treatment approaches and interventions, such as services to increase supportive interactions by family members with children and adolescents who have experienced traumatic events. Centers should also develop treatment and services applicable to children and families of active, guard, and reserve personnel who experience traumatic loss and/or separation, including personnel deployed to Iraq and Afghanistan.

- **Child Protective Service Settings** - trauma treatment and services in child protective service settings, including family courts, child protective service investigative agencies, and Children's Advocacy Centers.

- **American Indian/Alaska Native** - trauma treatment and services for American Indian/Alaska Native children/adolescents/families, especially those on tribal lands.

2.1 Allowable Activities

TSA Centers collaborate with Community Treatment and Services Centers to identify interventions that address child trauma needs in their communities. TSA Center grantees are expected to collaborate intensively within the National Child Traumatic Stress Network for these purposes and for developing child traumatic stress-related products and services for nationwide dissemination and benefit. TSA Centers assume responsibility within the Network for the process of identifying and adapting intervention approaches in their area(s) of trauma expertise by carrying out the following activities.

SAMHSA's TSA Centers cooperative agreement funds must be used to support the following types of required activities:

Identification, Adaptation and Evaluation of Trauma-Informed Approaches

1. TSA Centers provide leadership in the National Child Traumatic Stress Network (NCTSN) for identifying, refining and adapting effective treatment and service approaches. They assess the clinical and research base for existing treatment and practice models within a specific population and develop procedures for implementation in appropriate service settings.
2. TSA Centers consult with community practitioners to identify challenges and barriers to implementing trauma-informed interventions. They adapt and improve treatment and service approaches based on feedback from community practitioners and evaluation results, so that service models are customized to meet community needs.
3. TSA Centers participate in data collection by contributing to the development of data protocols for the NCTSN and assisting in the collection of data from consumers. They also evaluate the fidelity, quality of intervention implementation, and/or short and long-term outcomes of the intervention.
4. TSA Centers collaborate with CTS Centers to document the effectiveness of Network child trauma interventions, including submission for review by SAMHSA's National Registry of Effective Programs and Practices (NREPP) [see Appendix C].

Resource Development and Dissemination of Information, Products and Training

1. TSA Centers develop procedures for supporting the implementation of treatment and service approaches in appropriate community and service settings as well as strategies to ensure successful implementation in such settings.
2. TSA Centers work closely with other Network Centers to design a structured plan for disseminating effective treatment and service approaches to a diverse array of community and service system providers across the country and updating their dissemination plan on a routine basis.
3. TSA Centers develop intervention products (i.e., protocols, manuals, training materials) so that effective treatment and practice approaches can be replicated.
4. TSA Centers provide training, consultation and technical assistance to Network Centers, community providers and child serving systems across the country to improve clinical practices in their area of trauma expertise (medical trauma, refugee trauma, family trauma treatment and services, child protective service settings, American Indian/Alaska Native). In this capacity, TSA Centers collaborate with CTS Centers, the National Center and other TSA Centers in their area of trauma expertise to design and deliver training, consultation and technical assistance protocols and associated products.

Consumer Involvement

1. TSA Centers involve consumer constituency groups, including both service recipients (children/adolescents and their families) and community service providers in all aspects of Center activities.
2. TSA Centers develop procedures to obtain input from diverse cultural/social groups when designing interventions for diverse populations.

3. TSA Centers address cultural and social diversity in the development, implementation, evaluation and dissemination of assessments, data collection procedures and interventions. For example, TSA Centers seek consumer guidance regarding the need for trauma-informed interventions, the content of treatment and services, the acceptability of interventions, the procedures used to engage consumers in trauma services, the adequacy of evaluation design, and the effectiveness of dissemination methods.

Collaboration

TSA Centers collaborate with CTS Centers, the National Center, other TSA Centers and service provider partners in community-based agencies and service systems across the country.

Collaboration with Service Provider Partners in Developing, Adapting, Evaluating and Disseminating Intervention Approaches and Products

1. TSA Centers develop, adapt, evaluate and disseminate treatment and services based on feedback and evaluation results from community and service system practitioners, so intervention models are effective in local communities.
2. Collaboration with service provider agencies should be structured to ensure meaningful participation of CTS Centers and other service provision agencies.
3. Governmental and national organizations should be afforded the opportunity to provide input into the development, adaptation, evaluation and dissemination of intervention approaches and products.
4. TSA Centers must allocate sufficient budgetary and staff resources to ensure a significant level of involvement of service provider partners within the Network.

Collaboration with the National Center for Child Traumatic Stress and Other Centers within the National Child Traumatic Stress Network

1. TSA Centers work collaboratively with the National Center for Child Traumatic Stress (NCCTS) and other TSA and CTS Centers by combining their expertise, experience and resources to advance NCTSN approaches to assessment, intervention, evaluation, training, implementation and dissemination.
2. TSA Centers are expected to chair and provide leadership for NCTSN committees and workgroups relevant to the targeted area of trauma/population.
3. TSA Centers are expected to dedicate sufficient staff expertise, staff time and budgetary resources to collaborate with other Network members in the development, evaluation and improvement of NCTSN-wide protocols/guidelines to improve the effective operation of the NCTSN.
4. TSA Centers are expected to adopt the protocols, guidelines and intervention strategies developed by the NCTSN.

