Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Partnerships for Success: State and Community Prevention Performance Grant
(Short Title: Partnerships for Success)

(Initial Announcement)

Request for Applications (RFA) No. SP-09-005

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

Key Dates:

Application Deadline	**Applications are due by May 27, 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 Substance Abuse Prevention (SAMHSA/CSAP) is accepting applications for Fiscal Year (FY) 2009 to fund Partnerships for Success: the State and Community Prevention Performance Grant (short title: Partnerships for Success). This grant program is designed to provide eligible States and U.S. Territories (collectively referred to as "States") with grant funds to achieve a quantifiable decline in State-wide substance abuse rates, incorporating an incentive award to grantees that have reached or exceeded their prevention performance targets. Grant awards will be made to applicants with the established infrastructure and demonstrated capacity to reduce substance abuse problems and achieve specific program outcomes, as outlined in the RFA. SAMHSA/CSAP intends to offer a performance incentive of $500,000 (in the form of a Program Expansion Supplement). This incentive is designed to reward Partnerships for Success grantees that have met or exceeded their performance targets at the end of Year 3.

Funding Opportunity Title:	Partnerships for Success: State and Community Prevention Performance Grant (short title: Partnerships for Success)
Funding Opportunity Number:	SP-09-005
Due Date for Applications:	May 27, 2009
Anticipated Total Available Funding:	Up to $7 million
Estimated Number of Awards:	Approximately 3 awards
Estimated Award Amount:	Up to $2.3 million per year
Length of Project Period:	Up to 5 years
Eligible Applicants:	Eligible applicants are the immediate Office of the Chief Executive (e.g., Governor) in those States and U.S. Territories that have previously received a Cohort I or Cohort II Strategic Prevention Framework State Incentive Grant (SPF SIG) from SAMHSA (See Appendix H for a complete list of eligible applicants). The initial application must be signed by the Chief Executive (e.g., Governor). [See Part III, Section 1 of this RFA for complete eligibility information.]

1. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (SAMHSA/CSAP) is accepting applications for Fiscal Year (FY) 2009 to fund Partnerships for Success: State and Community Prevention Performance Grant (short title: Partnerships for Success). This grant program is designed to provide eligible States and U.S. Territories (collectively referred to as "States") with grant funds to achieve a quantifiable decline in State-wide substance abuse rates, incorporating a strong incentive to grantees that have met or exceeded their prevention performance targets by the end of Year 3. Grant awards will be made to applicants with the established infrastructure and demonstrated capacity to reduce substance abuse problems and achieve specific program outcomes, as outlined in the RFA. SAMHSA/CSAP intends to offer a performance incentive of $500,000 (in the form of a Program Expansion Supplement). This incentive is designed to reward Partnerships for Success grantees that have met or exceeded their performance targets by the end of Year 3.

The Partnerships for Success program is authorized under section 516 of the Public Health Act, as amended. This announcement addresses Healthy People 2010 focus area 26 Substance Abuse.

Partnerships for Success Goals

The purpose of this program is to improve the health and well being of our nation's communities by providing States and U.S. Territories (collectively referred to as "States") with grant funds and a special incentive to decrease State-wide substance abuse rates by meeting or exceeding quantified, State-wide, prevention performance targets.

The overall goals of Partnerships for Success are as follows:

- Reduce substance abuse-related problems;
- Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking;
- Strengthen capacity and infrastructure at the State- and community-levels in support of prevention; and
- Leverage, redirect and realign State-wide funding streams for prevention.

To address the Partnerships for Success goals stated above, State applicants will be required to set, in conjunction with SAMHSA/CSAP, State-wide three-year performance targets for substance abuse and will continue to reduce rates after the performance targets are reached. Applicants must also identify and select subrecipient communities that can most effectively collaborate with the State to achieve an overall reduction in State-wide substance abuse rates through the implementation of evidence-based programs, policies and practices. SAMHSA/CSAP intends to offer a key performance incentive (in the form of a Program Expansion Supplement) during Year 4 of the Partnerships for Success grant period to reward States that have met or exceeded their performance targets.

The Importance of the Public Health Model

In order for grantees to be successful in meeting or exceeding their prevention performance targets, CSAP strongly recommends the use of a public health model to address substance abuse problems. The public health approach to reducing substance use and related consequences focuses on preventing health problems and promoting healthy living for whole populations of people (e.g., people who share a common characteristic such as residence in a common geographic region (e.g. county), age (e.g., children) or experience (e.g., pregnant women). Traditionally, substance abuse prevention has been more individual- or person-centered, reflecting its close association with substance abuse treatment. Prevention research, however, has demonstrated that prevention approaches that broadly target population level change are effective in producing measurable improvements in harmful consumption patterns and negative consequences in groups as a whole.

Public health as a discipline is concerned with the overall health of a community based on population health analysis. A population of study can be as small as a handful of people or as large as all the inhabitants of several continents. In the field of substance abuse prevention, the public health approach identifies trends in a population as they relate to substance use and abuse. This focus on population health extends beyond the individual level to address a broad range of factors which impact health on a population level, such as the environment, social structure, and distribution of resources.

The focus of a substance abuse prevention-based public health intervention is to prevent rather than treat substance abuse through the promotion of healthy behaviors. Inherent in this process is an epidemiological approach. Epidemiology is the study of the distribution and determinants of health-related events in populations**.** Epidemiological data describing the extent and distribution of substance use and the consequences of substance use within and across populations is vital to a successful prevention initiative that embodies outcomes-based prevention and a public health approach. Such data allow States to begin answering basic questions that serve as a foundation for data-driven prevention planning. (See Section I-2.2, Guidelines for Choosing State Priority Needs, for a discussion on how epidemiological efforts are critical to the success of Partnerships for Success, through the work of the State Epidemiological and Outcomes Workgroup [SEOW].)

The Importance of SAMHSA's Strategic Prevention Framework

SAMHSA/CSAP expects all of its grantees to follow a proven outcomes-based planning model. The Strategic Prevention Framework (SPF) represents an effective outcomes-based prevention planning process, a direction and a common set of goals to be adopted and integrated at State and community levels, ultimately resulting in reduced substance abuse. Moving SAMHSA's SPF from vision to practice is a strategic process that States are undertaking by working in partnership with hundreds of community coalitions and their stakeholders.

The Partnerships for Success program is designed to address gaps in prevention services and increase the ability of States to help specific populations or geographic areas with serious, emerging substance abuse problems. Supported by Partnerships for Success funds, States will be

able to: 1) leverage and begin to integrate all needed State-wide prevention-related resources, leadership, technical support and monitoring; 2) set measurable, need-based, State-wide performance targets for substance abuse prevention; and 3) partner with identified subrecipient community coalitions to meet those targets. Subrecipient communities will work closely with States to implement evidence-based programs, policies and practices, guided by the five steps of the SPF.

The five steps of the SPF are as follows: 1) profile population needs, resources and readiness to address the problems and gaps in service delivery; 2) mobilize and/or build capacity to address needs; 3) develop a comprehensive strategic plan; 4) implement evidence-based prevention policies, programs and practices and infrastructure development activities; and 5) monitor progress, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.

The following implementation principles are provided to guide all Partnerships for Success applicants. The principles provide broad guidelines that inform each step of the process, from strategic planning and capacity building, through evaluation and sustainability. They are intended to promote a comprehensive, systems-oriented approach to prevention in each State, as follows:

- The SPF promotes a public health model.
- The SPF promotes a systems-based approach to substance abuse prevention.
- The SPF allows States and communities to build capacity and sustain a culturally-competent infrastructure.
- The SPF is an example of outcomes-based prevention.
- The SPF requires evidence-based programs, policies and practices as the basis for program implementation. **[Refer to specific guidelines under Part I, Section 2.6, Implementing Evidence-Based Programs, Policies and Practices].**
- The SPF encourages community-level change through a combination of environmental and individual strategies, which in turn, can promote State-wide change.
- The SPF requires States to address substance abuse issues across the life span.

Developing and maintaining a prevention system with community involvement that includes a public health approach is crucial to the success of all prevention efforts. CSAP continues to work closely with States to develop comprehensive prevention systems to support healthy communities in which people enjoy a higher quality of life. The role of prevention, as embodied by SAMHSA/CSAP in all its grant programs, is to foster long term community change (including attitudes, perceptions and norms) to achieve "Healthy Communities" in which the following conditions are present:

- healthy environments at work and school;
- supportive communities and neighborhoods;
- healthy connections with family and friends; and
- drug- and crime-free environments.

