

**Department of Health and Human Services**

**Substance Abuse and Mental Health Services Administration**

**Targeted Capacity Expansion Grants for Jail Diversion Programs  
(Initial Announcement)  
SM-05-011**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by May 24, 2005</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Letters from State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>

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A. Kathryn Power, M.Ed.  
Director, Center for Mental Health Services  
Substance Abuse and Mental Health  
Services Administration

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Charles G. Curie, M.A., A.C.S.W.  
Administrator, Substance Abuse and Mental Health  
Services Administration

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# I. FUNDING OPPORTUNITY DESCRIPTION

## ▪ INTRODUCTION

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), announces the availability of Fiscal Year 2005 funds for programs to divert individuals with mental illness from the criminal justice system to community based integrated mental health and substance abuse treatment and appropriate support services.

The purpose of the TCE Grants for Jail Diversion Programs is to promote the transformation of systems to improve services for justice-involved adults with mental illness. In 2002 the President created the New Freedom Commission on Mental Health to study the mental health service delivery system and to make recommendations for improving this system. Recommendations of this commission are provided in the 2003 final report.<sup>1</sup> SAMHSA's Center for Mental Health Services is charged as the lead government agency to implement the goals and recommendations of the New Freedom Commission Report. One of the recommendations from the report was for widespread adoption of adult criminal justice diversion and re-entry strategies to avoid the unnecessary criminalization and extended incarceration of non-violent adult offenders with mental illnesses. The TCE Grants for Jail Diversion Program provides communities the opportunity to address this key recommendation.

The TCE Grants for Jail Diversion Program is authorized under Section 520G of the Public Health Services Act of 2002. A copy of the law can be downloaded from the SAMHSA web site [http://www.access.gpo.gov/uscode/title42/chapter6a\\_subchapteriii-a\\_partb\\_subpart3\\_.html](http://www.access.gpo.gov/uscode/title42/chapter6a_subchapteriii-a_partb_subpart3_.html) (select "Sec. 290bb-38, Grants for jail diversion programs").

## 2. EXPECTATIONS

The goals for the TCE Grants for Jail Diversion are to

- Divert persons with mental illness and/or co-occurring substance abuse disorders from jails to community based mental health;
- Provide either directly or indirectly, treatment services that are based on best known practices; and
- Promote the development of a comprehensive service delivery system.

Applicants are expected to develop jail diversion activities for one or more points on the criminal justice processing spectrum (see Appendix I for a schematic outline of this spectrum). These may include the initial point of police contact, pre-booking, post-booking, arraignment, or through mental health courts.

Grantees will build service capacity by:

- Developing and implementing a strategic plan for creating a service delivery system for jail diverted persons;

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<sup>1</sup> New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Publication No. SMA-03-3832. Rockville, MD. 2003.

- Building the infrastructure to support the service delivery system; and
- Providing treatment services directly or by arranging for them to be provided.

Treatment services must be based on the best known practices and include case management, Assertive Community Treatment (as appropriate), medication management, integrated mental health and substance abuse treatment, psychiatric rehabilitation, and gender based trauma services. Grantees will coordinate with social service agencies to ensure that life skills training, housing placement, vocational training, job placement, and health care are available to diverted persons. (See Appendix B, “Program Specific Assurances that Must Be Met by Capacity Expansion Site Applicants.” A signed copy of this form must be included in your application as Appendix 4.)

Grantees are expected to evaluate the process of planning and implementing the program and to participate in a cross-site evaluation of the impact of the program, described later in this document.

## 2.1 Allowable Activities

The Planning Phase: Before services are implemented, grantees will bring together key stakeholders to design a service delivery system for diverted persons and to identify the infrastructure needed to support it. At the completion of this phase, grantees will have developed a strategic plan for a comprehensive service system that diverts persons from jail and provides them with the services and supports they need for successful recovery. The Government Project Officer must review and approve the strategic plan before grantees implement the program and begin services. The planning phase is expected to take up to eight months.

