<p style="text-align:center">**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)**
SUPPLEMENTARY INSTRUCTIONS FOR THE CONTINUATION APPLICATION PACKAGE</p>

<p style="text-align:center">Grant Programs of</p>

<p style="text-align:center">**CENTER FOR MENTAL HEALTH SERVICES (CMHS)**
CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP)
CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)</p>

General information and instructions for completing and submitting a noncompeting continuation application package may be found at http://www.samhsa.gov/Grants/continuation.aspx. The following instructions are specifically directed at SAMHSA programs and are intended to supplement, clarify, or, where necessary, replace those within the application package and Project/Program Narrative.

<p style="text-align:center">**USEFUL INFORMATION FOR COMPLETING THE APPLICATION PACKAGE**
(complete all sections applicable to your grant)</p>

I. Application for Federal Assistance SF-424

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

Item 8c – Organization DUNS: (Required) All Organizations must register their DUNS number with Central Contractor Registry (CCR) annually. Information on registering with CCR may be obtained by visiting the Grants.gov website.

Item 8f - Name and contact information of person to be contacted on matters involving this application: enter all information for the Program Director/Project Director designated to direct the proposed project or program.

Item 12 - Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title under which assistance is requested, as found in the RFA.

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 NoA shows the maximum allowable amount of Federal dollars (contingent on availability of funds and satisfactory progress) for which you may apply this continuation year in **Section I – AWARD DATA – SUMMARY TOTALS FOR ALL YEARS.**

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 the Intergovernmental Review (SPOC List) which can be found at the following link: http://www.whitehouse.gov/omb/grants_spoc/. If the

State is not listed, it does not participate in this requirement. Applications from federally recognized Indian tribal governments are not subject to Executive Order 12372.

Item 21 – Signature of the Authorized Representative: By signing this application and checking the **"I agree"** box, the Authorized Representative certifies the statements contained in the list of certifications and the required assurances. (Grantee should retain these pages since there is no need to submit the Certifications and Assurances).

II. BUDGET INFORMATION – Non-Construction Programs - SF 424A

Section B - Budget Categories

Line 6   Column (1) Enter the Federal dollars being requested for each object class category. The total of Column (l) 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 organizations 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 NoA.

III. CHECKLIST

Type of Application is **Noncompeting Continuation**

Complete in full:

1.   **Part A**

2.   **Part B**

3.   **Part C**

4.   **Part D**

IV. INSTRUCTIONS FOR COMPLETING THE PROJECT/PROGRAM NARRATIVE

A complete resubmission of the material contained in the initially approved application is not necessary. For your continuation application program narrative, please include the following information:

The Project/Program Narrative portion of the application is limited to five (5) pages only.

- Description and explanation of changes, if any, made during this budget period affecting the following:

    o Goals and objectives
    o Projected time line for project implementation
    o Approach and strategies proposed in the initially approved and funded application
- Report on progress relative to approved objectives, including progress on evaluation activities.

- Summary of key program accomplishments to date and list progress

- Description of difficulties/problems encountered in achieving planned goals and objectives including:

    o Barriers to accomplishment and
    o Actions to overcome difficulties

- Report on milestones anticipated with the new funding request.

- Key staff changes **(NEW or ANTICIPATED)** must be requested in advance as stated in the terms and conditions of award. Describe the change and submit resumes and job descriptions, level of effort and annual salary for each position.

V. APPLICATION DUE DATE

February 17, 2012 – Receipt date of Applications for all SAMHSA Programs

VI. ELECTRONIC SUBMISSION THROUGH GRANTS.GOV

Download the application package and instructions by selecting "Apply for Grants". You can search for the downloadable application package by the Catalogue of Federal Domestic Assistance (CFDA) number which can be found in the RFA or by the Funding Opportunity Number. The Funding Opportunity Number for the grants.gov purpose is **SAMHSACONT12-02** for all **CMHS, CSAP and CSAT Programs due February 17[th.]**