Healthy communities refers to an environment where people come together to make their community better for themselves, their family, their friends, their neighbors, and others. It fosters an environment that creates ongoing dialogue, generates leadership opportunities for all, embraces diversity, connects people and resources, fosters a sense of community, and shapes its future.

2. EXPECTATIONS AND REQUIREMENTS FOR STATES

SAMHSA/CSAP is issuing Partnerships for Success to give States the opportunity to maintain their prevention systems and further enhance the way prevention is conducted—to achieve targeted prevention performance outcomes within a specified time frame. Given these challenges, all Partnerships for Success applicants are expected to have not only a strong prevention system and infrastructure in place but the resources needed to support and maintain the SPF process as it relates to the public health model of prevention, and implement the Partnerships for Success project to affect State-wide change.

Accordingly, all applicants must demonstrate in their proposed approach, budget, and budget justification that they have an established prevention system and infrastructure in place and the adequate resources needed to implement a project of the scope and magnitude of Partnerships for Success in their State and affect State-wide change.

Applicants should further indicate how they plan to leverage, redirect, and/or incorporate other federal and State-generated funds in their prevention systems to support their subrecipient communities' efforts in meeting their State-wide prevention performance targets. (Refer to Part V, Application Review Information, Section B.)

In addition, SAMHSA/CSAP expects all Partnerships for Success applicants to include in their applications plans for how they will work together with American Indian populations located within their States. Grantees must demonstrate a collaborative relationship with Tribes and tribal organizations. Evidence of collaboration may include signed memoranda of understanding, minutes of local coalition meetings, or the inclusion of tribal representatives as members of the advisory council and epidemiology workgroups.

2.1 Requirements for Partnerships for Success Applicants

To sustain a strong State-wide prevention system, States must allocate a minimum of **85 percent** of the total Partnerships for Success grant award directly to community-level subrecipient organizations, or through sub-State entities (e.g., regions, groups of counties, regional administrative units or other groups as defined by the State) to identified subrecipient communities and coalitions. To ensure the most expedient start up of efforts aimed at meeting State-wide targets, States should ensure that all Partnerships for Success subrecipient communities begin implementation within the first 6 months of the grant **[See Part I, Section 2.7, Milestone Checklist]**.

States applying for Partnerships for Success funds must identify these subrecipient communities in their application, along with a State-wide substance abuse prevention priority need and target that all subrecipients must reach to create the desired State-wide change.

To meet these challenges, Partnerships for Success grantees will need to have an established infrastructure in place that will support subrecipient communities through Substance Abuse Prevention Advisory Councils, Evidence-Based Practices (EBP) Workgroups; State Epidemiology Outcomes Workgroup (SEOW); training and technical assistance; and assistance with project evaluation, data collection, and project monitoring. The success of the program is predicated on a rigorous data-driven approach to selecting programs, policies and practices, which melds the work of the SEOWs in each State with the five steps of the Strategic Prevention Framework (SPF) process.

Accordingly, all applicants for Partnerships for Success must demonstrate that they have the following essential components in place, as an integral part of their prevention system:

- Adequate resources to implement the Partnerships for Success project to affect State-wide change;
- A functioning Epidemiological Workgroup, such as the State Epidemiological Outcomes Workgroup (SEOW);
- A State-supported, functioning Substance Abuse Prevention Advisory Council that makes decisions based on the information provided by with the SEOW Workgroup;
- A working Evidence-based Practices (EBP) Workgroup as a separate subgroup of the Advisory Council;
- A strong, State-supported substance abuse prevention evaluation process and methodology;
- A logic model process at the State and community level that incorporates the implementation of EBPs using data driven decision making as evidenced by their SPF approach to prevention. (This would include a requirement that only data driven priorities are addressed as evidenced by the State Epidemiology Profile and additional local data);
- A functioning, State-supported training and technical assistance system;
- A requirement that all current and new prevention subrecipient communities must complete a comprehensive strategic plan based on a data driven planning model;
- A requirement that the planning process include key leaders, including parents and youths; and
- An ongoing process and support system that addresses and responds to the substance abuse prevention-related needs of Tribes and Tribal organizations in the State.

In their Partnerships for Success application, applicants must provide and/or document the following items with regard to their proposed project:

- A detailed description, with justification and specifics, of State-wide prevention priorities;
- A detailed description of the proposed State-wide performance target for addressing these priorities and reducing the rates and extent of substance abuse in the State;

- A detailed Funding Plan, identifying and describing the subrecipient communities to be funded and how they will contribute to the overall reduction of State-wide targeted rates;
- An Implementation Plan, with a proposed methodology for achieving this target in partnership with subrecipient communities, including: the process for identifying and selecting subrecipients, setting goals and objectives, including key performance targets and measures; implementing evidence-based programs, policies and practices; monitoring their progress; assessing effectiveness, and assuring sustainability;
- Implementation timelines that include key project milestones; and
- A comprehensive Evaluation Plan for the project, including a methodology for collecting and evaluating State, community and program data in accordance with quantifiable short range, intermediate and long-range benchmarks and outcomes.

2.2 Guidelines for Choosing State Priority Needs

Partnerships for Success grantee will be required to identify and select one State-wide priority need and set one State-wide prevention performance target to address that need based on consequence and consumption patterns derived from their State Epidemiological and Outcomes Workgroup (SEOW) efforts in data collection, analysis and prioritization. **Accordingly, in their applications, all Partnerships for Success applicants must identify, describe and justify the proposed data-driven State-wide priority need to be addressed by their Partnerships for Success -funded subrecipient communities.** Upon award of the Partnerships for Success grant, SAMHSA/CSAP reserves the right to renegotiate any priorities chosen by grantees should such priorities not be properly justified by available epidemiology data. Based upon the SEOW data and justification the actual priority can be a reduction in consequences rates associated with substance use/abuse (i.e. reduction in alcohol related motor vehicle crashes for ages 15 – 24) or a reduction in substance abuse rates/consumption patterns (i.e. reduction in 30-day marijuana use for ages 12 - 24). Through the SEOW process, SPF SIG Cohort I and II States developed an epidemiology profile that includes a prioritization process that determined their priority needs at the State and community levels. An explanation of the prioritization process and data used will be necessary to justify the Partnerships for Success chosen priority need.

Choosing the Priority Need through the SEOW

All Partnerships for Success grantees must rely on the findings of their existing State Epidemiology and Outcomes Workgroups (SEOWs) to set their State-wide priority need. As background, all States, Jurisdictions, and several Tribal Entities have received Federal funding from the Substance Abuse and Mental Health Services Administration, (SAMHSA) Center for Substance Abuse Prevention (CSAP) to establish an epidemiological workgroup. These epidemiological workgroups are a network of people and organizations that bring analytical and other data competencies to substance abuse prevention. Their mission is to integrate data about the nature and distribution of substance use and related consequences into ongoing assessment, planning, and monitoring decisions at State and community levels. Their deliberate focus is on using data to inform and enhance prevention practice.

In some cases, the epidemiological workgroup is part of a broader Strategic Prevention Framework State Incentive Grant (SPF SIG) funded by CSAP. CSAP has also made funds

available to support an epidemiological workgroup in all other States and Jurisdictions not receiving SPF SIG funds. In both cases, the epidemiological workgroup promotes data driven decision-making in the State substance abuse prevention system by bringing systematic data-driven thinking to guide effective and efficient use of prevention resources.

The SEOWs have yielded a series of data-driven activities that include the following:

- Developed a key set of indicators and contributing factors to describe the magnitude and distribution of substance related consequences and consumption patterns across the State;
- Collected, analyzed, interpreted, and communicated these data through the development of an epidemiological profile;
- Established prevention priorities for State and community resources based on data analyzed and interpreted through the profiling process;
- Allocated resources to populations in need for established priorities; and
- Developed a systematic, ongoing monitoring system of state substance-related consumption patterns and consequences to track progress on addressing prevention priorities, detect trends and use such information to redirect resources, as needed.

The State Epidemiological Data System (SEDS)

To support the work of the SEOWs and State substance abuse prevention agencies, SAMHSA/CSAP developed the State Epidemiological Data System (SEDS). SEDS can be found at http://www.epidcc.samhsa.gov/. SEDS presents a preliminary set of constructs and indicators identified as relevant, important, and available for substance use prevention planning. SEDS also provides detailed information about background and criteria for evaluating constructs/indicators to assess their utility in needs assessment and State prevention planning. In addition, SEDS provides States with access to the indicators identified at the State and, when available, county level. SEDS currently includes a detailed listing of substance abuse constructs for consequence and consumption patterns (see Table 1, below). Most consequence data are available at the national, State and county level.

