

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

**Cooperative Agreements for State-Sponsored Youth Suicide
Prevention and Early Intervention
(Short Title: State and Tribal Youth Suicide Prevention
Grants)**

(Initial Announcement)

Request for Applications (RFA) No. SM-09-003

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

Key Dates:

Application Deadline	Applications are due by April 17, 2009
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the 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) 2009 for Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention (Short Title: State/Tribal Youth Suicide Prevention Grants). The purpose of this program is to build on the foundation of prior suicide prevention efforts in order to support States and tribes in developing and implementing Statewide or tribal youth suicide prevention and early intervention strategies, grounded in public/private collaboration. Such efforts must involve public/private collaboration among youth-serving institutions and agencies and should include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting organizations.

Funding Opportunity Title:	Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention
Funding Opportunity Number:	SM-09-003
Due Date for Applications:	April 17, 2009
Anticipated Total Available Funding:	\$8.74 million
Estimated Number of Awards:	18
Estimated Award Amount:	Up to \$500,000 per year
Length of Project Period:	Up to 3 years
Eligible Applicants:	States; federally recognized Indian tribes, tribal organizations, urban Indian organizations; public or private organizations designated by a State, federally recognized Indian tribe, tribal organization or urban Indian organization to develop or direct the State/tribal-sponsored youth suicide prevention and early intervention strategy. [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 Center for Mental Health Services is accepting applications for fiscal year (FY) 2009 for Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention (Short Title: State/Tribal Youth Suicide Prevention Grants). The purpose of this program is to build on the foundation of prior suicide prevention efforts in order to support States and tribes in developing and implementing statewide or tribal youth suicide prevention and early intervention strategies, grounded in public/private collaboration. Such efforts must involve public/private collaboration among youth-serving institutions and agencies and should include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting organizations.

State/Tribal Youth Suicide Prevention Grants are authorized under the Garrett Lee Smith Memorial Act (Section 520E-2 of the Public Health Service Act, as amended). This announcement addresses Healthy People 2010 focus area 18 (Mental Health and Mental Disorders).

Background

Every 2 hours and 11 minutes, a person under the age of 25 dies by suicide in this country—approximately twelve young people every day. In 2004, suicide ranked as the third leading cause of death for young people ages 10-24, with only accidents and homicides occurring more frequently. According to recently published data from the Centers for Disease Control and Prevention (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5635a2.htm>) during 1990 – 2003 the combined suicide rate for this age group declined by more than 28 percent (from 9.48 to 6.78 per 100,000), but increased by 8 percent (from 6.78 to 7.32) between 2003 and 2004. In particular, three groups accounted for this increase: girls aged 10 to 14, adolescent girls aged 15 to 19, and adolescent boys aged 15 to 19. (See <http://www.suicidology.org> for additional statistics regarding youth suicide.)

In response to the *Surgeon General's Call to Action to Prevent Suicide*, public and private partners worked collaboratively towards the subsequent development of the *National Strategy for Suicide Prevention*. The *National Strategy for Suicide Prevention* includes eleven goals and sixty-eight objectives for action. Objective 4.1 states:

“Increase the proportion of States with comprehensive suicide prevention plans that a) coordinate across government agencies, b) involve the private sector, and c) support plan development, implementation, and evaluation in its communities.”

The *National Strategy for Suicide Prevention* goes on to state, “Suicide prevention is a complex problem. It intersects public health (especially injury prevention), mental health, and substance

abuse. It requires commitment from education, justice, and social services, and it requires the commitment of various private sector groups....”

Information about the *Surgeon General’s Call to Action* and the *National Strategy for Suicide Prevention* can be located at: <http://mentalhealth.samhsa.gov/suicideprevention/calltoaction.asp> Pursuant to the *National Strategy for Suicide Prevention* and supported by the findings of the Institute of Medicine’s Report, *Reducing Suicide: A National Imperative*, and the President’s New Freedom Commission on Mental Health Report, *Achieving the Promise: Transforming Mental Health Care in America*, an increasing number of States and tribes have developed such Statewide suicide prevention and early intervention plans and strategies.

As of April 2008, approximately 1.64 million men and women have been deployed to serve in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) in support of the Global War on Terror. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

2. EXPECTATIONS

2.1 Program Purpose

Grantees of SAMHSA’s State/Tribal Youth Suicide Prevention Grant Program must use their grant funds for the following purposes:

- Develop and implement State-sponsored Statewide or tribal youth (see [Appendix G](#), RFA Glossary) suicide early intervention and prevention strategies in schools, educational institutions, juvenile justice systems, substance abuse programs, primary care, mental health programs, foster care systems, and other child and youth support organizations.
- Support public and private nonprofit organizations actively involved in the development and continuation of State-sponsored Statewide or tribal youth suicide early intervention and prevention strategies.
- Provide support to institutions of higher education to coordinate or implement State-sponsored youth suicide early intervention and prevention strategies.
- Collect and analyze data on State-sponsored Statewide or tribal youth suicide early intervention and prevention services that can be used to monitor the effectiveness of such services and to advance research, technical assistance, and policy development.

- Assist eligible entities, through State-sponsored Statewide or tribal youth suicide early intervention and prevention strategies, to achieve targets for youth suicide reductions under Title V of the Social Security Act.