The activities that are supported during the planning phase are the following:

- Conduct a thorough needs assessment;
- Involve key stakeholders including consumers and family members, health, mental health and substance abuse providers, and representatives from corrections, law enforcement; courts, social service organizations, faith based organizations, and other potential sources of funding;
- Provide key stakeholders with expert consultation and education on jail diversion approaches and their linkage to best known/effective mental health treatment practices and support services.
- Develop a strategic plan for creating a comprehensive service system for jail-diverted people;
- Obtain Institutional Review Board approval to enroll participants in the national evaluation; and,
- Conduct a process evaluation of the planning phase.

The strategic plan should include a vision statement, goals, objectives, activities, timeline and persons responsible for implementing the activities. The plan should also include implementation strategies for:

- ✓ Identifying resources to support and sustain the comprehensive service system during and beyond the Federal funding;

- ✓ Creating organizational or structural changes to the agency(ies) providing services;
- ✓ Developing the workforce (e.g., training, licensure, credentialing, accreditation, etc.)
- ✓ Guaranteeing that mental health treatment services that are based on best practices and that include case management, assertive community treatment, medication management and access, integrated mental health and substance abuse treatment, psychiatric rehabilitation, and gender based trauma services will be provided and coordinated with each other;
- ✓ Modifying/adapting treatment services to meet the unique needs of this population;
- ✓ Assuring that social services including life skills training, housing placement, vocational training, job placement, and health care will be available;
- ✓ Obtaining memoranda of understanding or other documents demonstrating agreement among agencies to provide and coordinate services;
- ✓ Identifying and addressing policy, legal, social and other barriers to the project; and,
- ✓ Measuring performance and assuring quality improvement.

The Implementation Phase: After the strategic plan has been approved by the Government Project Officers, grantees will implement the plan. The activities that are supported during this implementation phase include the following:

- Developing interagency agreements among service providers and law enforcement agencies;
- Financing and coordinating resources;
- Creating organizational/structural change;
- Developing policies to support needed service system improvements;
- Measuring performance and assuring quality improvement;
- Developing the workforce;
- Building a data infrastructure/MIS;
- Screening, diverting, and enrolling clients into mental health treatment services;
- Providing either directly or indirectly, appropriate treatment services;
- Coordinating with social service agencies to provide life skills training, housing placement, vocational training, job placement, and health care;
- Conducting a process evaluation of the project's implementation; and
- Participating in a national evaluation;

## **2.2 Documenting the Evidence Base for Services to be Implemented**

In order for jail diversion programs to be successful, the community based treatment services to which clients are diverted must be effective. TCE Grants for Jail Diversion grantees must provide post diversion treatment services that incorporate the best objective information available regarding effectiveness. In general, these services will have strong evidence of effectiveness. However, because the evidence base is limited, SAMHSA may fund some services for which the evidence of effectiveness is based on formal consensus among recognized experts in the field and/or evaluation studies that have not been published in the peer reviewed literature.

Applicants must document in their applications that the community-based services/practices they propose to implement incorporate the best objective information available regarding

effectiveness. In addition, applicants must justify use of the proposed services/practices for the target population along with any adaptations or modifications necessary to meet the unique needs of the target population or otherwise increase the likelihood of achieving positive outcomes. Further guidance on each of these requirements is provided below.

#### *Documenting the Evidence Base of Services/Practices*

SAMHSA has already determined that certain services/practices have a solid evidence-base and encourages applicants to select services/practices from the following sources (though this is not required):

- SAMHSA's National Registry of Effective Programs and Practices (NREPP) (Appendix E)
- List of Effective Evidence-Based Practices: Shaping Mental Health Services Toward Recovery (see Appendix F).

Applicants proposing services/practices that are not included in the above-referenced sources must provide a narrative justification that summarizes the evidence for effectiveness of the proposed services/practice. The preferred evidence of effectiveness will include the findings from clinical trials, efficacy, and/or effectiveness studies published in the peer-reviewed literature.