Table 1, below, lists the substance abuse consequence and consumption patterns indicative of the priorities that Partnerships for Success applicants may choose from, based on their epidemiological data.

Table 1: SEDS Substance Abuse Consequence and Consumption Patterns

Substance Type	Consequences	Consumption
Alcohol	Alcohol-related mortality Motor vehicle crashes Alcohol-related crime Dependence or abuse	Current use (30 day use) Current binge drinking Underage drinking Heavy drinking Age of initial use Drinking and driving Alcohol consumption during pregnancy Per capita sales
Tobacco	Tobacco-related mortality	Current use (30 day use) Daily use Age of initial use Smoking during pregnancy Per capita sales
Illicit Drugs	Drug-related mortality Drug-related crime Dependence or abuse	Current use (30 day use) Lifetime use Age of first use

Included in Table 1 are examples of consequences and consumptions associated with different substance types. These examples of consequences and consumption when coupled with priority setting criteria allow the applicant to choose and justify a priority need. The following are examples of criteria that may be considered when choosing a priority need:

- **Magnitude** – the number of people affected.
- **Prevalence** – substance use rates in a particular population.
- **Benchmark comparisons** – State comparison with the nation, other States and rate ratio.
- **Time trends** – increasing, decreasing, or stable rates across time.
- **Years of potential life lost (YPLL)** – for abuse-related consequences, and demographic differences.
- **Changeability** - the likelihood that the impact or level of a problem can improve within a given time frame; in the current case, within the first 3 years of the grant.
- **Evaluability** – the likelihood to measure or evaluate a change in an outcome.

Note: Applicants must chose outcomes and not process measures as their Statewide prevention priority need.

2.3 Guidelines for Setting State-wide Prevention Performance Targets

Partnerships for Success grantees must set a reasonable, quantifiable State-wide prevention performance target for their State, based on the identified State priority that came out of the SEOW-guided needs assessment process. Grantees will set a target that can be met or exceeded by the end of Year 3. The target is expected to be ambitious and significant enough to have a lasting impact on overall State rates. This target must depict the expected change the State intends to achieve in their baseline rate and identify the highest priority communities that must be targeted in order to achieve that change. SAMHSA/CSAP intends to offer a key performance

incentive (in the form of a Program Expansion Supplement) after the end of the third year of the grant to Partnerships for Success grantees that have reached or exceeded their performance targets. **Accordingly, i**n **their applications, Partnerships for Success applicants must identify, explain and justify their proposed State-wide prevention performance target. Upon award of the Partnerships for Success grant, SAMHSA/CSAP reserves the right to renegotiate any target chosen by Partnerships for Success grantees if it is determined that the chosen targets are not sufficiently justified.**

CSAP reserves the right to renegotiate targets under the following circumstances:

- Based upon EPI data and trend analysis the targets are not sufficiently ambitious.
- Based upon EPI data and trend analysis the targets are overly ambitious.
- Data used to determine targets are not sensitive enough to detect change over time that might be associated with changes in alcohol, tobacco, or illicit drug use.
- Data used to determine targets are not available on a consistent basis. Data used should be collected periodically.
- Data used to determine the targets is not consistent, i.e., the method or means of collecting and organizing data should be relatively unchanged over time.
- Target chosen is based upon process not outcome measures; data should be appropriate for the chosen target.
- Data used to set the baseline is not recent; should be collected within the last two years.

Developing Effective Performance Management Systems

Ultimately, it is the responsibility of all Partnerships for Success grantees to ensure that their State-wide targeted performance outcomes are met. Performance management is key to that success.

Performance management is defined as the use of performance measurement information to help set agreed-upon performance goals, allocate and prioritize resources, inform managers to either confirm or change current policy or program directions to meet those goals, and report on the success in meeting those goals. (Performance management and related terms are defined differently by various experts; States need to select and use a consistent set of definitions in designing their unique performance management systems.)

While no single model will meet every State's needs, several factors are key in developing effective performance management systems:

- **Developing appropriate performance goals.** Taking the first step – setting performance goals – is one of the most challenging parts of developing a performance management system. States must decide who will set those goals and how the goals will be articulated.

- **Selecting measures for performance goals.** Performance measures serve as indicators of how well the State is doing in achieving its goals. Assessing performance measures at discrete, short-range, intermediate- and long-range intervals will yield more accurate indications of progress toward meeting overall performance outcomes.

- **Obtaining good data to measure performance.** States often identify additional data elements necessary to use the full capacity of their performance management systems. Those charged with implementing a system should explore the various pools of data already being collected, such as program administrative data, census data, program results reports and any research information.

- **Bringing information management systems "up to speed."** In the initial phases of performance management, States generally must rely on data accessible through existing federal, State and local information management systems. Since many of these systems were designed to meet specific, process-oriented program requirements, many States may find that such previous systems are no longer appropriate for tracking outcomes or measuring progress toward goals with inter-agency or multi-program implications.

- **Using information in performance management systems.** In addition to meeting program reporting requirements and gaining access to incentive funds, States also use performance information to revise measures and update strategic plans. Often, periodic surveys of community-based priorities and satisfaction with current services are part of this feedback cycle. Performance information also helps States make program improvements and management decisions.

- **Building consensus around performance management.** The idea of investing time and resources into such management systems often must have "buy-in" from the leadership of an agency, other collaborating agencies and State or local funding sources. States experienced in consensus-building typically find that State and local managers and policy-makers often need seminars or workshops on performance issues before goals can be set.

Core Principles for Effective Performance Management

The following core principles are critical for an effective State performance management approach:

- Meaningful consultation with stakeholders is key to success;
- Effective performance measurement efforts are based on a partnership with stakeholders;
- Measurement must be based on sound data and existing data systems are often insufficient to reliably measure public health or human service outcomes;
- Given weaknesses in data, performance cannot look at outcomes alone but must also consider process and intermediate outcome measures; and
- Health and human services performance measures are most appropriately used to help determine capacity building needs.

2.4 Requirements for Working Collaboratively With Subrecipient Communities

Partnerships for Success grantees must follow a public health approach, focusing on population-level change (change among groups that have one or more personal or environmental characteristics in common). In the public health approach, communities are the unit of measure.

Grantees will require communities, working through a coalition model, to implement comprehensive strategies that will affect change at a population level. Effective strategies may include a combination of interventions/activities targeted at the environment and the individual.

States are to use a data-driven, logic model approach, based on the work of their SEOWs, to set their prevention performance target to address the State-wide priority need, to affect population-level change. States should ensure that their SEOWs work closely with the selected subrecipient communities to implement evidence-based programs, policies and practices to meet and exceed--the State-wide target.

To achieve the best results, States will ensure that subrecipients incorporate priority substance abuse-related problems and needs into a comprehensive, SPF-guided, community-based approach for meeting State-wide performance targets. SAMHSA/CSAP recommends that subrecipient communities implement a suitable combination of environmental strategies and individual strategies to affect population change. These comprehensive strategies tend to work best when they are implemented through a coalition structure.

In particular, States must ensure that all Partnerships for Success-funded subrecipient communities conduct a comprehensive assessment that includes:

- Assessment of contributing factors (e.g., risk and protective factors, intervening variables) associated with priority need(s);
- Assessment of community assets and resources;
- Identification of gaps in services and capacity; and
- Assessment of readiness to act.

Based on a strong community level assessment, States must require each of their subrecipient communities to develop a comprehensive, data-driven Strategic Plan that articulates a vision for prevention activities and strategies for organizing and implementing evidence-based prevention activities. The Strategic Plan must be based on needs documented by the SEOWs, build on identified resources and strengths, set measurable objectives and include the prevention performance measures and baseline data against which progress toward the State-wide target will be monitored. States should ensure that community Strategic Plans are adjusted to reflect ongoing needs assessment and monitoring activities. The issue of sustainability must also be a constant throughout planning and implementation, yielding long-term strategies to sustain outcomes.

2.5 Partnerships for Success Program Expansion Supplement

Grantees will set a target that can be reached by the end of Year 3. At the end of Year 3, SAMHSA/CSAP will assess Partnerships for Success grantees through evaluation reports to determine whether they had met or exceeded their targets. During Year 4, States that have met or exceeded their targets would subsequently become eligible for an incentive award of up to $500,000 in the form of a Program Expansion Supplement. These new funds must be used to either: 1) expand the work of their Partnerships for Success project by extending the progress they've achieved to other communities; or 2)address additional priority needs and set new targets

in currently funded communities. Eligible Partnerships for Success grantees will be required to address specific programmatic criteria and requirements set by SAMHSA/CSAP as part of their Program Expansion Supplement. These requirements will include the submission of a separate Implementation Plan, Budget and budget justification narrative to substantiate how the supplemental funds will be used.