2.2 Program Requirements

In implementing their grant projects, grantees must meet the following requirements:

- Initiative must be based on a Statewide or tribal suicide prevention plan, which you must submit in **Appendix 4** of your application. However, grant funded initiatives do not have to be proposed for every locality in a State or Tribe. Some applicants may develop programs that do address every locality, but others may choose to focus on specific geographical areas or populations. Those who do the latter must target areas, regions, or populations with rates of youth suicide attempts or suicide that exceed the national average as determined by the Centers for Disease Control and Prevention. Such groups might include, but are not limited to, American Indian/Alaska Native youth, Native Hawaiian and other Pacific Islander youth, Latina adolescents, and gay, lesbian, and bisexual youth, or youth who have already attempted suicide and are thus at heightened risk for a further attempt or death by suicide.
- At least 85 percent of grant funds must be used for direct services (see Appendix G, RFA Glossary), of which at least 5 percent must be given to institutions of higher learning to coordinate, implement or evaluate youth suicide early intervention or prevention strategies.
- Such groups might include, but are not limited to, American Indian/Alaska Native youth, Native Hawaiian and other Pacific Islander youth, Latina adolescents, and gay, lesbian, and bisexual youth, or youth who have already attempted suicide and are thus at heightened risk for a further attempt or death by suicide.
- Grantees must participate in three data/program performance assessment efforts, explained in Sections I-3 and I-4 of this RFA, which may overlap in some instances: (1) annual self-evaluations of outcomes and activities, including consulting with interested families and advocacy organizations (data collection instruments and interview protocols must be submitted in **Appendix 2** of your application); (2) cooperation and participation in a cross-site evaluation that will be conducted under a separate SAMHSA contract (Suicide Prevention Evaluation Contract); and (3) data and performance measurement to satisfy requirements of the Government Performance and Results Act of 1993 (P.L.103-62, or “GPRA”).
- In providing assistance to entities within the State, grantees must give preference to public organizations, private nonprofit organizations, political subdivisions, institutions of higher education and tribal organizations actively involved with the State-sponsored Statewide or tribal youth suicide early intervention and prevention strategy that:

- Provide early intervention and assessment services to youth who are at risk for mental or emotional disorders, substance abuse disorders, and co-occurring mental and substance abuse disorders that may lead to suicide or a suicide attempt, and that are integrated with school systems, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems and other child and youth support organizations. Examples of such programs include, but are not limited to, gatekeeper training programs and crisis intervention programs such as hotlines, mobile outreach, or specialized emergency room interventions.
 - Demonstrate collaboration among early intervention and prevention services or certify that entities will engage in future collaboration.
 - Include a commitment to evaluate youth suicide early intervention and prevention practices and strategies adapted to the local community.
 - Provide timely referrals for appropriate community mental health care and treatment to youth who are at risk for suicide or suicide attempts.
 - Provide immediate support and information resources to families of youth who are at risk for suicide, such as families of youth who have attempted suicide.
 - Offer appropriate intervention services, care, and information to families, friends, schools, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations of youth who recently died by suicide.
 - Conduct information and awareness campaigns that highlight the risk factors associated with youth suicide and the availability of care. Such campaigns must use effective communication mechanisms that are targeted to and reach at-risk youth, families, educators, childcare professionals, youth workers, community care providers, or the general public. The campaigns should also meaningfully connect to other components of the overall youth suicide prevention strategy. Such campaigns should also incorporate the findings from the latest available research on how to implement safe and effective suicide prevention awareness campaigns. (See the NIMH-sponsored *Reporting on Suicide: Recommendations for the Media* at <http://www.nimh.nih.gov/suicideresearch/mediasurvivors.cfm>)
- Ensure that educators, foster care, juvenile justice, childcare professionals and community care providers are properly trained to effectively identify youth who are at risk for suicide. Provide ongoing training for those individuals on the latest youth suicide early intervention and prevention services practices and strategies. Ensure that health, mental health and substance abuse professionals are properly trained on an ongoing basis to effectively identify youth who are at risk for suicide.
 - Grantees must form or participate in an existing public/private coalition of youth-serving institutions and agencies, which includes schools and other educational institutions, foster care systems, juvenile justice systems, childcare systems, health, mental health and substance abuse agencies, and other child and youth supporting organizations.
 - Grantees and subrecipients of grant funds shall obtain prior written, informed voluntary consent from the child's parent or legal guardian for assessment services, school sponsored

programs and treatment involving medication related to youth suicide conducted in elementary and secondary schools except:

- In an emergency, where it is necessary to protect the immediate health and safety of the student or other students, or
- Other instances, as defined by the State, where parental consent cannot be reasonably obtained.

[Note: These requirements do not supersede section 444 of the General Education Provisions Act, including the requirement of prior voluntary parental consent for the disclosure of any educational records. These requirements also do not modify or affect parental notification requirements for programs authorized under the Elementary or Secondary Education Act of 1965 (as amended by the No Child Left Behind Act of 2001).]

- Suicide assessment, early intervention, and treatment services may not be provided for youth whose parents or legal guardians object based on their religious beliefs or moral objections.
- School personnel may not require that a student obtain any medication as a condition of attending school or receiving services.

2.3 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 (GPRA). This may include data that grantees are already collection as part of the grantee specific evaluation or as part of the cross-site evaluation. You must document your ability to collect and report the required data in “Section D: Performance Assessment and Data” of your application.

Grantees will be required to report performance on the following infrastructure development and direct services measures:

- Increase in number of students exposed to mental health and suicide awareness campaigns
- Increase in number of individuals trained in youth suicide prevention.

State Tribal Suicide Prevention GPRA measures are being finalized. The following developmental performance measures are proposed for use by State Tribal Suicide Prevention:

- Number of youths screened positive for suicide risk receiving follow-up services
- Increase in knowledge of suicide risk for a subset of training recipients.

Other direct service measures are also under development and will likely address the following domains: training, screening, assessment and other suicide prevention activities. This information may be gathered from administrative data and/or from data the grantee will be required to collect. Data collected will be entered into the CMHS Transformation Accountability

(TRAC) Web-based system on data collection forms which are also under development. Initial training and ongoing technical assistance on the use of the TRAC system will be provided.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

Cross-site Evaluation. Grantees must also participate in a cross-site evaluation, which will be conducted under a separate SAMHSA contract ("Suicide Prevention Evaluation Contract"). The initial evaluation design and approach for use with previously funded cohorts was approved for implementation in May 2007. Participation in the cross-site evaluation is required, and that will involve participation in either the initial cross-site evaluation approach or a revised alternative approach. To support implementation of the cross-site evaluation, grantees will receive training and technical assistance from the Suicide Prevention Evaluation Contractor.

