

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION  
(SAMHSA)

**SUPPLEMENTARY INSTRUCTIONS FOR COMPLETING PHS 5161-1  
GRANT APPLICATION FOR NON-COMPETING CONTINUATION**

Grant Programs of

**CENTER FOR MENTAL HEALTH SERVICES (CMHS)  
CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP)  
CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)**

General information and instructions for completing and submitting a noncompeting continuation application may be found in the Application Form PHS 5161-1. The following instructions are specifically directed at SAMHSA programs and are intended to supplement, clarify, or, where necessary, replace those within the application form.

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**USEFUL INFORMATION FOR COMPLETING PHS 5161-1**  
(complete all sections applicable to your grant)

**I. FACE PAGE – SF 424 (VERSION 2)**

Item 5b - Federal Award Identifier: enter the grant number as it is reflected on your last Notice of Grant Award (NGA).

Item 8f - Name and contact information of person to be contacted on matters involving this application: enter the name and telephone number of the current Program Director (Principal Investigator).

Item 11 - Catalog of Federal Domestic Assistance Number: 93.xxx (found on your last Notice of Grant Award)

Item 12 - Funding opportunity number: SAMHSACONT07-01 if your start date is before April 1 or SAMHSACONT07-02 if your start date is after April 1 (see “Project Period” on the Notice of Grant Award).

Item 18 - Estimated Funding: Enter the amount of Federal funds (TOTAL COSTS: Direct and Indirect Costs) being requested from SAMHSA and any non-Federal funds for this continuation grant application. **NOTE:** Your current NGA shows the maximum allowable amount of Federal dollars (contingent on availability of funds and satisfactory progress) for which you may apply this continuation year.

Program income is defined as income earned by a grantee and/or sub-recipient that was directly generated by the grant supported activity or earned as a result of the award. Program income must be used to further the objectives and shall only be used for allowable costs as set forth in the applicable OMB Circulars and CFR as described in the terms and conditions of the award.

Item 19 - Executive Order 12372: Refer to listing of SPOC. If the State is not listed, it does not participate in the requirements. Applications from federally recognized Indian tribal governments are not subject to Executive Order 12372.

(<http://www.whitehouse.gov/omb/grants/spoc.html>)

Item 21 – Certifications and Assurances: Sign this box to certify acceptance of the statements contained in the list of certifications and assurances. The content of the certificates and assurances can be found at [www.samhsa.gov](http://www.samhsa.gov) – grants – applying for continuation grants.

## **II. SF 424A – BUDGET INFORMATION – NON-CONSTRUCTION PROGRAMS**

### **Section B - Budget Categories**

Line 6 Column (1) Enter the Federal dollars being requested for each object class category. The total of Column (1) should equal the amount reflected in Section A Column (e) – this amount should be no more than what was approved for future funding years.

Line 6 Column (2) Enter the total non-Federal funds (match) for each object class category. The total of Column (2) should equal the amount reflected in Section A Column (f). **(IF APPLICABLE)**

If indirect costs are requested, enter the amount on line 6j, Column (1). To substantiate the request a copy of the applicant organization's most current established negotiated indirect cost rate agreement must be submitted with the application. Failure to submit a copy of this established rate may result in delay of the award.

### **III. INSTRUCTIONS FOR COMPLETING THE PROGRAM NARRATIVE:**

These instructions for completing the program narrative portion of a noncompetitive continuation application replace those found in the PHS 5161-1. **NOTE:** A complete resubmission of the material contained in the initially approved application is not required. The program narrative for a noncompetitive continuation application consists of:

- Report of Progress of the Project
- Work-plan for the Coming Year

If you are completing the first year of your project, some of the information in the program narrative outline may be difficult to answer. This may be particularly true if there have been delays in starting up portions of your program. When information is not available, indicate so.

### **Project Progress Report:**

Review the goals and objectives of the project and, using the following outline, report on activities and progress achieved during the budget period now ending in meeting these goals and objectives.

- I. Summary statement of goals and objectives.
- II. Description and explanation of changes, if any, made during this budget period affecting:
  - A. goals and objectives;
  - B. project location;
  - C. projected time line for project implementation;
  - D. organizational structure and/or staff alignment and responsibilities; and,
  - E. approach and strategies proposed in the initially approved and funded application.
- III. Description of activities and accomplishments related to the goals and objectives:
  - A. Quantifiable data must be included where possible regarding the number of children/families/persons served, people trained, support groups established, etc., relating to
    - proposed in the grant application;
    - since inception of the program;
    - during this funded period; and,
    - projected for the next budget period.
  - B. Accomplishments that are not quantifiable should be listed in chronological order to permit comparison of the scheduled target date to actual completion date. **NOTE:** Include a brief description of significant events which may have occurred in your State or political subdivision during this grant year as they relate to or affect this project.
- IV. Description of difficulties/problems encountered in achieving planned goals and objectives addressing:
  - A. Barriers to accomplishment; and,
  - B. Actions to overcome difficulties.
- V. Description of any changes in staffing on the project which affects persons, time spent, and/or responsibilities. **NOTE:** Resumes and qualifications of new key staff should be attached.
- VI. Description of evaluation activities including plans, progress, and problems **(Specific program instructions may be applicable)**

**Work-plan for the Coming Year:**

A work plan for the 12-month proposed continuation year is to be submitted with the Program Narrative. As a general rule, the plan should follow the same format and organization as submitted with the original application. It should include:

- A. A discussion of how experience gained in this current funded year will impact on plans for the coming continuation year; and;
- B. provision of a program management plan detailing time-lines and schedules for implementation and completion of the proposed activities.

#### **IV. PHS 5161-1 CHECKLIST**

Part A - Item 4: List the date the HHS 690 was submitted

Part B - Item 1: Public Health System Impact Statement for the program should have been completed and distributed with the 1<sup>st</sup> year of the award.

Part C - The "administrative official to be notified..." should be either the authorizing official identified in item 21a on SF 424 or the designated business official of the applicant organization.

The individual "designated to direct the proposed project or program" must be the same individual (Program Director) identified on SF 424 – item 8f.

Part D: If non-profit status was previously filed complete bottom portion. If this is a new non-profit designation submit at least one of the required documents with the application.

#### **V. SF LLL – DISCLOSURE OF LOBBYING ACTIVITIES**

Complete forms regarding disclosure of Lobbying activities only if there is/was actual lobbying activities during the current funded budget period. Indicate “Not Applicable” if there is no lobbying activity.