A summary of the incentive is given below.

Partnerships for Success Program Expansion Supplement Awarded During Year 4—Maximum Amount is $500,000.
This one-time Program Expansion Supplement will be made available only to Partnerships for Success grantees that can demonstrate that they have met the required criterion by meeting or exceeding their priority performance target by the end of Year 3. The Evaluation Report submitted within 60 days of the end of Year 3 will be used to determine if the grantee has met the criteria for receiving the Program Expansion Supplement. The State evaluation report must include assessment of short-term, intermediate, and long-term contributing factors, performance measures, and performance outcomes including data on the chosen priority need. SAMHSA/CSAP will review methodology and validate all evaluation reports prior to making a decision on the Program Expansion Supplement. All supplements are dependent upon available funding.

2.6 Implementing Evidence-Based Programs, Policies and Practices

SAMHSA's grants are intended to fund programs, policies and practices that have a demonstrated evidence base and that are appropriate for a State's subrecipient communities. An evidence-based practice (EBP) refers to approaches to prevention that are validated by some form of documented research evidence. The Partnerships for Success is intended to fund State systems and infrastructures that can support the implementation of a broad array of programs, policies and practices in high priority subrecipient communities selected through an SEOW-guided needs assessment process. Partnerships for Success grantees must ensure that their subrecipients' comprehensive plans contain EBPs, as described below. Partnerships for Success grantees should use the criteria listed below to guide their subrecipient communities as they develop their comprehensive implementation plans.

After they are funded, Partnerships for Success subrecipient communities will need to choose their evidence-based programs, policies, and practices; in doing so, they will need to carry out the following tasks:

- Identify the evidence-based program, policy or practice to be implemented in the subrecipient community.
- Identify and discuss the evidence that shows that the program, policy or practice is effective. [Refer to guidelines in the note below.**]**
- Discuss the population(s) for which the program, policy or practice has been shown to be effective and show that it is appropriate for the subrecipient community. [Refer to the definition of Evidence-Based as described below, including a note about special population needs.]

Each of the three tasks helps identify interventions appropriate to targeted needs and each has its own advantages and challenges. States must be prepared to consider the relative adequacy of evidence when working with their subrecipient communities to select appropriate programs, policies and practices as part of their comprehensive community plans.

Note: SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other interventions that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Grantees/subrecipients proposing to serve a population with an intervention that has not been formally evaluated for that population are encouraged to provide other forms of evidence that the practice(s) they propose is appropriate for the target population(s).

Evidence may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. States/Territories may describe their experience either with the target population(s) or in managing similar programs. Information in support of the proposed practice needs to be sufficient to demonstrate the appropriateness of the practice.

Resources for Evidence-Based Practices
You will find information on evidence-based practices in SAMHSA's *Guide to Evidence-Based Practices on the Web* at www.samhsa.gov/ebpwebguide. SAMHSA has developed this Web site to provide a simple and direct connection to Web sites with information about evidence-based interventions to prevent and/or treat mental and substance abuse disorders. The *Guide* provides a short description and a link to dozens of Web sites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

Please note that SAMHSA's *Guide to Evidence-Based Practices* also references another SAMHSA Web site, the National Registry of Evidence-Based Programs and Practices (NREPP). NREPP is a searchable database of interventions for the prevention and treatment of mental and substance abuse/use disorders. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions. **Being included in NREPP, or in any other resource listed in the Guide, does not mean an intervention is "recommended" or that it has been demonstrated to achieve positive results in all circumstances.**

The State evidence-based workgroup must review and approve all community-level strategies including EBPs and Non-EBPs prior to implementation.

Additional resources on EBPs can be found at the following website:
http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17983

2.7 Program Implementation—Allowable Activities

As long as 85 percent of the funds go to community-based programs, policies and practices, grantees and the subrecipient communities may elect to use any of their Partnerships for Success grant funds to conduct the following allowable activities:

State/Grantee-level Activities

- Policy development to support needed service system improvements (e.g., standard policies and procedures for programmatic monitoring, five-step Strategic Prevention Framework for prevention service delivery, local policy, etc.)
- Partnerships for Success grantees will support subrecipient communities through their work with the Substance Abuse Prevention Advisory Council, Evidence-based Workgroups; SEOW Workgroups, training and technical assistance, and assistance with project evaluation, data collection, and project monitoring.
- Grantee level administration and monitoring of all subrecipient communities.
- Funding provider organizations in subrecipient communities to develop and implement programs, policies and practices to address contributing factors and priority needs.
- Enhancement of data collection and analysis systems to support a community level evaluation that will provide valid and reliable process and outcomes data collected from the subrecipient communities and can be used as a valid source of information to show changes in baseline consequence and consumption rates over time.
- Ongoing monitoring and evaluation to determine if the prevention performance outcomes desired are achieved and to assess program effectiveness and service delivery quality.

Subrecipient Activities

- Policy development to support needed service system improvements (e.g., standard policies and procedures for programmatic monitoring, five-step Strategic Prevention Framework for prevention service delivery, local policy, etc.)
- Organizing and facilitating community meetings to bring together key community members, as well as parents and youth, to develop a comprehensive plan based upon a logic model and data-driven approach. The plan should include key prevention performance outcome targets identified and agreed upon by CSAP and the grantee to be addressed by the State's subrecipient communities.
- Enhancement of data collection and analysis systems to support a community level evaluation that will provide valid and reliable process and outcomes data collected from the subrecipient communities and can be used as a valid source of information to show changes in baseline consequence and consumption rates over time.
- The implementation of evidenced-based programs, policies and practices identified in the implementation plan as well as appropriate support necessary to implement the activities/strategies successfully. Community implementers must ensure that culturally-competent adaptations are made without sacrificing the core elements of the programs, policies and practices. As subrecipient communities choose their

evidence-based programs, policies and practices, they will need to carry out the following tasks:

1. Identify the evidence-based program, policy and/or practice to be implemented in the subrecipient community.
2. Identify and discuss the evidence that shows that the program, policy and/or practice is effective. [Refer to guidelines in Part I, Section 2.6, Implementing Evidence-Based Programs, Policies and Practices]
3. Discuss the population(s) for which the programs, policy and/or practice has been shown to be effective and show that it is appropriate for the subrecipient community. [Refer to guidelines in Part I, Section 2.6, Implementing Evidence-Based Programs, Policies and Practices]

- Ongoing monitoring and evaluation to determine if the prevention performance outcomes desired are achieved and to assess program effectiveness and service delivery quality.

Milestone Checklist for Partnerships for Success Grantees

Partnerships for Success grantees must ensure that their State works together with its subrecipient communities to achieve the following milestones:

By the end of the first 6 months:

- State has documented a process showing that multiple sources of funding are being leveraged, redirected and/or incorporated into the State prevention system to support the achievement of the State-wide performance target.
- State has funded all subrecipient communities.
- State has ensured that all subrecipient communities have hired Project Director and Staff.

By the end of the first 9 months:

- States have approved their subrecipient communities' project Implementation Plans.
- Subrecipient communities are implementing evidence-based programs, policies and practices identified in their project plans.
- States have completed an Evaluation Plan to assess State, community, and program level data.
- States have completed all milestones as evidenced by the Quarterly Progress Report and the Government Project Officer's (GPO) Site Visit Report.

Within 60 days of the end of Year 1:

- States have submitted their Year 1 Evaluation Report, including process data, assessing contributing factors, performance measures, and outcome data showing progress on meeting their agreed upon prevention performance targets.

Within 60 days of the end of Year 2:

- States have submitted their Year 2 Evaluation Report, including process data, assessing contributing factors, performance measures, and outcome data, showing progress on meeting their agreed upon prevention performance targets. This report reflects data covering the State, community and program levels.

Within 60 days of the end of Year 3:

- States have submitted their Year 3 Evaluation Report, including process data, assessing contributing factors, performance measures, and outcome data, showing progress on meeting their agreed upon prevention performance targets. This report reflects data covering the State, community and program levels. **Note: The data contained in this Year 3 Evaluation Report will be critical in allowing CSAP to determine whether the Partnerships for Success grantee will have met the eligibility criteria for applying for SAMHSA/CSAP's Program Expansion Supplement, which may become available in Year 4.**

Within 60 days of the end of Year 4:

- States have submitted their Year 4 Evaluation Report, including process data, assessing contributing factors, performance measures, and outcome data, showing progress on meeting their agreed upon prevention performance targets. This report reflects data covering the State, community and program levels.