In areas where little or no research has been published in the peer-reviewed scientific literature, the applicant may present evidence involving studies that have not been published in the peer-reviewed research literature and/or documents describing formal consensus among recognized experts. If consensus documents are presented, they must describe consensus among multiple experts whose work is recognized and respected by others in the field. Local recognition of an individual as a respected or influential person at the community level is not considered a "recognized expert" for this purpose.

In presenting evidence in support of the proposed services/practice, applicants must show that the evidence presented is the best objective information available.

#### *Justifying Selection of the Services/Practice for the Target Population*

Regardless of the strength of the evidence-base for the services/practice, all applicants must show that the proposed services/practice is appropriate for the proposed target population. Ideally, this evidence will include research findings on effectiveness and acceptability specific to the proposed target population. However, if such evidence is not available, the applicant should provide a justification for using the proposed services/practice with the target population. This justification might involve, for example, a description of adaptations to the proposed services/practice based on other research involving the target population.

#### *Justifying Adaptations/Modifications of the Proposed Services/Practice*

SAMHSA has found that a high degree of faithfulness or "fidelity" (see Glossary in Appendix D) to the original model increases the likelihood that positive outcomes will be achieved when the model is used by others. Therefore, SAMHSA encourages fidelity to the original best practice to

be implemented. However, SAMHSA recognizes that adaptations or modifications to the original model may be necessary for a variety of reasons:

- To allow implementers to use resources efficiently;
- To adjust for specific needs of the client population; or
- To address unique characteristics of the local community where the services/practice will be implemented.

All applicants must describe and justify any adaptations or modifications to the proposed services/practice that will be made.

## **2.3 Data and Performance Measurement**

The Government Performance and Results Act of 1993 (P.L.103-62, or “GPRA”) requires all Federal agencies to set program performance targets and report annually on the degree to which the previous year’s targets were met. Agencies are expected to evaluate their programs regularly and to use results of these evaluations to explain their successes and failures and justify requests for funding.

To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. Grantees are required to report these GPRA data to SAMHSA on a timely basis. The GPRA data required of grantees in the TCE Grants for Jail Diversion Program are described in Appendix C to this document. In your application, you must demonstrate your ability to collect and report on these measures.

The terms and conditions of the grant award also will specify the data to be submitted and the schedule for submission. Grantees will be required to adhere to these terms and conditions of award.

CMHS is currently in the initial planning stages of implementing a web-based GPRA data collection and reporting system. Grantees may be asked in the future to submit their GPRA data electronically using this web-based system. All applicants must agree to comply with the web-based submission of performance data in their application. When development of the system is complete, grantees will be provided initial training and ongoing technical assistance in order to ensure a smooth transition to the electronic system and continued user support.

## **2.4 Grantee Meetings**

You must plan to send a minimum of three people (including the Project Director, a consumer representative and an evaluator) to one grantee meeting in each year of the grant, and you must include funding for this travel in your budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each meeting will be 3 days and usually be held in the Washington, D.C., area. Attendance is mandatory.

## 2.5 Evaluation

Grantees are required to conduct both process and outcome evaluations. Process and outcome evaluations measure change relating to project goals and objectives over time compared to baseline information. The evaluation should be designed to provide regular feedback to the project to improve implementation of the best practice and, ultimately, the outcomes that will result from implementation of the best practice. Control or comparison groups are not required. You must consider your evaluation plan when preparing the project budget.

**Process components:** Grantees should address issues such as:

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

**Outcome components:** Grantees agree to participate in a national outcome evaluation that will be coordinated by the Technical Assistance and Policy Analysis (TAPA) Center as a condition of award. The multi-site evaluation design, instrumentation and data collection processes are described in Appendix C of this RFA and are currently undergoing Office of Management and Budget (OMB) review.

No more than 20% of the total grant award may be used for evaluation and data collection, including GPRA and incentives for completing the evaluation.