Applicants must state their commitment to cooperate with the Suicide Prevention Evaluation Contractor in their applications. Summaries of the data collection activities included in the initial evaluation design and evaluation are included in [Appendix H](#). Participation in the cross-site evaluation will likely entail participation in training visits, completing data reports/inventories, data entry, applying for and receiving Institutional Review Board Clearance when appropriate, respondent identification and utilizing a Web-based database developed in consultation with the Contractor.

In addition to assessing the overall effectiveness of the State/Tribal Youth Suicide Prevention and Early Intervention Program, information collected through the cross-site evaluation will be used to report on relevant SAMHSA National Outcome Measures (NOMs) as well as identified GPRA and TRAC measures.

2.4 Performance Assessment

In addition to addressing the performance measures described in [Section I-2.3](#), grantees must assess their projects annually. This local evaluation should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered and efforts to overcome these barriers in a local performance assessment to be submitted at least annually. It is also expected that grantees will be required to provide performance data on:

1. State and/or county suicide rates and suicide attempts, if available. This includes developing a process that regularly obtains and analyzes these data to inform project planning.
2. The number of persons by age, gender, race and ethnicity who are referred to mental health services and the number of persons who actually schedule initial appointments with those services. Grantees may also be asked to report on the number of referred individuals who actually keep their appointments.

3. Number of objectives from the National Strategy for Suicide Prevention being actively implemented (<http://mentalhealth.samhsa.gov/suicideprevention/strategy.asp>).

In addition to assessing progress against the performance measures required for this program, your performance assessment must also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of intervention on participants?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?

Process Questions:

- How closely did implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What effect did the deviations have on the planned intervention and performance assessment?
- Who provided (program staff) what preventive services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

Grantees must conduct annual project evaluations of process, outcomes, and activities, including consulting with interested families and advocacy organizations. The evaluation should be designed to provide regular feedback to the project that can translate into informed decision-making and ongoing project improvement. Applicants must submit data collection instruments/interview protocols in **Appendix 2, “Data Collection Instruments/Interview Protocols,”** of the application if they are available.

Note: No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections [I-2.3](#) and [I-2.4](#) of this document.

2.5 Grantee Meetings

The grantee must budget to attend three 3-day meetings, one in each grant year, with the SAMHSA Government Project Officer (GPO), other Federal staff involved with Federal suicide prevention efforts, the Suicide Prevention Evaluation Contractor, other State/tribal grantees and the Suicide Prevention Resource Center (see Appendix G, RFA Glossary). Locations will be determined at a later date but grantees should estimate costs for Washington, D.C. The grantee should plan on sending three to five representatives (including the Project Director, grant

evaluator, and, if possible, at least one member of the program’s public-private coalition) to each meeting.

II. AWARD INFORMATION

Funding Mechanism:	Cooperative Agreement
Anticipated Total Available Funding:	\$8.74 million
Estimated Number of Awards:	18
Estimated Award Amount:	Up to Up to \$500,000 per year
Length of Project Period:	Up to 3 years

Proposed budgets cannot exceed \$500,000 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, timely submission of required data and reports, and compliance with all terms and conditions of award.

Note: Funding for this program is subject to the enactment of a final budget for FY 2009. Funding estimates for this announcement are based on potential funding scenarios that reflect early Congressional action on the SAMHSA appropriation but do not reflect final conference action on the 2009 budget. Applicants should be aware that SAMHSA cannot guarantee sufficient funds will be appropriated to full fund this program.

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:

Role of Grantee

The role of the grantee is to comply with the terms of the award and all cooperative agreement rules and regulations, and satisfactorily perform activities to achieve the goals described below:

- Seek SAMHSA approval for key positions to be filled. Key positions include, but are not limited to, project director and evaluation director;
- Consult with and accept guidance from SAMHSA staff on performance of programmatic and data collection activities to achieve goals of the cooperative agreement;
- Maintain ongoing communication with SAMHSA, keeping Federal program staff informed of emerging issues, developments, and problems, as appropriate;
- Invite the GPO to participate, as needed, on policy, steering, advisory or other task forces; and

- Maintain ongoing collaboration with the Evaluation Contractor and with the Suicide Prevention Resource Center.

Role of SAMHSA Staff

- Maintain overall responsibility for monitoring the implementation and progress of the State/Tribal suicide prevention program;
- Approve proposed key positions/personnel;
- Facilitate linkages to other SAMHSA/Federal government resources and help grantees access appropriate technical assistance;
- Assure that State/tribe’s youth suicide prevention and early intervention projects are responsive to SAMHSA’s mission, including implementation of the *National Strategy for Suicide Prevention*;
- Monitor development and collection of process and outcome measures;
- Ensure compliance with Government Performance and Results Act;
- Promote collaboration with other SAMHSA and Federal health and behavioral health initiatives, including the Community Mental Health Services and the Substance Abuse Prevention and Treatment Block Grant programs;
- Provide technical assistance on sustainability issues; and
- Make recommendations regarding continued funding.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Eligibility for SAMHSA’s State/Tribal Youth Suicide Prevention Grant Program is limited to:

- a. States.
- b. Federally recognized Indian tribes, tribal organizations (as defined in the Indian Self-Determination and Educational Assistance Act), or urban Indian organizations (as defined in the Indian Health Care Improvement Act) that are actively involved in the development and continuation of a tribal youth suicide early intervention and prevention strategy.
- c. Public or private non-profit organizations designated by a State, federally recognized Indian tribe, tribal organization, or urban Indian organization, to develop or direct the State/tribal-sponsored youth suicide prevention and early intervention strategy.

The Public Health Service Act defines the term “State” to also include the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the Trust Territory of the Pacific Islands.

No single State agency is mandated to be the lead for State/Tribal Youth Suicide Prevention Program grants, as States differ in which State agency has taken the lead for suicide prevention (e.g., Department of Health, Department of Mental Health). Where States have a plan that designates a lead agency, that agency should act as the lead or should designate an alternative lead for State/Tribal Youth Suicide Prevention Grant Program. If the State plan does not designate a lead agency, justify the selection of the lead agency for this application.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing (see [Appendix G](#), RFA Glossary) is not required in this program and applications will not be screened out on the basis of cost sharing. However, grant funds must be used to supplement, and not supplant, Federal and non-Federal funds available for carrying out existing youth suicide early intervention and prevention activities.