Sustainability

A key goal of the TSA Centers is to identify empirically-based treatment and service approaches that can "take root" in community settings across the country. These treatment and service

approaches should be developed with awareness of common funding and implementation constraints in community settings.

1. TSA Centers work closely with the NCCTS and CTS Centers to develop and implement multifaceted community sustainability plans for grant-funded programs and activities that have improved or have the potential to improve outcomes for traumatized children, adolescents, and their families in areas such as policy change, service quality, accessibility, community support, and financing of trauma services.
2. Community sustainability plans and activities must demonstrate vision, creative financing, community support and positive results. Sustainability planning efforts should result in the implementation of effective models or strategies to sustain grant-funded activities after the period of Federal funding ends.

SAMHSA's TSA Center cooperative agreement funds may also be used to support the following optional activity:

Limited direct service delivery may be supported by the TSA Center grants, but only for the specific purpose of refining treatment and service approaches in the areas of trauma responsibility (for example, to develop assessment procedures, gain clinical insight into intervention processes, or pilot evaluation of intervention modifications). The primary purpose of TSA Centers is not service provision. [Note: A primary expectation of this grant program is that TSA Center grantees will work with communities across the country to adapt service approaches.]

Treatment Approaches and/or Interventions. As part of an overall area of special expertise, TSA Centers may place particular focus on specific treatment approaches or time frames for interventions most relevant to their identified area of trauma expertise or target population. For example, TSA Centers may place particular emphasis on acute interventions in the immediate aftermath of traumatic events or clinical interventions for multiple or complex trauma for a specific population. TSA Centers are expected to be highly competent and skilled in the development and implementation of trauma-informed interventions and practices relevant to their priority area.

Service Systems that Serve Children/Adolescents. Given a TSA Center's expertise in a particular type of trauma and/or target population, a TSA Center may also specialize in specific service settings (e.g., schools, child welfare systems, juvenile justice, and disaster recovery centers). TSA Centers are expected to have experience and expertise in addressing trauma and in facilitating and promoting the adoption of effective treatment and service approaches in child/adolescent service settings that are relevant to their identified trauma focus.

Trauma with Different Groups, Cultures and Populations. To complement a TSA Center's focus on a specific type of trauma and expertise in treatment approaches and interventions, a TSA Center may have experience with trauma interventions for different groups, populations, or cultures. For example, a TSA Center may have additional expertise in trauma interventions for specific developmental ages (infants and toddlers, preschool children, adolescents), providing outreach and services to diverse demographic groups (ethnic groups, rural, and/or urban youth), or combinations of populations with common trauma exposure (e.g., refugee populations). Grantees are expected to have a comprehensive understanding of their target populations.

2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act of 1993 (GPRA). Grantees will be given initial training and ongoing technical assistance to support compliance with GPRA reporting requirements.

All TSA Centers are expected to assist SAMHSA, the National Center, and the cross-site evaluation contractor in reporting on the performance of the Network in accomplishing the following GPRA goals:

1. Increase the number of children and adolescents receiving trauma-informed services.
2. Improve children's outcomes.
3. Increase the percentage of child-serving professionals who report implementing trauma-informed practices and services after receiving training.

Additionally, each Treatment and Adaptation Center will be required to report its performance for the following activities in quarterly and annual progress reports (as described in Section VI-3.1) or through ongoing data entry into NCTSI data collection instruments:

- development, standardization, implementation, evaluation, modification, and dissemination of effective treatment and trauma-informed services in its area of trauma expertise;

- development and completion of products in its area of trauma responsibility;

- training and other support to service agencies for the purpose of implementing effective treatment and service approaches in its area of trauma expertise;

- the number of traumatized children and adolescents that receive trauma-focused treatment and services at the TSA Center and its non-NCTSN service partners;

- the number of traumatized children and adolescents who are receiving services at the TSA Center that show improved scores in various domains that measure psychosocial well-being and quality of life (e.g., interpersonal relationships, school performance);

- the number of community and service system sites using intervention products developed by the TSA Center.

While NCTSI grantees must report data for program-specific measures, SAMHSA/CMHS is also in the process of standardizing performance measures and data collection across its programs. The types of data that will be collected fall into three performance categories: *Consumer Outcomes*, *Infrastructure Development*, and *Technical Assistance*. Grantees will be required to report data to SAMHSA on a timely basis using tools designated by SAMHSA for data collection, including those referenced below.

Consumer Outcomes

The collection of Consumer Outcomes data will enable CMHS to report on the National Outcome Measures (NOMs) which have been identified by SAMHSA as key priority areas relating to mental health. Grantees will be required to report performance in the NOMs domains which include: mental illness symptomology, school attendance, criminal justice involvement, stability in housing, social support/social connectedness, and number of children/adolescents receiving trauma-informed services (by age, gender, race and ethnicity). Consumer Outcomes data for each of the NOMs domains is gathered electronically using the Core Data Set (CDS).

The Core Data Set

Grantees must contribute to the Core Data Set (CDS), a Network-wide clinical tool that collects *client-level data* from each Center providing direct clinical services. TSA Centers that indirectly support clinical interventions for trauma through training, implementation or product dissemination must attempt to collect Core Data Set measures from direct service providers with which they partner. The CDS is a Web-based system that allows Centers to enter their data remotely through a validated, secure, password-protected system. The CDS automatically scores included assessments (PTSD-RI, TSCC-A, and the CBCL) and produces clinical reports. NCTSI grantees are expected to support full implementation of the CDS, where applicable.