Within 90 days of the end of the grant period:

- States have submitted their Year 5 (Final) Evaluation Report, including process data, assessing contributing factors, performance measures, and outcome data showing a final report of overall system changes, changes in outcomes and lessons learned. This report reflects data covering the State, community and program levels.

Milestone Checklist for Partnerships for Success Subrecipients

By the end of Year 1 the State will ensure that all subrecipient communities have complied with the following:

- Subrecipient communities are having regularly scheduled coalition meetings.
- Subrecipient communities have completed an assessment of their substance abuse-related contributing factors with respect to the State's priority needs.
- Subrecipient communities have completed an assessment of their capacity and readiness to address the State's priority needs so as to meet State-wide prevention performance targets.
- Subrecipient communities have completed their Implementation Plans.
- Subrecipient communities have completed their Evaluation Plans.
- Subrecipient communities have identified and implemented appropriate evidenced-based programs, policies and practices (EBPs).
- Subrecipient communities have worked in tandem with the State grantee to develop and implement an MIS that captures community-level process and outcomes data that can be integrated into a State-level report.

- Subrecipient communities are reporting GRPA and NOMS performance data bi-annually (i.e., in May and November) and performance assessment outcomes data.

2.8 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), Program Assessment Rating Tool (PART), and National Outcome Measures (NOMs). GPRA, a public law passed by the U.S. Congress in 1993, was enacted to improve stewardship in the Federal government and to link resources and management decisions with program performance. PART was implemented by the Office of Management and Budget (OMB) to evaluate a program's purpose, design, planning, management, and outcomes. NOMs were developed by SAMHSA as a set of domains and measures that focus specifically on its programs. These Federal reporting requirements will be used to determine the Partnerships for Success program's overall effectiveness. However, outcome data reported by grantees in accordance with the performance assessment section of this announcement will be used to determine progress toward meeting and exceeding the Statewide Performance targets (See section 2.9 below).

To meet the GPRA/PART and NOMs requirements, SAMHSA must collect performance measurement data from grantees. At a minimum, grantees are required to report these data twice a year (in May and November). For these reasons, you must document your ability to collect and report the required data in "Section E: Performance Assessment Data" of your application. All data must be submitted through the CSAP Prevention Management Reporting and Training System (PMRTS), which can be found at:
https://www.csapdccc-csams.samhsa.gov/tools/publictools.aspx?sp=5

For the Partnerships for Success program, SAMHSA will assess program performance through both process measures (drawn from administrative data) and outcome measures.

Process Measures:
SAMHSA will assess grantee performance in meeting the following process measures based on review of administrative data submitted electronically.

- Percentage of subrecipient communities that have been funded.
- Percentage of subrecipient communities that have hired Project Directors and Staff.
- Percentage of subrecipient communities that have approved implementation plans.
- Percentage of subrecipient communities that have implemented evidence-based programs, policies and practices.

Grantees are required to enter State, community, and program-level data twice a year on DACCC-PMRTS, and to enter quarterly progress reports on-line.

Outcome Measures:
Table 2, below, provides a description of the NOMs measures that are required for all Partnerships for Success grantees.

Table 2: State-, Community- and Program-Level Data

NOMS MEASURES	STATE-LEVEL DATA SOURCE	COMMUNITY/TRIBAL LEVEL DATA SOURCE	PROGRAM-LEVEL DATA SOURCE
Abstinence From Drug Use/Alcohol Abuse			
30-day Substance Use	SAMHSA provided	Survey	NOMs Questionnaire
Age of First Substance Use	SAMHSA provided	Survey	NOMs Questionnaire
Perception of Disapproval/Attitude	SAMHSA provided	Survey	NOMs Questionnaire
Perceived Risk/Harm Use	SAMHSA provided	Survey	NOMs Questionnaire
Increased/Retained Employment or Return to/Stay in School			
Perception of Workplace Policy	SAMHSA provided	Survey	NOMs Questionnaire
School Attendance and Enrollment	SAMHSA provided	Local School District(s)	Not Required
Decreased Criminal Justice Involvement			
Alcohol Related Car Crashes and Injuries	SAMHSA provided	Local Law Enforcement	NOMs Questionnaire
Alcohol and Drug related crime	SAMHSA provided	Local Law Enforcement	Not Required
Increased Access to Services (Service Capacity)			
Number of Persons Served by Age, Gender, Race, and Ethnicity	Aggregate of Community Data	Community/Tribal Grantee	NOMs Questionnaire
Increased Retention in Service Programs – Substance Abuse			
Total Number of Evidence-based Programs, Policies and Practices	Aggregate of Community Data	Community/Tribal Grantee	NOMs Questionnaire
Youth Seeing, Reading, Watching, or Listening to a Prevention Message	SAMHSA provided	Community/Tribal Survey	NOMs Questionnaire
Increased Social Support/Social Connectiveness			
Family Communication Around Drug Use	SAMHSA provided	Community/Tribal Survey	NOMs Questionnaire

SAMHSA will provide State-level data on certain NOMS for all Partnerships for Success grantees. However, grantees will be required to report State-level data for number of persons served by age, gender, race and ethnicity; total number of evidence-based programs; and cost efficiency data related to services. Grantees will also be required to report State-level data on their selected priorities and targets, as approved in the final grant award. In addition, grantees will be required to report community- and program-level NOMs as appropriate to each grantee's Partnerships for Success project, as described below.

Subrecipient communities are required to report community- and program-level NOMs measures that are relevant to the State-wide priorities and prevention performance targets. For example, if the State selected drinking and driving as its priority, it would not be necessary for the community to report on the Age of First Use NOM. Additionally, the State must work with its subrecipient communities to identify the specific community- and program-level NOMs measures to be collected.

Grantees will report community- and program level NOMs data for the NOMs domain listed in Table 2. The following types of community- and program-level data will be collected:

- Survey Data: Community and program level surveys to collect NOMs data must use the OMB approved NOMs measures. The measures are provided in the NOMs Adult and Youth Community and Program Tools (Questionnaires).

- Education and Arrest Archival Data: For specific community level NOMs the subrecipient community will need to collect the school and crime NOMs data from the local jurisdictions that collect and publish the data. The data will be collected for the jurisdictions representing the geographic area defined as the community.

- Program Data: The subrecipient communities will collect NOMs measures, including number of people served, number of evidence-based programs, and cost efficiency data.

With prior approval from SAMHSA/CSAP, subrecipient communities may be able to substitute locally available, valid and reliable data for the specified NOMs. For example, if a community-wide survey asks 30-day use questions using slightly different language, the community may ask to substitute that language for the standard NOMs language.

The instrument for collecting and reporting the NOMs at the community and program level has been approved by the Office of Management and Budget, and can be found on the website https://www.csapdccc-csams.samhsa.gov/tools/publictools.aspx?sp=5. Grantees will be required to use this data collection instrument for collecting and reporting data at the community and program level, as appropriate to their project. Applicants must describe their current capacity for collecting and reporting the NOMs at the community and program levels. They must also describe their plans for ensuring that the NOMs can be collected and reported at the community and program levels prior to the community-based implementation phase of the Partnerships for Success project (i.e., within the first six months of the grant). Grantees should work with their Government Project Officers to reach agreement on appropriate performance measures.

NOTE: The terms and conditions of the Partnerships for Success grant award will specify the data to be submitted and the schedule for submission. Grantees will be required to adhere to these terms and conditions. Grantees must agree to comply with any current or future Federal data requirements.

Performance data are currently reported in the aggregate to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request, and are also available on the Web at www.expectmore.gov .

2.9 Performance Assessment

Partnerships for Success grantees must periodically review the data they report to SAMHSA (as required in Section 2.8, above), evaluate their progress, and use this information to improve performance management of their grant projects. The overall Partnerships for Success project evaluation should be designed to help grantees determine whether they are making progress toward achieving their proposed State-wide prevention performance target, and whether adjustments need to be made to their project. Grantees will therefore be required to submit an on-line quarterly performance report to SAMHSA/CSAP that indicates progress achieved, barriers encountered, and efforts to overcome these barriers. SAMHSA/CSAP State Project Officers will provide feedback to grantees and discuss any necessary technical assistance based on data obtained from these quarterly progress reports.