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 form; 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/apply.aspx.

Additional materials available on this Web site include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- a list of certifications and assurances referenced in item 21 of the SF 424 v2.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page (SF 424 v2), budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**

- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and 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** – SF 424 v2 is the face page. This form is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at www.dunandbradstreet.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]
- **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in [Appendix F](#) 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 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 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.” Supporting documentation should be submitted in black and white (no color).

- **Appendices 1 through 4** – 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 and 3, combined. There are no page limitations for Appendices 2 and 4. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the appendices as: Appendix 1, Appendix 2, etc.
 - *Appendix 1:* Letters of Support
 - *Appendix 2:* Data Collection Instruments/Interview Protocols
 - *Appendix 3:* Sample Consent Forms
 - *Appendix 4:* Statewide or Tribal Suicide Prevention Plan
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form.
- **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

2.3 Application Formatting Requirements

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 **April 17, 2009**. Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 11:59 PM (EST). **Hand carried applications will not be accepted. Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

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

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

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

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

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

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

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

Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. **SM-09-003**. Change the zip code to **20850** if you are using another delivery service.

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 www.samhsa.gov/grants/management.aspx:

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

In addition, SAMHSA’s **State/Tribal Youth Suicide Prevention** grant 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 accepts electronic submission of applications through www.Grants.gov. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

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

Please refer to [Appendix B](#) for detailed instructions on submitting your application electronically.

Submission of Paper Applications

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

Send applications to the address below:

For United States Postal Service:

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

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

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**State/Tribal Youth Suicide Prevention Grants SM-09-003**” in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

Hand carried applications will not be accepted. Applications may be shipped using only 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 25 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 1-4 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. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (15 points)

- Describe the pattern of youth suicide mortality and morbidity within the State/tribe, using Statewide and county data, or tribal data, to the extent possible. [Note if your rates of suicide significantly exceed the national average as determined by the Centers for Disease Control and Prevention].
- Describe the target population (see [Appendix G](#), RFA Glossary) as well as the geographic area or region to be served and justify the selection of both, given the pattern of youth suicide mortality and morbidity within the State/tribe. Provide estimates of the numbers to be served and demographic information for the individuals you expect to serve. Discuss the target population’s language, beliefs, norms and values, as well as socioeconomic factors that must be considered in delivering programs to this population.
- Describe needs related to suicide prevention among the various systems within the State/Tribe that serve youth at risk for suicide, including mental health, substance abuse, education, justice, and foster care. This should include the needs of youth who have attempted suicide.
- Discuss how the proposed project will address needs identified in the State or tribe’s suicide prevention plan and provide a copy of the plan in **Appendix 4** of your

application. Discuss how State/tribal needs were assessed and priorities were identified in developing the plan and provide a description of the public and private partners who participated in the preparation of the plan.

Section B: Proposed Approach (35 points)

- Clearly state the purpose of the proposed suicide prevention project, with goals and objectives. Describe how achievement of goals will address the [purposes](#) of the State/Tribal Youth Suicide Prevention Grant Program described in Section I-2.1 of this RFA. Discuss how the proposed project will advance the existing State/tribal-sponsored youth suicide prevention plan. Discuss, as well, how the proposed project is supported by the *National Strategy for Suicide Prevention*, and/or the recommendations of the Institute of Medicine in its report, *Reducing Suicide: A National Imperative*.
- Describe the specific activities that will be implemented through the proposed project, and provide a realistic time line for the project (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.]
- Discuss how the proposed project addresses the needs identified in Section A of your Project Narrative. Provide a logic model (see [Appendix G](#), RFA Glossary and [Appendix D](#), Logic Model Resources) that demonstrates the linkage between the identified need, the proposed approach and outcomes.
- Address the Program Requirements specified in [Section I-2.2](#) of this RFA. In addition, address the following:
 - Include a plan for formation or continuation of a public/private partnership that will include stakeholders from the private and public sectors as well as advocacy groups, survivor organizations, faith-based organizations, academic institutions, and others, as appropriate, to oversee implementation, performance, and evaluation of projects supported by this grant. Public sector partners should include mental health, substance abuse, juvenile justice, public health, education, and foster care/child protective services. This public/private partnership may be the State's existing suicide prevention planning body.
 - Include a statement indicating your intention to work collaboratively with the Suicide Prevention Resource Center (see [Appendix G](#), RFA Glossary) on State/tribal-sponsored youth suicide early intervention and prevention strategies. Collaboration with NIMH- and CDC-funded suicide prevention efforts will be requested as needed.
 - Describe plans for ensuring that the services implemented through the project will be drawn from the following resources:
 - SAMHSA's *Guide to Evidence-Based Practices on the Web* at

www.samhsa.gov/ebpwebguide;

- SAMHSA’s National Registry of Evidence-based Programs and Practices: <http://www.nrepp.samhsa.gov/> ;
- Center for Mental Health Services’ (CMHS) Evidence-based Practice Tool Kits
(www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/about.asp);
- Model programs contained in the *President’s New Freedom Commission on Mental Health Report*
(www.mentalhealthcommission.gov/reports/reports.htm);
- Practices supported by the Institute of Medicine’s Report, *Reducing Suicide: A National Imperative* (www.nap.edu/books/0309083214/html);
- Practices supported in the *National Strategy for Suicide Prevention*
(www.mentalhealth.samhsa.gov/suicideprevention);
- Practices included in an already existing State or tribal suicide prevention plan; or
- Practices supported as promising strategies by recognized experts in suicide prevention.

Please see the Suicide Prevention Resource Center Web site (www.sprc.org) for additional information on suicide prevention programs.