Grantees providing direct clinical services to children and adolescents are expected to enter their client data into the CDS and conduct required follow-up assessments at three-month intervals or at the conclusion of treatment, should the treatment be less than three months. In cases where the CDS assessments are not appropriate for a population (i.e., cultural inappropriateness or children receiving brief "single contact" treatment), grantees are expected to work with the NCCTS Data Core to identify measures more appropriate for specific clients. Grantees are expected to provide the CDS prescribed demographic and basic background information on all children receiving services.

TSA Centers are required to contribute to the CDS if they are providing direct clinical services related to the development and/or modification of an intervention or practice. TSA Centers are expected to support CDS efforts by encouraging collaborative partners they train, such as CTS Centers, community-based agencies, and service systems, to comply with CDS requirements. TSA Centers should incorporate information regarding the CDS into their intervention training and dissemination efforts. TSA Centers providing on-going implementation training to community-based agencies and service systems throughout the country are also expected to support the effort of their partners to become more data informed through implementation of the CDS. TSA Centers are also expected to develop a plan for educating clinicians on the clinical utility of the CDS in clinical decision making and treatment planning.

Infrastructure Development and Technical Assistance

In addition to Consumer Outcomes, grantees will be expected to collect and report performance data for applicable program activities related to Infrastructure Development and Technical Assistance. CMHS has identified the following performance domains for Infrastructure: workforce development, organizational restructuring, policy development, financing, accountability, program-specific practices, and cost efficiency. The frequency of the data collection will be finalized at a later date but, at a minimum, will be required on an annual basis. The proposed Technical Assistance domains include: process, content, and value. Training data will be expected within 30 days from the date of the training. Measures in each Infrastructure and Technical Assistance domain are currently under development.

2.3 Performance Assessment

Applicants must develop comprehensive evaluation plans that document their ability to collect and report required data. Each evaluation plan should inform the proposed budget and reflect the resources required to comply with *Internal Program Evaluation* and *Cross-Site Evaluation* requirements described below.

Internal Program Evaluation

Grantees must evaluate their projects. Applicants are required to describe their internal program process and outcome evaluation plans in their applications. An internal program evaluation should document the grantee's efforts to make specialized adaptations of effective treatment and service approaches for communities and service systems across the country. The evaluation should also be designed to provide regular feedback to the project to improve the development and adaptation of trauma-informed practices and interventions, as well as dissemination and training efforts to further the implementation of trauma-informed practices and interventions.

TSA Centers are expected to collaborate with the NCCTS, other Network Centers, partnering service programs, and provider and service recipient consumers to ensure their internal program evaluation data collection protocols include data elements developed by the Network. TSA Centers are expected to contribute to the development of Network data elements related to:

- the *acceptability* and *usability* of trauma interventions developed or promoted through training by the NCTSN among service practitioners in the community;
- indicators for assessment/monitoring of *intervention progress*, especially to establish intensity of interventions needed or the need for alternative intervention approaches if progress is not satisfactory;
- successes and difficulties in implementing NCTSN-developed or other trauma interventions across a range of service settings and with different populations of traumatized children/adolescents or with different clinical presentations;
- data collected during and following up on NCTSN-provided training to assess the effectiveness of training of practitioners to competently implement trauma interventions; and

- outcome data on the effectiveness of trauma services received in reducing/ameliorating the effects of trauma on children/adolescents, including data on engagement in treatment and maintaining children/adolescents/families in a course of treatment to completion; this type of data collection should also provide information on which types of clients/problems/other issues do well or not so well as a result of the intervention approach.

While data collection may serve multiple purposes and meet several evaluation/monitoring needs, internal program evaluation efforts should not duplicate cooperative agreement performance monitoring or National Cross-Site Evaluation activities. Grantees are required to produce an annual evaluation report that documents internal program evaluation outcomes as well as progress of the Center in meeting proposed goals and objectives.

Cross-Site Evaluation

Grantees are required to participate in the Cross-Site Evaluation (CSE) of the NCTSI. The CSE incorporates both quantitative and qualitative methods, cross-sectional and longitudinal data collection approaches, and utilizes a comprehensive set of standardized surveys to assess descriptive characteristics and clinical outcomes. The CSE includes eight study components:

1. *Descriptive and Clinical Outcome Study*
2. *Consumer Satisfaction with Direct Mental Health Services*
3. *Knowledge and Use of Trauma-Informed Services*
4. *Product Development and Dissemination*
5. *Adoption of Methods and Practices*
6. *Network Collaboration*
7. *National Impact*
8. *National Registry of Evidence-based Programs and Practices*

Grantee program staff are required to participate in interviews, focus groups, and/or surveys; assist the CSE team with identifying and recruiting respondents/participants for interviews, focus groups, and/or surveys; and participate in the longitudinal outcome study. Additional information on the CSE and the specific grantee responsibilities for implementation can be found in the Resource Guide for Applicants and the NCTSN Web site at www.NCTSNet.org (see "Resource Materials for 2007 Grant Applicants" under New Resources) and are included in the application package distributed with this announcement.