In assessing their progress, grantees will also consider process and outcome questions, such as the following:

Process Questions

- What changes in allocation of funds and other resources occurred at the State and community-levels for substance abuse prevention programs and other activities?
- What programs and activities have been added, eliminated and maintained?
- What State and community level mobilization activities have been implemented?
- What State and community level capacity building activities have been implemented?
- What key State and community leaders are involved in prevention decision-making?
- How were State and community leaders recruited?

Outcome Questions

- Did the implementation of Partnerships for Success activities improve the State-wide prevention performance targets and other outcomes?
- What accounted for variations in achieving the State-wide performance targets?
- Did the implementation of Partnerships for Success activities lead to community-level improvements in State-wide performance targets?
- What accounted for variations in achieving State-wide performance targets across Partnerships for Success funded communities?
- Did the implementation of Partnerships for Success activities lead to participant-level improvement on performance targets?

- What accounted for variations in achieving participant-level performance targets?

Data reported by grantees related to the chosen priority needs and targets will be used to determine progress toward meeting and exceeding Statewide Performance targets.

2.10 Grantee Meetings

Partnerships for Success grantees must plan to send a minimum of two people from the State and two from each subrecipient community (including the Project Director and Evaluator) to at least two joint grantee meetings in each year of the grant, and must include a detailed budget and narrative for this travel in their budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Attendance is mandatory at these three-day long meetings, which are usually held in the Washington, D.C. area.

II. AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: Approximately $7 million

Estimated Number of Awards: Approximately 3 awards

Estimated Award Amount: Up to $2.3 million per year

Length of Project Period: Up to 5 years

Proposed budgets cannot exceed $2.3 million dollars 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. Total awards will be based on the per capita population, and a base amount $500,000. An additional $7.20 per capita will be added to the base of $500,000 with the total grant award not to exceed $2.3 million.

Cooperative Agreement

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

Role of Grantee: Partnerships for Success grantees must comply with the terms of the Cooperative Agreement, including implementation of all required Partnerships for Success activities described in Part I, Section 2, Expectations and Requirements for States/Territories, in this grant announcement. The Partnerships for Success grantees agree to provide SAMHSA with all required performance data, and collaborate with SAMHSA/CSAP staff in all aspects of the Partnerships for Success Cooperative Agreement.

Role of SAMHSA Staff: The Government Project Officer (GPO) will serve as an active member of the State's Partnerships for Success Advisory Council. Through participation on the Advisory Council, the GPO will provide guidance and technical assistance to help grantees achieve Partnerships for Success outcomes. The GPO provides assistance to the grantee related to developing a process for working with subrecipient communities as they select appropriate evidence-based programs, policies and practices; works to assure that Partnerships for Success projects are responsive to SAMHSA's mission and implement SAMHSA's Strategic Prevention Framework; monitors and reviews progress of Partnerships for Success projects; monitors development and collection of process and outcome data from Partnerships for Success grantees; ensures compliance with data/performance management requirements; ensures Partnerships for Success collaboration with the State Epidemiological Workgroup (SEOW); and reviews and provides feedback on the community level implementation plans prior to final State approval.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are the immediate Office of the Chief Executive (e.g., Governor) in those States and U.S. Territories that have previously received a Cohort I or Cohort II Strategic Prevention Framework State Incentive Grant (SPF SIG) from SAMHSA (See Appendix H for a complete list of eligible applicants).

Eligibility is limited to Cohort I and Cohort II SP SIG grantees because only these entities have the requisite experience and qualifications to apply for the Partnerships for Success Program, be successful in meeting CSAP's expectations and goals, and attain the State-wide performance targets that can lead to population level change. Only these entities have the following in place:

- the essential components that make up their established infrastructure.
- the combined Federal and State-generated resources required to undertake a project of the scope and magnitude of the Partnership for Success project and meet its rigorous deadlines and deliverables.
- the knowledge, experience and capability to set reasonable, data-driven, SEOW-based substance abuse related priorities and targets.
- the ability to collaborate successfully with their subrecipients to meet or exceed their State-wide targets.

The initial application must be signed by the Chief Executive (e.g., Governor). Following the initial award, the Chief Executive may delegate responsibility for the grant, including signatory authority for continuation applications, to a State Agency, State Official, or duly authorized official. **You must comply with this requirement or your application will be screened out and will not be reviewed.**

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER REQUIREMENTS

3.1 Additional Eligibility Requirements

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:

- 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);
- List of certifications and assurances referenced in item 21 of the SF 424 v2; and
- Frequently Asked Questions.

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

  The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections F through I. There are no page limits for these sections, except for Section H, 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 5** – Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Appendices 1, 3 and 4 combined. There are no page limitations for Appendices 2 and 5. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the appendices as: Appendix 1, Appendix 2, etc.

    - *Appendix 1:* (1) Identification of at least one experienced service provider organization; (2) a list of all provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in Appendix C of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) letters of commitment/support.
    - *Appendix 2:* Data Collection Instruments/Interview Protocols.
    - *Appendix 3:* Sample Consent Forms.
    - *Appendix 4:* Letter to the SSA (if applicable; see Section IV-4 of this document)
    - *Appendix 5:* A copy of the State Epidemiology Profile indicating that the proposed project addresses a State- or county-identified priority.

- **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**. [Applicants for programs offering substance abuse prevention or treatment services are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. If this assurance applies, include the following:]** You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA's Web site with the RFA and provided in the application kits.

- **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 Screen out Criteria for SAMHSA Grant Applications,* for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on **May 27, 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.

- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.

- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.

- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SPOC – Funding Announcement No. SP-09-005. 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 Partnerships for Success Program grant recipients must comply with the following funding restrictions:

- A minimum of 85 percent of the total grant award must be awarded to subrecipient communities.

SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in Appendix E.

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
1 Choke Cherry Road
Room 3-1044
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 PPIP 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-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

- 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-E) together may be no longer than 30 pages.

- You must use the five 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 F-I and Appendices 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.

- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (10 points)

- Provide a detailed profile of your State based on the most recent demographics data.

- Provide a detailed, specific description, with justification, of the State-wide prevention priorities to be addressed. Describe the nature of the problem and extent of the need (e.g., current alcohol, tobacco and other drugs consequences and consumption patterns) for the proposed subrecipient communities based on SEOW data.

- Describe the State-level baseline established for the Partnerships for Success project and the proposed State-wide prevention performance target to address the priority need. Specify the data source and indicators for the performance target, including how data will be collected; how frequently the data will be collected and reported; the time period that the baseline represents (e.g., calendar year, etc.); the time period of the target; when the target data will be reported; and a discussion of any known data limitations.

- Describe how the priority needs and performance targets were chosen and how data from the SEOW and State Advisory Council (SAC) were incorporated into the decision-making process.

- Identify and describe the proposed subrecipient communities and community coalitions your State intends to fund, along with sufficient documentation to justify their selection. Provide substantive demographic information about these subrecipient communities.

- Describe the readiness level of the identified communities to address the State's priority need and performance target and how the State will address communities that are at a lower level of readiness.

- Describe any identified gaps in substance abuse prevention-related services at the State and community levels.

Section B: Proposed Approach and Methodology (30 points)

- Describe the purpose, goals, objectives, priority need and State-wide prevention performance target for your proposed project. Describe how the proposed target:
  - is ambitious and significant enough to have a lasting impact on overall State rates;
  - is sensitive to change over time; and
  - can be measured with available data that will be collected periodically over the life of the grant so that change can be measured.

  Also describe how achieving the goals, addressing the priority need and meeting/exceeding the State-wide target will reduce substance abuse consequence and consumption patterns, reduce rates of use and abuse and prevent future use/abuse. Explain how your project will support SAMHSA's overall goals for the Partnerships for Success program (see Part I, Section I, Introduction).

- Explain how the State intends to leverage, redirect and realign other funding streams (e.g. State, Federal and other), as needed, to achieve the proposed Partnerships for Success performance target. In the explanation, the State must demonstrate that they have adequate resources to implement a project that will affect State-wide change.

- Explain your detailed funding plan identifying and describing the subrecipient communities to be funded and how they will contribute to the overall reduction of State-wide target. Describe the mechanism (RFA, Contract, MOU, etc.) the State intends to put in place to fund Partnerships for Success subrecipient communities. Explain how this mechanism will ensure that these subrecipients will be able to address the State's priority needs and targets.

- Describe the process that will be put in place to ensure subrecipient communities are developing and implementing Strategic Plans that will achieve/exceed performance

targets. Explain how you will ensure that subrecipient communities follow a planning process which engages key leaders, including parents and youth.

- Document how the State will ensure that Tribal communities are considered and included as part of the overall proposed Partnerships for Success project.