- Describe plans for ensuring how access to emergency care will be assured for youth identified as being at immediate risk for suicide or suicide attempts.
- Describe plans for facilitating and monitoring cross-system referrals and continuity of care for youth at risk, including follow up of youth who have attempted suicide.
- Describe how parental consent will be obtained and family involvement promoted. The Garrett Lee Smith Memorial Act requires that States, tribes, and entities receiving funding under this Act shall obtain prior, written informed consent from the child’s parent or legal guardian for assessment services, school-sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools. This requirement does not apply:
 - In an emergency, when it is necessary to protect the immediate health and safety of the student or other students; or
 - Other instances, as defined by the State, where parental consent cannot reasonably be obtained.
- Provide evidence of collaboration among early intervention and prevention services, as well as State/tribal agencies serving youth at risk. Describe the roles and responsibilities of participating organizations and demonstrate their commitment to the project. Include letters of commitment/coordination/support from these community organizations in **Appendix 1** of your application. Identify any cash or in-kind contributions that will be made to the project.

- Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy and gender in the target population.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Provide a plan to secure resources for sustaining the proposed State or Tribal suicide prevention initiative when Federal funding ends.

Section C: Staff, Management, and Relevant Experience (30 points)

In this section, applicants must describe key personnel (including staff and subcontractors or subgrantees) and organizational experience and qualifications as they relate to the fields of public health, mental health, and suicide prevention. In this context, the term “organization” refers to the primary applicant group plus partners with substantial duties in the project.

- Describe the range of experience of the applicant organization with public health programs, including suicide prevention.
- Provide a list of staff who will participate in the project, showing the role of each and their level of effort. Staffing levels should reflect a level of effort that adequately reflects the requirements of this project.
- Describe the qualifications, roles, and responsibilities of any subcontractors or subgrantees that will participate. Demonstrate their commitment to the project. Include letters of commitment from these community organizations in **Appendix 1** of your application. Identify any cash or in-kind contributions that will be made to the project.
- Describe your State/tribe’s current information technology infrastructure in database/website/virtual library development capacity and experience in data collection, storage, and retrieval.
- Describe your State/tribe’s past experience in forming strategic partnerships to advance a public policy issue. Specify the nature of the alliance and for what purpose the partnership was formed.
- Describe your State/tribe’s experience working with consumer/advocacy groups, as well as survivor and family organizations.
- Describe your experience in incorporating **cultural competency** in past program activities (see [Appendix G](#), RFA Glossary).
- Describe the qualifications of the Project Director for assuming responsibility for oversight of this project.

- Describe the qualifications and experience of other key personnel for providing the types of resources required by this project, including content-specific knowledge of youth suicide prevention and early intervention. Provide a description of key personnel's understanding of the cultural context of suicide and suicide attempts in target populations and communities that are diverse.
- Present an organizational chart that clearly demarks reporting relationships and division of responsibility. [To be included in the narrative, not in an appendix.]
- Indicate the types of quality control mechanisms that will be put in place to ensure smooth oversight, management and day-to-day operations of this project.
- Describe the resources available for the proposed project (e.g., facilities, equipment) and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and appropriate for the target population. If the ADA does not apply to your organization, please explain why.

Section D: Performance Assessment and Data (20 points)

- Document your ability to collect and report on the required GPRA domains as specified in [Section I-2.3](#) of this document.
- Explicitly state your willingness to collaborate with the Suicide Prevention Evaluation Contractor and to comply with all necessary GPRA requirements. If your program involves gatekeeper training, screening, or other mechanisms of identifying and referring high-risk youth to treatment, indicate your willingness to work with the Suicide Prevention Cross-site Evaluation Contractor to develop your current capacity to monitor the extent to which identified youth who are referred to treatment actually access that treatment.
- Describe your annual project performance assessment including consulting with interested families and advocacy organizations. Include specific process, performance, and outcome measures related to the goals and objectives identified for the project in Section B of your Project Narrative, as well as the required performance measures, specified in Sections [I-2.3](#), [I-2.4](#) of this RFA.
- Describe plans for data collection, management, analysis, interpretation and reporting. Describe the existing approach to the collection of data, along with any necessary modifications. Be sure to include data collection instruments/interview protocols in **Appendix 2** of your application. Describe how data will be used to manage the project and assure continuous quality improvement.

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 F](#) 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 a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available on the SAMHSA Web site.

Section H: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section H of your application, using the guidelines provided below. More detailed guidance for completing this section can be found in [Appendix E](#) of this Request For Application.

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the seven bullets below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven bullets, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

- Identify foreseeable risks or adverse effects due to participation in the project and/or in the data collection (performance assessment) activities (including physical, medical,

psychological, social, legal, and confidentiality) and provide your procedures for minimizing or protecting participants from these risks.

- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Describe the target population and explain why you are including or excluding certain subgroups. Explain how and who will recruit and select participants.
- State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons) and the value of any such incentives. Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven to be effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20 (see [Appendix E](#), Confidentiality and Participant Protection).
- Describe data collection procedures, including sources (e.g., participants, school records) and the data collecting setting (e.g., clinic, school). Provide copies of proposed data collection instruments and interview protocols in **Appendix 2** of your application, “Data Collection Instruments/Interview Protocols.” State whether specimens such as urine and/or blood will be obtained and the purpose for collecting the specimens. If applicable, describe how the specimens and process will be monitored to ensure both the safety of participants and the integrity of the specimens.
- Explain how you will ensure privacy and confidentiality of participants’ records, data collected, interviews and group discussions. Describe where the data will be stored, safeguards (e.g., locked, coding systems, storing identifiers separate from data) and who will have access to the information.
- Describe the process for obtaining and documenting consent from adult participants and assent from minors along with consent from their parents or legal guardians. Provide copies of all consent forms in **Appendix 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

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed

performance assessment design may meet the regulation’s criteria of research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

Applicants whose projects must comply with the Human Subjects Regulations must, in addition to the bullets above, fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling clients in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation 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
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

VI. 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 through postal mail, the Notice of Award (NoA), signed by SAMHSA’s Grants Management Officer. The Notice of

Award is the sole obligating document that allows you to receive Federal funding for work on 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 <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation; or
 - requirements to address problems identified in review of the application.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a Federal grant.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in [Section I-2.3](#), you must comply with the following reporting requirements:

- Grantees must provide annual and final progress reports. The final progress report must summarize information from the annual reports, describe the accomplishments of the project, and describe next steps for implementing plans developed during the grant period.
- Grantees must provide annual and final financial status reports. These reports may be included as separate sections of annual and final progress reports or can be separate documents. Because SAMHSA is extremely interested in ensuring that infrastructure development and enhancement efforts can be sustained, your financial reports must explain plans to ensure the sustainability (see [Appendix G](#), RFA Glossary) of efforts initiated under this grant. Initial plans for sustainability should be described in year 1 of the grant. In each subsequent year, you should describe the status of the project, successes achieved and obstacles encountered in that year.
- SAMHSA will provide guidelines and requirements for these reports to grantees 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 your goals.