No more than 20% of the total grant award may be used for data collection and performance assessment.

2.4 Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director) to the annual "All Network" grantee meeting and you must include funding for this travel in your budget. Additional meetings will vary by year of the project and may include collaborative or working group meetings, which will focus on strategic priority areas of the NCTSN. At these

meetings, grantees may be asked to collaborate on cross-Network working groups, present the results of their projects, and discuss project requirements with Federal staff. Annual All Network meetings are approximately 2½ to 3 days in length. Attendance at these meetings is mandatory.

II. AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: $3 million

Estimated Number of Awards: 5

Estimated Award Amount: Up to $600,000

Length of Project Period: Up to 4 years

Proposed budgets cannot exceed $600,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, and timely submission of required data and reports.

Cooperative Agreement

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

Role of Grantee:

- Comply with the terms of the cooperative agreement award as specified in the requirements of the "Terms and Conditions" section of the Notice of Grant Award (NOGA);
- Support and participate in collaborative work groups and other collaborative activities with Network Centers;
- Participate in grantee meetings;
- Accept guidance and respond to requests for data from CMHS;
- Participate in policy steering groups and other work groups to help accomplish project goals;
- As appropriate, author or co-author publications on project results for use by the field;
- Participate in post-award, cross-site process and outcome evaluation activities; and
- Implement specified activities, data collection, quality control, and complete required SAMHSA reports.

Role of SAMHSA Staff:

- Review critical project activities for conformity to the goals of NCTSI;
- Assume overall responsibility for monitoring the conduct and progress of NCTSI programs;
- Review "Terms and Conditions" section of Notice of Grant Award and ensure grantee has an understanding that continuation funding is based upon satisfactory progress in meeting goals and objectives;
- Provide guidance on project design and components;
- Participate in selected policy and steering groups or related work groups;
- Review quarterly reports and conduct site visits, if warranted;
- Oversee development and implementation of multi-site evaluation in partnership with evaluation contractors, NCCTS staff and other National Child Traumatic Stress Network grantees;
- Approve data collection plans and institute policies regarding data collection;
- Submit required clearance packages to the Office of Management and Budget (OMB) using information and materials provided by the grantee and evaluation contractor;
- Provide support services or recommend outside consultants, if needed;
- Author or co-author publications on program findings;
- Provide technical assistance on ways to help disseminate and implement products of collaborative activities and study results; and
- Consult with NCCTS staff, TSA Center project directors, and CTS Center project directors on all phases of the project to ensure accomplishment of the goals of the initiative.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example, State and local governments, federally recognized American Indian/Alaska Native tribes and tribal organizations, urban Indian organizations, public or private universities and colleges; community- and faith-based organizations; outpatient clinics, psychiatric or general hospitals; and partnerships of multiple clinical centers, programs, and or community service providers applying as a single TSA Center may apply. The statutory authority for this program prohibits grants to for-profit agencies.

Applicants may also apply for the NCTSI Community Treatment and Services (CTS) Centers cooperative agreements. If approved for funding in more than one National Child Traumatic Stress Initiative program, an award may be made in only one of the programs. NCTSI grantees whose awards are ending in FY 2007 are eligible to apply for this competitive grant award.

2. COST SHARING

Cost sharing (see Appendix I – Glossary) or Matching is not required in this program.

3. OTHER

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

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

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

Additional materials available on this Web site include:

- a technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- 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, budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed**.

- Request for Applications (RFA) – Provides specific information about the availability of funds along with instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (www.samhsa.gov/grants/index.aspx) and a synopsis of the RFA is available on the Federal grants Web site (www.Grants.gov).

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

2.2 Required Application Components

Applications must include the required ten application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Appendices, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

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

- **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, types of child/adolescent trauma and/or populations of traumatized children/adolescents for which you propose to assume a leadership role within the National Child Traumatic Stress Initiative, project goals and measurable objectives to support the specialized adaptation of effective treatment and service approaches for communities across the country. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

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

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

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

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

- **Appendices 1 through 5** – Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Appendices 1, 3 and 4 combined. There are no page limitations for Appendices 2 and 5. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.

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

- **Assurances** – Non-Construction Programs. Use Standard Form 424B found in the PHS 5161-1.

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

- **Disclosure of Lobbying Activities** – Use Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way.

- **Checklist** – Use the Checklist found in the PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications and is the last page of your application.

2.3 Application Formatting Requirements

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

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on **May 15, 2007**. **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).**

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

- **For packages submitted via DHL, Federal Express (FedEx), or United Parcel Service (UPS), proof of timely submission shall be the date on the tracking label affixed to the package by the carrier upon receipt by the carrier. That date must be at least 24 hours prior to the application deadline. The date affixed to the package by the applicant will not be sufficient evidence of timely submission.**

- For packages submitted via the United States Postal Service (USPS), proof of timely submission shall be a postmark not later than 1 week prior to the application deadline, and the following upon request by SAMHSA:
  - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
  - a receipt from the Post Office containing the post office name, location, and date and time of mailing.

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

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

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application, and that results in the designated office not receiving your application in accordance with the requirements for timely submission, it will cause the application to be considered late and ineligible for review.