- Explain how the State will work with its Partnerships for Success subrecipient communities to assist in identifying evidence-based programs, policies and practices (EBPs) to be implemented and the source of information. [See Part I, Section 2.6, Implementing Evidence-Based Programs, Policies and Practices.] If the EBPs available are limited or non-existent for the chosen subrecipients, explain how the State will assist them in identifying and justifying any required modifications or adaptations to their proposed EBPs to meet the Partnerships for Success project goals and why such changes will improve the outcomes.

- Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the State and subrecipient communities, while retaining implementation fidelity.

- Describe in detail the linkages among: the State-wide priority need, community-based contributing factors, consumption and consequence patterns, community-based EBPs to be implemented; and the State-wide prevention performance target. Document these linkages clearly by means of a well conceived logic model.

Section C: Proposed Implementation Approach (25 points)

- Describe all community-based activities (e.g., further needs assessment; capacity-building; implementation of EBPs, etc.) that the State intends to fund to meet or exceed the State-wide prevention performance target.

- Describe how the State will provide training, technical assistance, and other resources as needed to support implementation of the proposed project at the State and community levels.

- Provide a realistic timeline for the entire project period (depicted clearly in a chart or graph) showing key activities, milestones, and responsible staff**. [Refer to required Benchmarks in Part I, Section 2.7, Milestone Checklist] [Note: The timeline should be submitted as an integral part of the Project Narrative. It should not be placed in an appendix.]**

- Discuss the language, beliefs, norms and values of the subrecipient communities, as well as socioeconomic factors that must be considered in delivering programs, policies and practices to this population(s), and how the proposed approach for the Partnerships for Success project addresses these factors.

- Describe how the State Epidemiology and Outcomes Workgroup (SEOW), State Advisory Council (SAC), EBP Workgroup and subrecipient communities will be proactively involved in Partnerships for Success project assessment, planning and implementation.

- Describe how the State will use its existing infrastructure to support the delivery of prevention programs, policies and practices. Identify all organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project.

- Describe potential barriers to implementation, including State appropriations approval (e.g., State legislature appropriations committees, State appropriations board).

- Demonstrate that the necessary groundwork (e.g., State and community-level strategic planning, consensus development, development of memoranda of agreement, identification of potential subrecipient communities and service delivery agencies) has been completed or is near completion to allow the Partnerships for Success project to be implemented and service delivery to begin as soon as possible and no later than 6 months after grant award.

- Describe how the State plans to sustain and continue the Partnerships for Success project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

- Include a list of identified subrecipient communities, indicating their anticipated role in the project, in **Appendix 1** of your application.

Section D: Staff and Organizational Experience (15 points)

- Discuss the capability and experience of the State applicant and other participating organizations with similar projects and populations. Demonstrate that the State and other participating organizations have linkages to the subrecipient communities and ties to grassroots/community-based organizations and coalitions that are rooted in the culture and language of the subrecipient communities.

- Provide a complete list of staff positions including the Project Director and other key personnel for the project, showing the role of each and their level of effort and qualifications.

- Discuss how key staff has demonstrated experience in working with the subrecipient communities and are familiar with their cultures and languages. If the subrecipient communities are multicultural and multilinguistic, describe how the staff is qualified to serve this population.

- 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 amenable to the subrecipient communities. If the ADA does not apply to your organization, please explain why.

Section E: Performance Assessment and Data (20 points)

- Document the State's ability to collect and report on the required performance measures as specified in Part I, Section 2.8., Data Collection and Performance Measurement, of this RFA. Describe the State's overall plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments proposed for use in the Partnerships for Success project.

- Describe the State's substance abuse prevention evaluation process and methodology currently in place.

- Discuss the State-level surveillance, monitoring, and evaluation activities the State proposed to implement, guided by the work of the SEOW.

- Describe how the SEOW will work with subrecipient communities and coalitions to utilize data in managing the project and to assure continuous quality improvement.

- Describe what mechanisms the State will put into place to monitor and track the State-wide prevention performance target, including all short-range, intermediate and long-range benchmarks and outcomes.

- Describe how you will collect and report subrecipient process and outcome data using an electronic data collection system.

- Describe the State's plan for conducting the performance assessment as specified in Part I, Section 2.9, Performance Assessment, of this RFA, and document its ability to conduct the assessment. Include a comprehensive Evaluation Plan that assesses both the community and participant levels.

- Describe what reporting mechanisms the State will put in place to ensure that subrecipients know where they stand with respect to their progress at critical intervals toward reaching the State performance target.

NOTE: Although the budget for the proposed project is not a scored 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 F: Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section G: 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. An illustration of a budget and narrative justification is included in Appendix H of this document.

Section H: 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 I: **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 I of your application, using the guidelines provided below.

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. Appendix F of this RFA provides a more detailed discussion of issues applicants should consider in addressing these seven bullets. 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 population of focus 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 F: 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 Substance Abuse Prevention's National Advisory Council;

- availability of funds;

- 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 Part I, Section 2.8, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

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

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

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

3.2 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 Partnerships for Success grant program are described in Part I, Section 2.8 of this document under "Data Collection and Performance Measurement."

3.3 Publications

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

Mike Lowther, Division Director
Division of State Programs
Center for Substance Abuse Prevention
1 Choke Cherry Rd, Room 4-1037
Rockville, MD 20857
(240) 276-2581
mike.lowther@samhsa.hhs.gov

Allen Ward, Lead Public Health Advisor
Division of State Programs
Center for Substance Abuse Prevention
1 Choke Cherry Rd, Room 4-1047
Rockville, MD 20857
(240) 276-2444
allen.ward@samhsa.hhs.gov

For questions on grants management issues, contact:

William I. Reyes
Grants Management Specialist
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Rd., Room 7-1095
Rockville, MD 20857
(240) 276-1406
william.reyes@samhsa.hhs.gov

Appendix A – Checklist for Formatting Requirements and Screen out 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.

- The application must be signed by the Chief Executive of the State/Territory (e.g., Governor).

- 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 Sections I, II, and IV-5 of this announcement.
  - Documentation of nonprofit status as required in the PHS 5161-1.

- Pages should be typed single-spaced in black ink with one column per page. Pages should not have printing on both sides.

- 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 undated 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, and 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 15,450 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 1-3", "Appendices 4-5."

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

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. To avoid issues please do not wait until the final day to submit your application. 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 – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*] _____, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization listed in Appendix 1 of the application, that has agreed to participate in the project;

- official documentation that all service provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and

- official documentation that all participating service provider organizations are in compliance with all local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

_____ _____

Signature of Authorized Representative Date

Appendix D – 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 population(s) of focus 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, and 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 if 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 E – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.

- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).

- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)

- Pay for housing other than residential mental health and/or substance abuse treatment.

- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.

- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.

- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to $20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to $20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.

- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.

- Pay for pharmacology for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

SAMHSA will not accept a "research" indirect cost rate. The grantee must use the "other sponsored program rate" or the lowest rate available.

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 – Glossary

Adaptation: Modification made to a chosen intervention; changes in audience, setting, and/or intensity of program delivery. Research indicates that adaptations are more effective when underlying program theory is understood; core program components have been identified; and both the community and needs of a population of interest have been carefully defined.

Age of Onset: The age of first use as it relates to alcohol, tobacco, and illicit drugs.

Agent: In the Public Health Model, the agent is the catalyst, substance, or organism causing the health problem. In the case of substance abuse, the agents are the sources, supplies, and availability.

ATOD: Acronym for alcohol, tobacco, and other drugs.

Baseline: The level of behavior that is recorded before an intervention or service is provided.

Capacity: The various types and levels of resources that an organization, collaborative group or coalition has at its disposal to meet the implementation demands of specific interventions.

Capacity Building: Increasing the ability and skills of individuals, groups, and organizations to plan, undertake, and manage initiatives. The approach also enhances the capacity of the individuals, groups, and organizations to deal with future issues or problems.

Coalition: A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy, and drug-free community.

Community: People with a common interest living in a defined area. For example, a neighborhood, town, part of a county, county, school district, congressional district or regional area.

Community Readiness: The degree of support for or resistance to identifying substance use and abuse as significant social problems in a community. Stages of community readiness for prevention provide an appropriate framework for understanding prevention readiness at the community and state levels.

Contributing Factors/intervening variables: Attributes and conditions that can lead to an individual engaging in unhealthy behaviors. In prevention, contributing factors can indicate present or future substance use (i.e. easy access to substances, perception of harm, positive community attitudes toward behaviors, low or no enforcement of laws, parental acceptance of behavior, etc.).