3.1 Government Performance and Results Act (GPRA)

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 **State/Tribal Youth Suicide Prevention** grant program are described in [Section I-2.3](#) of this document under “Data Collection and Performance Measurement.”

3.2 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 grant project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.

- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

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

VII. AGENCY CONTACTS

For questions about program issues contact:

Tarsha Wilson, Ph.D., LGSW
Coordinator, State and Tribal Youth
Suicide Prevention Grant Program
1 Choke Cherry, Rm. 6-1138
Rockville, MD 20857 (postal mail)
20850 (FedEx/UPS)
(240) 276-1748 (v)
(240) 276-1890 (fax)
Tarsha.Wilson@samhsa.hhs.gov

For questions on grants management issues contact:

Gwendolyn Simpson
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1085
Rockville, Maryland 20857
(240) 276-1408
Gwendolyn.Simpson@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 form.
- Applications must be received by the application due date and time, as detailed in [Section IV-3](#) of this grant announcement.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in [Section IV-6](#) of this announcement under “Submission of Electronic Applications.”)
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- The 10 application components required for SAMHSA applications should be included and submitted in the following order:
 - Face Page (Standard Form 424 v2, which is in PHS 5161-1)
 - Abstract
 - Table of Contents
 - Budget Form (Standard Form 424A, which is in PHS 5161-1)
 - Project Narrative and Supporting Documentation
 - Appendices
 - Assurances (Standard Form 424B, which is in PHS 5161-1)
 - Certifications
 - Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)

- Checklist (a form in PHS 5161-1)
- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection specified in Section V-1 of this announcement.
 - Budgetary limitations as specified in [Section I](#), [Section II](#), and [Section IV-5](#) of this announcement.
 - Documentation of nonprofit status as required in the PHS 5161-1.
- Pages should be typed single-spaced in black ink with one column per page. Pages should not have printing on both sides.
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Appendices stated in [Section IV-2.2](#) of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in [Section IV-6](#) of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

If you would like to submit your application electronically, you may search www.Grants.gov for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at the www.Grants.gov apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday, excluding Federal holidays.

If this is the first time you have submitted an application through Grants.gov, you must complete four separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; 3) Credential Provider registration; and 4) Grants.gov registration. **REMINDER: CCR registration expires each year and must be updated annually.**

It is strongly recommended that you submit your grant application using Microsoft Office 2003 products (e.g., Microsoft Word 2003, Microsoft Excel, etc.). The new Microsoft Vista operating system and Microsoft Word 2007 products are not currently accepted by Grants.gov. If you do not have access to Microsoft Office 2003 products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described in [Appendix A](#) of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.
- *Amount of space allowed for Project Narrative:* The Project Narrative for an electronic submission may not exceed 12,875 words. **If the Project Narrative for an electronic submission exceeds**

the word limit, the application will be screened out and will not be reviewed. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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

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

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. 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. **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 – Sample Logic Model

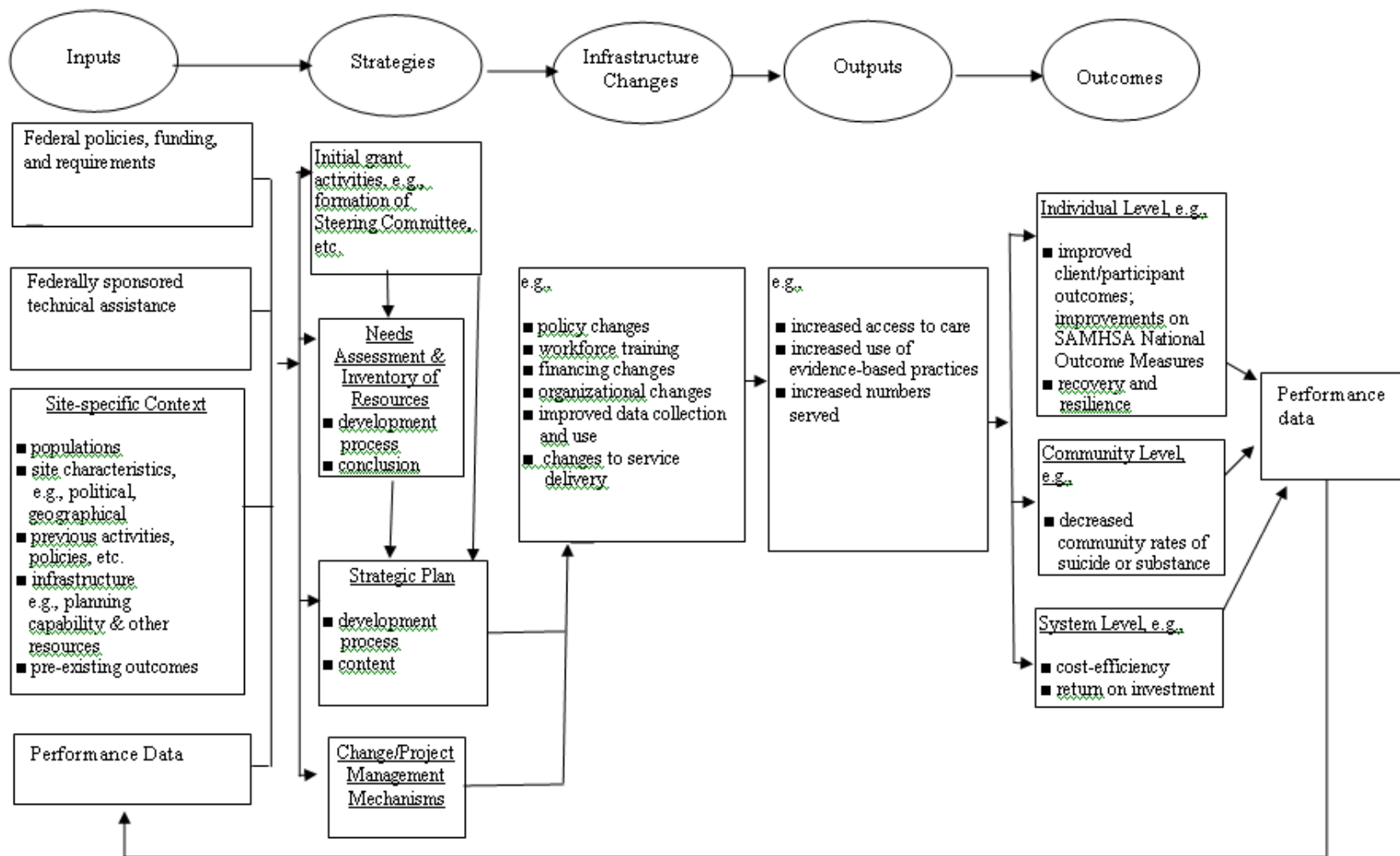
A Logic Model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or “change” and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives and activities back into 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), the strategies you use, the infrastructure changes that occur, what takes place (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 strategies, the strategies to infrastructure changes, the infrastructure changes 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 targeted systems or agencies. Then you look at the **Inputs**, which are the resources you will invest to change these conditions. These inputs then are organized into the **Strategies** you will use and the **Infrastructure Changes** that will result. These changes then are intended to create **Outputs** such as increased numbers of people served or numbers of providers trained. **Outcomes** are the intended consequences of the program or activity, such as changes in behavior or rates of substance abuse or mental illness.