## II. AWARD INFORMATION

### 1. AWARD AMOUNT

It is expected that up to \$2,400,000 will be available to fund six new grants in FY 2005 for up to three years. Annual awards will not exceed \$400,000 per year in total costs (direct and indirect). The actual amount available for the awards may vary, depending on unanticipated program requirements and the number and quality of the applications received. Annual continuation awards will depend on the availability of funds, approval of the strategic plan during the initial phase of the grant, grantee progress in meeting project goals and objectives, and timely submission of required data and reports.

### 2. FUNDING MECHANISM

Awards will be made as grants.

### III. ELIGIBILITY INFORMATION

#### 1. ELIGIBLE APPLICANTS

As specified by the Public Health Service Act Section 520G, eligibility to apply for the TCE Grants for Jail Diversion is to the chief executive of a State, political subdivisions of States, Indian tribes, and tribal organizations, acting through agreements with other public and nonprofit entities to develop and implement programs to divert individuals with a mental illness from the criminal justice system to community-based services. Thus, all applications must be signed by the chief executive of their State, political subdivision of State, Indian tribe, or tribal organization. Examples include:

- State governor;
- County executive;
- City mayor; or
- Tribal leader.

#### 2. COST SHARING

As required in the Section 520 G of the PHS Act, the Federal share of the TCE for Jail Diversion grants may not exceed 75% of the total cost of the grant project. Grantees must provide 25% of the total costs of the grant project from other non-Federal sources. The non-Federal share may be made in cash or in kind fairly evaluated, including planned equipment or services. Applicants must itemize the match separately in the budget worksheet and explain the match separately in the budget justification. Federal grant funds must be used for the new expenses of the program carried out by the grantee. That is, Federal grant funds must be used to supplement and not supplant, existing funds.

#### 3. OTHER

**Applications must comply with the following requirements, or they will be screened out and will not be reviewed:** use of the PHS 5161-1 application; application submission requirements in Section IV-3 of this document; and formatting requirements provided in Section IV-2.3 of this document.

### IV. APPLICATION AND SUBMISSION INFORMATION

**To ensure that you have met all submission requirements, a checklist is provided for your use in Appendix A of this document.**

#### 1. ADDRESSES TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from the National Mental Health Information Center at 1-800-789-CMHS (2647).

You also may download the required documents from the SAMHSA web site at [www.samhsa.gov](http://www.samhsa.gov). Click on 'Grants.'

Additional materials available on this web site include:

- a technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- enhanced instructions for completing the PHS 5161-1 application.

## 2. CONTENT AND FORM OF APPLICATION SUBMISSION

### 2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page, budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides specific information about the availability of funds along with instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA web site ([www.samhsa.gov](http://www.samhsa.gov)) and on the Federal grants web site ([www.grants.gov](http://www.grants.gov)).

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

### 2.2 Required Application Components

To ensure equitable treatment of all applications, applications must be complete. In order for your application to be complete, it must include the required ten application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Appendices, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

- ❑ **Face Page** – Use Standard Form (SF) 424, which is part of the PHS 5161-1. [Note: Beginning October 1, 2003, applicants will need to provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants will be 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](http://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 organizations getting ready to submit a Federal grant application.]

- ❑ **Abstract** – Your total abstract should not be longer than 35 lines. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- ❑ **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- ❑ **Budget Form** – Use SF 424A, which is part of the 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification are included in Appendix H of this RFA.
- ❑ **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. These sections in total may not be longer than 30 pages. (For example, 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 G, Biographical Sketches/Job Descriptions

- *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. Be sure to show that no more than 20% of the total grant award will be used for data collection and evaluation.
- *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 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.
  - ✓ Sample sketches and job descriptions are listed on page 22, Item 6, in the Program Narrative section of the PHS 5161-1.
  - ✓ *Section I* - Confidentiality and SAMHSA Participant Protection/Human Subjects. Section IV-2.4 of this document describes requirements for the protection of the confidentiality, rights and safety of participants in SAMHSA-funded activities, and also includes guidelines for completing that part of your application.