Cooperative Agreement: A cooperative agreement is a form of Federal grant. Cooperative agreements are distinguished from other grants in that, under a cooperative agreement, substantial involvement is anticipated between the awarding office and the recipient during

performance of the funded activity. This involvement may include collaboration, participation, or intervention in the activity. HHS awarding offices use grants or cooperative agreements (rather than contracts) when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

Cultural Competence: Refers to an ability to interact effectively with people of different cultures. Cultural competence is comprised of four components: (a) Awareness of one's own cultural worldview, (b) Attitude towards cultural differences, (c) Knowledge of different cultural practices and worldviews, and (d) Cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.

Cultural Diversity: Differences in race, ethnicity, language, nationality, or religion among various groups within a community. A community is said to be culturally diverse if its residents include members of different groups.

Cultural Sensitivity: An awareness of the nuances of one's own and other cultures.

Culture: The shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people that may be unified by race, ethnicity, language, nationality, or religion.

Environment: In the Public Health Model, the environment is the context in which the host and the agent exist. The environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is a societal climate that encourages, supports, reinforces, or sustains problematic use of drugs.

Epidemiology: The study of factors affecting the health and illness of populations; it serves as the foundation and logic base of interventions made in the interest of public health and wellness.

Epidemiological profile: A summary and characterization of the consumption (use) patterns and consequences of the abuse of alcohol, tobacco, marijuana, heroin, cocaine, methamphetamines, inhalants, prescription drugs, or other substances. The epidemiological profile identifies the sources of data on consumption patterns as well as the indicators used to identify consequences (e.g., morbidity and mortality). It should provide a concise, clear picture of the burden of substance abuse in the State using tables, graphs, and words as appropriate to communicate this burden to a wide range of stakeholders.

Epidemiology Workgroups: As they relate to SAMHSA/CSAP SPF-based grants, these are groups of individuals that collect, analyze, and apply implications from data about alcohol, tobacco and illicit drug-related problems to improve prevention practice. The workgroups bring systematic, analytical thinking to understanding the causes and consequences of the use of alcohol, tobacco and other drugs.

Evaluation: A formalized approach to studying the goals, processes, and outcomes of projects, policies, and programs. Evaluations can involve quantitative methods of social research or qualitative methods or both.

Evidence-Based Practice: These Evidence-based interventions are defined in the Partnership for Success grant program by inclusion in one or more of the three categories below:

- Included in Federal registries of evidence-based interventions;
- Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; or
- Documented effectiveness supported by other sources of information and the consensus judgment of informed experts (as depicted in the guidelines contained in Identifying and Selecting Evidence-Based Interventions, SAMHSA, January 2009; available on line

Expected Outcomes: The intended or anticipated results of carrying out program activities. There may be short-term, intermediate, and long-term outcomes in a given project.

Fidelity: The degree to which a specific implementation of a program or practice resembles, adheres to, or is faithful to the evidence-based model on which it is based. Fidelity is formally assessed using rating scales of the major elements of the evidence-based model.

Goal: A broad statement of what the project is intended to accomplish (e.g., delay in the onset of substance abuse among youth).

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.

Host: In the Public Health Model, the host is the individual affected by the health problem. In the case of substance abuse, the host is the potential or active user of drugs.

Impact Evaluation: Evaluation that examines the extent of the broad, ultimate effects of the project (i.e., did youth drug use decrease in the target area?)

Implementation: Implementation involves carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. During program implementation, organizations detail the evidence-based programs, policies and practices that need to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs.

Intervention: For the purposes of this grant announcement, "intervention" is the broad, umbrella term referring to the prevention programs, policies and practices to be implemented by the State in conducting their project. When programs, policies and practices are combined into a comprehensive approach to address grantee priority needs, this overarching approach is generally referred to as a "prevention strategy."

Logic Model: A comprehensive and sequential method of moving from defining needs to developing goals, objectives, activities, and outcome measures. The Logic Model shows the link between each component. The goal is often built around the ultimate impact that is sought by the program. The objectives are often built around the underlying causal factors. The activities then may indicate several interventions.

Multi-sector: More than one agency or institution working together.

Multi-strategy: More than one prevention strategy, such as information dissemination, skill building, use of alternative approaches to substance abuse reduction, social policy development, and environmental approaches, working with each other to produce a comprehensive plan.

National Registry of Evidence-Based Programs and Practices (NREPP): NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions.

Needs Assessment: A formal process of collecting and analyzing data to estimate the size, clarify, and nature of drug use/abuse; a second area involves assessing capacity, resources, readiness and gaps in service delivery. In the SPF process, these data is used to estimate the consumption and consequences patterns associated with substance abuse.

Objectives: What is to be accomplished during a specific period of time to move toward achievement of a goal, expressed in specific measurable terms.

Outcome Evaluation: Evaluation that describes the extent of the immediate effects of project components, including what changes occurred.

Outcomes-Based Prevention: An approach to prevention planning that begins with a solid understanding of a substance abuse problem, progresses to identify and analyze factors/conditions that contribute to the problem, and finally matches intervention approaches to these factors/conditions ultimately leading to changes in the identified problem, i.e., behavioral outcomes.

Performance management: The use of performance measurement information to help set agreed-upon performance goals, allocate and prioritize resources, inform managers to either confirm or change current policy or program directions to meet those goals, and report on the success in meeting those goals.

Performance measurement: The use of statistical evidence to determine progress toward specific defined goals and objectives.

Policies: Policies can be broadly defined as standards for behavior that are formalized to some degree [i.e., written], and embodied in rules, regulations, and operations procedures. Government regulations are one type of such policies, but they can also include non-

governmental regulations put into place at institutions like schools, colleges, liquor stores, bars, restaurants, and workplaces. Ultimately, policy can be used to effect environmental change, thereby reducing substance use.

Population health: The health outcomes of a group of individuals, including the distribution of such outcomes within the group. It is an approach to health that aims to improve the health of an entire population.

Populations of Focus: The persons, organizations, communities, or other types of groups that the project is intended to reach.

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

Priority Need: Something that is ranked highly in term of importance or urgency.

Programs: For substance abuse prevention a combination of strategies or approaches intended to prevent an undesirable outcome (preventive intervention), promote a desirable outcome (promotion intervention) or alter the course of an existing condition.

Program Planning: Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance abuse prevention needs of the community. During this phase, organizations select logic models and evidence-based policies and programs. They also determine costs and resources needed for effective implementation.

Process Evaluation: Evaluation that describes and documents what was actually done, how much, when, for whom, and by whom during the course of the project.

Public Health: The science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals.

Public Health Approach: A public health approach focuses on change for entire populations. Population-based public health considers an entire range of factors that determine health.

Relapse Prevention: Relapse Prevention is a collection of interdependent techniques which are intended to enhance self-control. The goal of this treatment is to provide tools for individuals in recovery to help them maintain abstinence from substances through the identification of high risk situations for relapse and the implementation of more effective coping strategies. Relapse Prevention is a maintenance strategy in the treatment of addictive behaviors and therefore is not an ATOD Prevention strategy.

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

Substance Abuse: Substance abuse is the overindulgence in and dependence on a drug or other chemicals, including alcohol, leading to effects that are detrimental to the individual's physical and mental health, or the welfare of others. The disorder is characterized by a pattern of continued pathological use of a medication, non-medically indicated drug, alcohol, or toxin that results in repeated adverse social consequences related to drug use, such as failure to meet work, family, or school obligations, interpersonal conflicts, or legal problems.

Sustainability: Sustainability in its simplest form describes a characteristic of a process or outcome that can be maintained at a certain level indefinitely. To elaborate further, it is the ability of a program to deliver an appropriate level of benefits for an extended period of time after major financial, managerial, and technical assistance from an external donor is terminated.

Target: The expected change the State intends to achieve in their baseline rate.

Technical Assistance (TA): Services provided by professional prevention staff intended to provide technical guidance to prevention programs, community organizations, and individuals to conduct, strengthen, or enhance activities that will promote prevention.

Appendix H – Complete List of Eligible Applicants

1. Arizona
2. Arkansas
3. Connecticut
4. Colorado
5. Florida
6. Guam
7. Illinois
8. Indiana
9. Kentucky
10. Louisiana
11. Maine
12. Michigan
13. Missouri
14. Montana
15. Nevada
16. New Hampshire
17. New Mexico
18. North Carolina
19. Palau
20. Rhode Island
21. Texas
22. Tennessee
23. Vermont
24. Washington State
25. West Virginia
26. Wyoming