Note: 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 Infrastructure Logic Model



Appendix D – 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. (1997). 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 E – Confidentiality and Participant Protection

1. Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

- Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women or other targeted groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners and individuals who are likely to be particularly vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the

grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.

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

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Appendix 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 performance assessment design proposed by the applicant may require compliance with these regulations. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

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

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

Appendix F – Sample Budget and Justification (no match required)

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.

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

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) **\$52,765**

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

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A) **\$10,896**

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

FEDERAL REQUEST

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

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

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

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

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

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

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

FEDERAL REQUEST

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

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

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

FEDERAL REQUEST (enter in Section B column 1 line 6e of form SF424A) **\$ 3,796**

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

FEDERAL REQUEST (Consultant)

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

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

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

FEDERAL REQUEST (Contract)

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

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

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

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

G. Construction: NOT ALLOWED – Leave Section B columns 1&2 line 6g on SF424A blank.

H. Other: expenses not covered in any of the previous budget categories

FEDERAL REQUEST

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

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

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

FEDERAL REQUEST (enter in Section B column 1 line 6h of form SF424A) **\$ 15,819**

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

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

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

BUDGET SUMMARY:

Category	Federal Request
Personnel	\$52,765
Fringe	\$10,896
Travel	\$2,444
Equipment	0
Supplies	\$3,796
Contractual	\$9,187
Other	\$15,819
Total Direct Costs*	\$94,907
Indirect Costs	\$5,093
Total Project Costs	\$100,000

*** TOTAL DIRECT COSTS:**

FEDERAL REQUEST (enter in Section B column 1 line 6i of form SF424A) **\$94,907**

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

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

Appendix G – RFA Glossary

Best Practices: Practices that incorporate the best objective information currently available from recognized experts regarding effectiveness and acceptability.

Cooperative Agreement: 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.

Cross-site Evaluation: The systematic collection of context, product, process, and impact information across Garrett Lee Smith Memorial State/Tribal Youth Suicide Prevention Program sites, which will inform SAMHSA regarding the magnitude, import, reach, and effectiveness of State/tribal-based suicide prevention activities.

Cultural Competence: Cultural competence is a critical component of all SAMHSA grant programs. The guidelines on the following Web page can help ensure appropriate attention to cultural competence in planning programs: <http://www.samhsa.gov/grants/apply.aspx>

Direct Services: For the purposes of State/tribal suicide prevention grants, “direct services” refers to youth suicide early intervention and prevention services. Such services include, but are not limited to, training, assessment, post-suicide intervention services, information and awareness campaigns, and other suicide prevention activities. (Note that the [program requirement](#) in Section I-2.2 of this RFA stating that, “[a]t least 85 percent of grant funds must be used for direct services” does *not* refer to direct clinical services.)

Early Intervention: A strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition.

Educational Institution: A school or institution of higher education.

Evidence-based: Programs that have undergone scientific evaluation and have proven to be effective. Copies of six SAMHSA/CMHS Evidence-Based Practice Implementation Resource

Kits, which are designed to encourage the use of evidence-based practices in mental health, are available at <http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/about.asp>.

Gatekeepers: Those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine; they may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate.

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.

Letter of Commitment: A letter from a person who has not yet been hired for a specific grant position, expressing his/her intent to accept employment if the applicant receives a grant award.

Logic Model: 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 C](#) and [Appendix D](#).

Memorandum of Understanding: A formal agreement between two or more entities that defines and specifies (1) the responsibilities of each entity in implementing a project and/or (2) the tangible assets that each will provide. This is more formal than a letter of support, which simply expresses receptiveness to, or support of, an applicant's proposed project.

National Registry of Evidence-based Programs and Practices: A registry developed by SAMHSA to review and feature programs and practices that have been tested in communities, schools, social service organizations, and workplaces across America, and have provided solid proof that they have prevented or reduced substance abuse and other related high-risk behaviors. For additional information see www.modelprograms.samhsa.gov.