- **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 30 pages for Appendices 1 and 3 combined. There are no page limitations for Appendices 2, 4, and 5. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.
  - *Appendix 1:* Letters of Support
  - *Appendix 2:* Data Collection Instruments/Interview Protocols
  - *Appendix 3:* Sample Consent Forms
  - *Appendix 4:* Signed copy of Appendix B “ Program Specific Assurances That Must Be Met by Capacity Expansion Site Applicants”
  - *Appendix 5 :* A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority.
  
- **Assurances** – Non-Construction Programs. Use Standard Form 424B found in PHS 5161-1. Applicants for Targeted Capacity Expansion Grants for Jail Diversion Programs are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Standards and Regulations form SMA 170. Form SMA 170 will be posted with this RFA on SAMHSA’s web site and provided in the application kits available through the National Mental Health Information Center at 1-800-789-CMHS (2647).
  
- **Certifications** – Use the “Certifications” forms found in PHS 5161-1.
  
- **Disclosure of Lobbying Activities** – Use Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way.
  
- **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances, and certifications, and is the last page of your application.

## 2.3 Application Formatting Requirements

**Applicants also must comply with the following basic application requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.**

- Information provided must be sufficient for review.

- Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”)
  - ✓ Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
  - ✓ Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.
- To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”)
  - ✓ Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the 30-page limit for the Project Narrative.
  - ✓ Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by 30. This number represents the full page less margins, multiplied by the total number of allowed pages.
  - ✓ Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

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

- Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.
- Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.

- ❑ The page limit of a total of 30 pages for Appendices 1 and 3 combined should not be exceeded.
- ❑ Send the original application and two copies to the mailing address in Section IV-6.1 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.

### Guidance for Electronic Submission of Applications

SAMHSA is now offering the opportunity for you to submit your application to us either in electronic or paper format. 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](http://www.Grants.gov) apply site. You will be able to download a copy of the application package from [www.Grants.gov](http://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.

You must search the Grants.gov site for the downloadable application package, by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of this funding announcement.

You must follow the instructions in the User Guide available at the [www.Grants.gov](http://www.Grants.gov) apply site, on the Customer Support tab. In addition to the User Guide, you may wish to use the following sources for help:

- By e-mail: [support@Grants.gov](mailto: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.

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: DUNS Number registration, Central Contractor Registry (CCR) registration, Credential Provider registration, and Grants.gov registration.

**It is strongly recommended that you submit your grant application using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.).** If you do not have access to Microsoft Office products, you may submit a PDF file. 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 above, and 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 to ensure the accurate transmission and equitable treatment of applications.

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of one inch each. Adhering to these standards will help to ensure the accurate transmission of your document. If the type size in the Project Narrative of an electronic submission exceeds 15 characters per inch, or the text exceeds 6 lines per vertical inch, SAMHSA will reformat the document to Times New Roman 12, with line spacing of single space. Please note that this may alter the formatting of your document, especially for charts, tables, graphs, and footnotes.
- *Amount of space allowed for Project Narrative:* The Project Narrative for an electronic submission may not exceed 15,450 words. **Any part of the Project Narrative in excess of the word limit will not be submitted to review.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV-3 of this announcement. The paper submission must be clearly marked: “Back-up for electronic submission.” The paper submission must conform to all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number.

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), the assurances (SF 424B), and the certifications, and hard copy of any other required documentation that cannot be submitted electronically. **You must reference the Grants.gov tracking number for your application, on these documents with original signatures, and send the documents to the following address. The documents must be received at the following address within 5 business days of 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 service (DHL, Falcon Carrier, Federal Express, United Parcel 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 **20850**  
ATTN: Electronic Applications

If you require a phone number for delivery, you may use (240) 276-1199.

## **2.4 SAMHSA Confidentiality and Participant Protection Requirements and Protection of Human Subjects Regulations**

Applicants must describe procedures relating to Confidentiality, Participant Protection, and the Protection of Human Subjects Regulations in Section I of the application, using the guidelines provided below. Problems with confidentiality, participant protection, and protection of human subjects identified during peer review of the application may result in the delay of funding.

### **Confidentiality and Participant Protection:**

All applicants must describe how they will address the requirements for each of the following elements relating to confidentiality and participant protection. If a particular requirement is not relevant to the proposed project, applicants must explain why it is not relevant.