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

SAMHSA is collaborating with www.Grants.gov to accept electronic submission of applications. 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-07-010. 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 –

[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).

Funding Announcement No. SM-07-010. Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any State comments.

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

5. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at http://www.hhs.gov/grantsnet (Grants Policies and Regulations):

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

In addition, SAMHSA's Treatment and Service Adaptation Centers cooperative agreement recipients must comply with the following funding restrictions:

- Grant funds must be used for purposes supported by the program.

- No more than 20% of the grant award may be used for data collection and performance assessment expenses.

- Grant funds may not be used to pay for the purchase or construction of any building or structure to house any part of the grant project. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

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 is collaborating with www.Grants.gov to accept electronic submission of applications. 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 **"NCTSI TSA Centers - SM-07-010"** in item number 12 on the face page of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

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

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions which have been tailored to this program. **These are to be used instead of the "Program Narrative" instructions found in the PHS 5161-1**.

- The Project Narrative (Sections A-D) together may be no longer than 30 pages.

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

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

- The Supporting Documentation you provide in Sections E-H and Appendices 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.

- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Bullet statements in each section do not have points assigned to them. They are provided to invite the attention of applicants and reviewers to important areas within the criterion.

Section A: Statement of Need (10 points)

- Identify which one of the five priority funding areas your proposed project targets—Medical Trauma, Refugee Trauma, Family Trauma Treatment and Services, Child Protective Service Settings, or American Indian/Alaska Native.

- Describe the current status of clinical treatment and service intervention approaches within your proposed area(s) of trauma expertise, including promising intervention approaches; trauma-informed services; the status of standardization, evaluation, and product dissemination of these intervention approaches; treatment and service

interventions that need to be developed; and significant barriers to intervention development and dissemination in this area(s) of trauma expertise.

- Describe the service delivery system in your proposed area(s) of trauma expertise, including who provides services, how services are typically provided, and the involvement of the major specialty child/adolescent service systems (e.g., education, health or juvenile justice) in service delivery, and how access to these service systems can be attained to implement trauma informed services.

Section B: Proposed Approach (40 points)

Responsibility for Treatment and Service Adaptation in Area(s) of Trauma Expertise

- Describe a plan to partner with other Network Centers and to use the collaborative committee organization of the National Child Traumatic Stress Network (NCTSN) to identify, adapt, and standardize the most critical and/or promising interventions in the area(s) of implementing intervention approaches in community and service system settings. Describe plans for developing training protocols, implementation approaches, and products for the interventions that permit replication and evaluation in community and relevant service system settings.

- Describe a plan to collaborate with Community Treatment and Services Centers in assessing the effectiveness of intervention approaches and products in your identified area(s) of trauma expertise, including the suitability of interventions that are developed for delivery in community service system settings; outcomes of implementing standardized interventions in community settings at NCTSN sites and in outside sites; and achievements in utilizing results from community/service system replications to revise intervention, training procedures, or implementation materials as needed.

- Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, gender and socioeconomic status in the population(s) you intend to serve.

- Describe the potential barriers to successful completion of the proposed project and how you will overcome them.

- SAMHSA discourages the use of seclusion and restraint and expects grantees to reduce and work towards eliminating seclusion and restraint practices. Describe your policies on reducing and eliminating seclusion and restraint, any conditions under which seclusion and restraint would be used, and what alternatives to seclusion and restraint you will be employing.

Dissemination

- Describe formal plans and proposed procedures to promote further dissemination and adoption of effective intervention approaches and intervention products in community and child-serving service systems in the identified area of trauma expertise. Proposed procedures must include collaboration with the other Network Centers and the National Center for Child Traumatic Stress in the dissemination of intervention products and training.

- Describe a plan to partner with service provider organizations and other constituency groups to facilitate dissemination and adoption of effective interventions in your identified area(s) of trauma expertise. Include letters of commitment/coordination/support from organizations/groups in **Appendix 1** of your application.

Resource Development

- Describe available resources (for the public, service providers, consumers, and policy makers) that have been developed in your identified area(s) of trauma expertise. These resources may have been developed by your organization or by other programs. Describe the adequacy of these resources and a plan to develop additional public and professional resources in the area(s) of trauma expertise for use by the Network and for use and dissemination outside the Network. The plan must include collaboration with the National Center for Child Traumatic Stress in the development, production, and dissemination of resources.

Sustainability Planning

- Describe a plan to work closely with the National Center for Child Traumatic Stress and other Network grantees to help communities sustain progress in trauma-informed implementation beyond the Network and Federal funding. Interventions and products developed by TSA Centers should be designed to "take root" in community systems and should not be dependent solely on funding through the National Child Traumatic Stress Initiative.

Consumer Involvement

- Identify and describe how the proposed TSA Center will create liaisons with important professional providers and other constituency organizations in your identified area(s) of trauma expertise.

- Describe procedures to include input from consumer constituency groups, including both service recipients (children/adolescents and their families) and community service providers, in all aspects of Center activities through a consumer/family advisory board or other mechanisms.

- Describe how cultural and social diversity will be incorporated into the development, implementation, evaluation, and dissemination of assessments, clinical data collection, and interventions in your identified area(s) of trauma expertise. Describe procedures to obtain input from diverse cultural/social groups in developing interventions appropriate to these diverse populations.