National Suicide Prevention Lifeline: The federally funded National Suicide Prevention Lifeline, 1-800-273-TALK, is a network of crisis centers located in communities across the country that is committed to suicide prevention. People in emotional distress or suicidal crisis can call anytime from anywhere in the nation and speak to a trained worker who will listen to and assist callers with getting the help they need. Calls are routed to the nearest available certified crisis center in the United States (of the more than 110 centers) that currently is participating in the National Suicide Prevention Lifeline network (www.suicidepreventionlifeline.org).

Outreach Programs: Programs that send staff into communities to deliver services or recruit participants.

Prevention: A strategy or approach that reduces the likelihood of risk of onset or delays the onset of adverse health problems that have been known to lead to suicide.

Public Information Campaign: An effort designed to provide facts to the general public or to target populations through various media such as radio, television, advertisements, newspapers, magazines, and billboards.

Suicide Prevention Resource Center: Funded by the Garrett Lee Smith Memorial Act, the national Suicide Prevention Resource Center (www.sprc.org) supports the technical assistance and information needs of SAMHSA's State/Tribal Youth Suicide Prevention and Campus Suicide Prevention grantees and State, Territorial, and tribal suicide prevention coordinators and coalition members with customized assistance and technical resources. They also plan and implement conferences and training events, create publications and Web content on suicide and suicide prevention for professionals, advocates, and consumers; identify and disseminate best practices; facilitate informational exchanges and peer-to-peer mentoring using listservs and other technologies; and promote suicide prevention as a component of mental health transformation.

Suicide Survivors: Family members, significant others or acquaintances who have experienced the loss of a loved one due to suicide. Sometimes this term is also used to mean suicide attempt survivors.

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

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

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

Tribal Organization: The recognized governing body of any American Indian or Alaska Native (AI/AN) tribe; any legally established organization of AI/AN which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such an organization and which includes the maximum participation of AI/AN in all phases of activities.

Youth: For the purposes of this grant, youth are defined as between the ages of 10 and 24.

Appendix H – Cross-Site Evaluation Data Collection Activities

- **Existing Database Inventory (EDI).** The Existing Database Inventory catalogues existing institutional data sources and data elements (e.g., management information system [MIS] data), their availability and accessibility, and specific data elements collected. There are three parts to the Existing Database Inventory: (1) Existing Databases, (2) Data Types and (3) Grantee Services and Related Data Elements. The Existing Database Inventory will take approximately 30 minutes to complete and the number of existing databases within each grantee site will determine the number of items to complete. The Existing Database Inventory is administered by the cross-site evaluation team twice during the life of the grant. The EDI is completed by the project staff most knowledgeable about existing databases related to suicide prevention program efforts.
- **Product and Services Inventory (PSI).** The Product and Services Inventory describes the development and utilization of products and services at each grantee site. These products and services may include awareness campaign products and materials; risk identification training materials and workshops; hotline services; trainings; early intervention services and post-vention supports. There are three parts to the Product and Services Inventory: (1) Product/Service Description, (2) Product/Service Development and (3) Program Linkages. The Product and Services Inventory will take approximately 45 minutes to complete and the number of products and services developed and utilized within each grantee site will determine the number of items to complete. The PSI is completed by the project staff most knowledgeable about the development and utilization of products and services as part of the suicide prevention program. The cross-site evaluation team will administer the Product and Services Inventory quarterly.
- **Training Exit Survey (TES).** The Training Exit Survey assesses the content of the training, the participants' intended use of the skills and knowledge learned and satisfaction with the training experience. The questions on the Training Exit Survey obtain information to assess the content of the training, the participants' intended use of the skills and knowledge learned, and satisfaction with the training experience. The survey requests information in five content areas: (1) Participant background information. (2) Training content (3) Knowledge gained (4) Satisfaction with training and (5) Participant demographic information. The TES will be administered to all adult participants attending a training activity as part of the State/tribal program.
- **Training Utilization and Penetration (TUP) Key Informant Interview.** The TUP Key Informant Interview is a qualitative follow-up interview administered to individuals who participated in training activities as part of the State/tribal suicide prevention programs. The TUP will assess the content, utilization and perceived impact of these training activities, as well as the challenges and facilitating factors to suicide prevention as reported by trainees. One training activity will be identified in each of the State/tribal sites and ten key informants who completed the selected training will be randomly selected for participation. The TUP will be administered within 2 months of the training experience to assess whether the suicide prevention knowledge, skills and/or techniques learned through training were utilized and had an impact on youth. The TUP interview requests information in three content areas: (1)

respondent background information, (2) training content, and (3) training utilization and perceived impact. The TUP Key Informant Interview will be administered via telephone by the cross-site evaluation team.

- **Referral Network Survey (RNS).** The Referral Network Survey assesses the agencies and organizations involved in the network, their level of involvement and the types of agency agreements and protocols in place to support youth who are identified as being at risk for suicide. The questions included on the Referral Network Survey will describe the referral networks, the agencies and organizations involved and at what level and the types of agency agreements and protocols are in place to support youth who are identified at risk for suicide. The RNS requests information in four content areas: (1) respondent background information, (2) agency/organization linkages and collaboration, (3) formal or informal agreements, and (4) respondent demographic information. The survey includes 22 items and can take up to 40 minutes to complete, depending on the number of agencies/organizations identified. The RNS will be administered to two representatives from each agency and organization identified by the local project team. Local program staff members will be asked to identify at least one network involved in their GLS Suicide Prevention Program for participation in the RNS.
- **Early Identification, Referral and Follow-up (EIRF).** The EIRF Analysis will focus on assessing the impact that program activities have on early identification of risk, referral processes and presentation to services. The EIRF uses existing information that is tracked as part of State/tribal grantee activities and shared with the cross-site evaluation. All sites that have proposed early identification of at-risk youth as part of program activities will be required to participate in the EIRF Analysis. Participation will require that aggregate information be submitted on the number of youth screened if a screening tool is utilized and that individual information be tracked and submitted for (1) youth who are identified at risk, (2) the referrals to mental health or non-mental health related services that are made for each identified youth, and (3) the subsequent presentation for mental health related service by that youth. Basic demographic information will be required at the individual level (e.g., age, gender, race/ethnicity). EIRF information will come from existing program monitoring and tracking information rather than direct respondents.