Collaboration

- Identify CTS centers with whom you will partner or service systems partnerships you have established and procedures to collaborate with service provider agencies in developing, adapting, evaluating, and disseminating intervention approaches and products in the identified area of trauma expertise. Describe the budgetary and staff resources that will be allocated to these activities.

- Describe how your center will provide leadership within the NCTSN, including plans to lead and staff Network committees and/or workgroups relevant to your trauma expertise and plans to recruit and involve other Network Centers in committee and/or workgroup activities.

- Describe staff expertise, staff time, and budgetary resources you will dedicate to collaborative activities with the NCCTS and other NCTSN Centers. Such collaborative activities include addressing Network-wide operational issues and improving the effectiveness of the NCTSN interventions.

- Describe how your center will integrate NCTSN-developed protocols, guidelines, and intervention strategies into your center's operations.

Section C: Staff, Management, and Relevant Experience (35 points)

- Describe the experience and expertise of key staff within your organization in child/adolescent mental health and/or trauma treatment and services and in developing, standardizing, evaluating, training, and disseminating effective interventions and public and professional resources in your proposed area(s) of trauma expertise.

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations.

- Describe a staffing plan adequate to accomplish the goals specified above in "Proposed Approach," including identification of existing staff with background and experience capable of performing required staff roles and/or description of staff positions with expected qualifications. Include the Project Director and other key personnel, such as the evaluator and treatment /prevention personnel. Also include the level of effort proposed for each staff member.

- Indicate how the proposed TSA Center will support and promote cultural competence in the center's activities through staffing and/or training.

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

Section D: Performance Assessment and Data (15 points)

- Describe your comprehensive evaluation plan. Describe your plans to devote the staff and resources necessary to: 1) conduct internal program process and outcome evaluations; 2) submit data directly or promote the entry of client-level data into the Core Data Set (CDS); 3) fully participate in the NCTSI Cross-site Evaluation (CSE); and 4) comply with GPRA reporting requirements.

- Describe the resources that will be used to obtain required IRB clearances for ongoing contribution to the CDS and full participation in the CSE, if applicable. Name the IRB entity that will be utilized. Additional information on IRB approval for CDS and CSE activities can be found in the Resource Guide for Applicants and the NCTSN Web site at www.NCTSNet.org (see "Resource Materials for 2007 Grant Applicants" under New Resources).

- Describe how data collection and evaluation results will be utilized to inform project improvements and clinical decision-making. Be sure to link internal program evaluation efforts to data collection and reporting requirements (the Core Data Set, the National Cross-site Evaluation, GPRA data, and Quarterly and Annual Reports).

- Provide a logic model (see Appendix I - Glossary) for the evaluation of your center's project activities. Include your measures for evaluating the effectiveness of interventions, implementation and/or dissemination of trauma-informed interventions, and other implementation activities (e.g., training, stakeholder involvement, etc.).

NOTE: 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

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

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

performance assessment. An illustration of a budget and narrative justification is included in Appendix G of this document.

Section G: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available at www.hhs.gov/forms/PHS-5161-1.doc.

Section H: Confidentiality and Participant Protection Requirements: Applicants must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section H of the application, using the guidelines provided below. More detailed guidance for completing this section can be found in Appendix E 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 may result in the delay of 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, reviewing the relevant literature. In no case may the value of an incentive exceed $20.

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

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

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

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

Protection of Human Subjects Regulations

Applicants for NCTSI TSA Centers must comply with the Human Subjects Regulations and 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.

Additional information on IRB approval for Core Data Set (CDS) and Cross-Site Evaluation (CSE) activities can be found in the Resource Guide for Applicants and the NCTSN Web site at www.NCTSNET.org (see "Resource Materials for 2007 Grant Applicants" under New Resources). General information about Human Subjects Regulations can be obtained through OHRP at http://www.hhs.gov/ohrp, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved by the Center for Mental Health Services' National Advisory Council;

- availability of funds; and

- No single applicant will be awarded more than one NCTSI grant. If an applicant has a fundable application in response to both the TSA and CTS Center RFAs or in more than one TSA area, SAMHSA will determine which grant to award based on program considerations.

It is SAMHSA's intention to award the highest scoring application in each of the five program priority areas—Medical Trauma, Refugee Trauma, Family Treatment and Services Approaches to Trauma, Child Protective Service Settings, and American Indian/Alaska Native. Five cooperative agreement awards will be made. If priority scores in a program priority area fall below the funding level, then more than one award will be made in another program priority area(s).

VI. AWARD ADMINISTRATION INFORMATION

1. AWARD NOTICES

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

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

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at 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/generalinfo/grant_reqs.aspx).

- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:

  - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
  - requirements relating to additional data collection and reporting;
  - requirements relating to participation in a cross-site evaluation; or
  - requirements to address problems identified in review of the application.

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

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

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

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.2, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

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

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

- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

- Grantees will be expected to participate in reporting requirements that have been established through the cross-site evaluation activities.

- Grantees will also be expected to produce an annual evaluation report that documents the local program outcomes as well as progress of the Center in meeting proposed goals and objectives.

3.2 Government Performance and Results Act

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., "GPRA data") from grantees. The performance requirements for SAMHSA's Treatment and Service Adaptation Centers cooperative agreement program are described in Section I-2.2 of this document under "Data Collection and Performance Measurement."

3.3 Publications

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

- Grantees are encouraged to work with SAMHSA staff to collaborate in the development, revision, and production of publications on program findings.

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:

Malcolm Gordon, Ph.D.
Division of Prevention, Traumatic Stress and Special Programs
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 6-1005
Rockville, Maryland 20857
240-276-1856
malcolm.gordon@samhsa.hhs.gov

For questions on grants management issues, contact:

Kimberly Pendleton
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1097
Rockville, Maryland 20857
240-276-1421
kimberly.pendleton@samhsa.hhs.gov

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

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

- ❑ Use the PHS 5161-1 application.

- ❑ Applications must be received by the application deadline or have proof of timely submission, as detailed in Section IV-3 of the grant announcement.

- ❑ Information provided must be sufficient for review.

- ❑ Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-6 of this announcement under "Submission of Electronic Applications.")
    - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
    - Text in the Project Narrative cannot exceed 6 lines per vertical inch.

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

- ❑ To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-6 of this announcement under "Submission of Electronic Applications.")
    - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the page limit for the Project Narrative stated in the specific funding announcement.
    - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by the page limit. This number represents the full page less margins, multiplied by the total number of allowed pages.
    - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

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

sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- ❑ The 10 application components required for SAMHSA applications should be included. These are:

  - Face Page (Standard Form 424 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 (a form within PHS 5161-1)
  - Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
  - Checklist (a form in PHS 5161-1)

- ❑ Applications should comply with the following requirements:

  - Provisions relating to confidentiality and participant protection specified in Section V-1 of this announcement.
  - Budgetary limitations as specified in Section 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.

- ❑ Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.

- ❑ The page limits for Appendices stated in the specific funding announcement should not be exceeded.

- ❑ Send the original application and two copies to the mailing address in 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 one inch each. Adhering to these standards will help to ensure the accurate transmission of your document. If the type size in the Project Narrative of an electronic submission exceeds 15 characters per inch, or the text exceeds 6 lines per vertical inch, SAMHSA will reformat the document to Times New Roman 12, with line spacing of single space. Please note that this may alter the formatting of your document, especially for charts, tables, graphs, and footnotes.

- *Amount of space allowed for Project Narrative*: The Project Narrative for an electronic submission may not exceed 15,450 words. If the Project Narrative for an electronic submission exceeds the word limit and exceeds the allowed space as defined in Appendix

A, 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.

While keeping the Project Narrative as a separate document, please consolidate all other materials in your application to ensure the fewest possible number of attachments. Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. Please name and number your attachments, indicating the order in which they should be assembled. 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 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 – Overview of SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)

The National Registry of Evidence-based Programs and Practices (NREPP – formerly the National Registry of Effective Prevention Programs) is a voluntary rating and classification system for mental health and substance abuse prevention and treatment interventions. The system is designed to categorize and disseminate information about programs and practices that meet established evidence rating criteria. SAMHSA is committed to making NREPP a leading national resource for contemporary and reliable information on the scientific basis and practicality of interventions to prevent and/or treat mental and addictive disorders.

The system began in 1998 in SAMHSA's Center for Substance Abuse Prevention (CSAP), and is being revised and expanded to include all interventions to prevent and/or treat mental and addictive disorders. SAMHSA's Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS) are participating in this expansion. SAMHSA launched a new Web site for NREPP (www.nrepp.samhsa.gov) on March 1, 2007.

However, approximately 160 programs are on the current Registry as either Model, Effective, or Promising Programs. Information on these programs is available through the current Model Programs Web site at www.modelprograms.samhsa.gov

Appendix D – Sample Logic Model

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

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

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

*The logic model presented is not a required format and SAMHSA does not expect strict adherence to this format. It is presented only as a sample of how you can present a logic model in your application.

Sample Logic Model*

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

Appendix E – Logic Model Resources

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

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

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

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

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

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

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

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

Appendix F – Confidentiality and Participant Protection

1. Protect Clients and Staff from Potential Risks

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

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

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

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

2. Fair Selection of Participants

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

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

   - Explain the reasons for including or excluding participants.

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

3. Absence of Coercion

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

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

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

4. Data Collection

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

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

- Provide in **Appendix 2, "Data Collection Instruments/Interview Protocols,"** copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

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

- Describe:

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

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

6. Adequate Consent Procedures

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

- State:

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

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

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Appendix 3, "Sample Consent Forms"**, of your application. If needed, give English translations.

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

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

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

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

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

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific evaluation design proposed by the applicant may require compliance with these regulations.

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

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

Appendix G – Sample Budget and Justification

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

OBJECT CLASS CATEGORIES

Personnel

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

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

Fringe Benefits (24%) $15,360

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

Travel

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

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

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

Equipment (List Individually)

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

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

Supplies

Office Supplies	$500
Computer Software - 1 WordPerfect	500

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

Contractual Costs

Evaluation

Job Title	Name	Annual Salary	Salary being Requested	Level of Effort
Evaluator	J. Wilson	$48,000	$24,000	0.5
Other Staff		$18,000	$18,000	1.0

Fringe Benefits (25%) $10,500

Travel

2 trips x 1 Evaluator ($600 x 2)	$ 1,200	
per diem @ $120 x 6	720	
Supplies (General Office)	500	
Evaluation Direct		$54,920
Evaluation Indirect Costs (19%)		$10,435
Evaluation Subtotal		$65,355

Training

Job Title	Name	Level of Effort	Salary being Requested
Coordinator	M. Smith	0.5	$ 12,000
Admin. Asst.	N. Jones	0.5	$ 9,000
Fringe Benefits (25%)			$ 5,250

Travel

2 Trips for Training	
Airfare @ $600 x 2	$ 1,200
Per Diem $120 x 2 x 2 days	480
Local (500 miles x .24/mile)	120

Supplies

Office Supplies	$ 500
Software (WordPerfect)	500

Other

Rent (500 Sq. Ft. x $9.95)	$ 4,975
Telephone	500
Maintenance (e.g., van)	$ 2,500
Audit	$ 3,000

Training Direct	$ 40,025
Training Indirect	$ -0-

Enter Contractual subtotal on 424A, Section B, 6.f. $105,380

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

Other

Consultants = Expert @ $250/day X 6 day (If expert is known, should list by name)	$ 1,500

Enter Other subtotal on 424A, Section B, 6.h.	**$ 1,500**
Total Direct Charges (sum of 6.a-6.h) **Enter Total Direct on 424A, Section B, 6.i.**	**$192,640**

Indirect Costs

15% of Salary and Wages (copy of negotiated indirect cost rate agreement attached)	
Enter Indirect subtotal of 424A, Section B, 6.j.	**$ 9,600**

TOTALS

Enter TOTAL on 424A, Section B, 6.k.	**$202,240**

JUSTIFICATION

PERSONNEL - Describe the role and responsibilities of each position.

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

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

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

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

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

OTHER - Generally self-explanatory. If consultants are included in this category, explain the need and how the consultant's rate has been determined.

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.

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

Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified and no cost of living increases will be honored. (NOTE: new salary cap of $186,600 is effective for all FY 2007 awards.) *

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

*Consistent with the requirement in the Consolidated Appropriations Act, Public Law 108-447.
**Increased from 50% to 100% effort in 02 through 03 budget periods.

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

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

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

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

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

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

Appendix H – Areas of Budget Consideration

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

Budget Category	Allowable Activities	Percentage Range of Budget
Network Collaboration	Participation in National Child Traumatic Stress Initiative committees, communication with other TSA and CTS Centers regarding Network activities	At least 20%
Treatment and Service Product Development and Dissemination	Writing treatment and service manuals or other training/educational materials, production costs for intervention materials in print or other media	15-30%
Training and Consultation	Training service providers to implement treatment and services approaches, evaluating adaptation of intervention approaches in community or service system settings, consulting or collaborating with service provider organizations	20-50%
Evaluation/Data Collection	Assessing impact of interventions developed in area of trauma expertise, assessing quality of interventions developed; support for Network-wide clinical data collection protocols and the core data set; and implementation and participation in cross site evaluation	10-20%
Direct Service Delivery	Providing trauma-informed interventions in areas of expertise to inform intervention development, assessing trauma exposure or effects for treatment or referral	0-30%

Appendix I - Glossary

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

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

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

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

Government Performance and Results Act (GPRA): The GPRA of 1993 (Public Law 103-62) mandates performance-based management by Federal agencies, focusing on results or outcomes in monitoring the effectiveness of Federal programs and their progress toward achieving national goals. The law places increased emphasis on collecting, reporting, and reviewing data to hold the agency accountable for achieving results with public funds. As a condition of receiving a SAMHSA grant, grantees must collect and report data on performance measures specified by the agency. In addition, participation in evaluation studies that collect program data to answer broader questions regarding efficiency or effectiveness may be required, depending on the program.

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

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

Intervention: Services, practices, or treatments developed and implemented to change or improve knowledge, attitudes, behavior, awareness, or processes. Interventions are purposeful responses, which can be acute and provided prior to, in the immediate aftermath of, or after a traumatic event has occurred. Interventions can be implemented with individual, groups, institutions, and/or systems.

Logic Model: A logic model is a diagrammatic representation of a theoretical framework. A logic model describes the logical linkages among program resources, conditions, strategies, short-term outcomes, and long-term impact. More information on how to develop logics models and examples can be found through the resources listed in Appendix E.

National Advisory Council (NAC): The NAC is an administrative body in HHS that may comprise both scientists and lay members. As authorities knowledgeable in specific areas, NAC members may perform the final advisory review of grant applications, offer advice, and make recommendations on matters of significance to the policies, missions, and goals of the awarding unit they advise. SAMHSA and its three Centers—CMHS, CSAP, and CSAT—each has its own NAC.

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

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

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

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

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

Trauma-Informed Interventions: Includes interventions designed to reduce the impact of exposure to traumatic events on children and adolescents. These interventions may also target service providers by informing them of the impact of trauma in their service populations and by improving their response to traumatized children and adolescents. Examples of trauma-informed services include pychoeducational programs related to the impact of trauma, outreach/screening in specific service systems for trauma exposure and reactions, and staff training on the effects of trauma and appropriate service provision.

Treatment: Treatments are clinical interventions intended to directly ameliorate significant negative aspects of children and adolescents' traumatic stress reactions.

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