#### 1. Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, **including risks to confidentiality**.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

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

## 2. Fair Selection of Participants

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

## 3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.).
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

## 4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Appendix 2, “Data Collection Instruments/Interview Protocols,”** copies of all available additional 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**

TCE Jail Diversion applicants must comply with the Protection of Human Subjects Regulations (45 CFR 46).

Applicants 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, you 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 participants 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](mailto:ohrp@osophs.dhhs.gov)) or by phone (301-496-7005). SAMHSA-specific questions related to Protection of Human Subjects Regulations should be directed to the program contact listed in Section VII of the RFA.

### 3. SUBMISSION DATES AND TIMES

Applications are due by close of business on May 24, 2005. **Hand carried applications will not be accepted. Applications may be shipped using only DHL, Falcon Carrier, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

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

- For packages submitted via DHL, Falcon Carrier, Federal Express (FedEx), or United Parcel Service (UPS), timely submission shall be evidenced by a delivery service receipt indicating the application was delivered to a carrier service at least 24 hours prior to the application deadline.
- For packages submitted via the United States Postal Service (USPS), proof of timely submission shall be a postmark not later than 1 week prior to the application deadline, and the following upon request by SAMHSA:
  - ✓ Proof of mailing using USPS Form 3817 (Certificate of Mailing), or
  - ✓ A receipt from the Post Office containing the post office name, location, and date and time of mailing.

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

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

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

SAMHSA will not accept or consider any applications by facsimile.

SAMHSA is collaborating with [www.grants.gov](http://www.grants.gov) to accept electronic submission of applications. Please refer to Section IV-2.3 above for "Guidance for Electronic Submission of Applications."

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

Executive Order 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100, sets up a system for State and local review of applications for Federal financial assistance. A current listing of State Single Points of Contact (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](http://www.whitehouse.gov/omb/grants/spoc.html).

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are a federally recognized Indian tribal government.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State’s review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline:

- **For United States Postal Service:**

Crystal Saunders, Director of Grant Review  
 Office of Program Services  
 Substance Abuse and Mental Health Services Administration  
 Room 3-1044  
 1 Choke Cherry Road  
 Rockville, MD **20857**  
 ATTN: SPOC – Funding Announcement No. SM-05-011

**For other delivery 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 **20850**  
 ATTN: SPOC – Funding Announcement No. SM-05-011

## **5. FUNDING LIMITATIONS/RESTRICTIONS**

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents:

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

In addition, SAMHSA’s Targeted Capacity Expansion Grants for Jail Diversion Programs Grant recipients must comply with the following funding restrictions:

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

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.
- Pay for incentives to induce individuals to enter treatment. However, a grantee or treatment provider may provide up to \$20 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.
- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies 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.

## **6. OTHER SUBMISSION REQUIREMENTS**

### **6.1 Where to Send Applications**

Guidance for Electronic Submission of Applications is contained in Section IV-2.3 of this announcement. Following are instructions for submission of paper applications.

Send applications to the following address:

**For United States Postal Service:**

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

Rockville, MD **20857**

**For other delivery 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 **20850**

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include Targeted Capacity Expansion Grants for Jail Diversion Programs and SM- 05-011 in item number 10 on the face page of the application. If you require a phone number for delivery, you may use (240) 276-1199.

## **6.2 How to Send Applications**

Guidance for Electronic Submission of Applications is contained in Section IV-2.3 of this announcement. Following are instructions for submission of paper applications.

Mail or deliver an original application and 2 copies (including appendices) to the mailing address provided above, according to the instructions in Section IV-3. The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

**Hand carried applications will not be accepted. Applications may be shipped using only DHL, Falcon Carrier, 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**

Your application will be reviewed and scored according to the quality of your response to the requirements listed below for developing the Project Narrative (Sections A-E). These sections describe what you intend to do with your project.

- 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.
- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative. Points will be assigned based on how well you address the cultural competence aspects of the evaluation criteria. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA web site at [www.samhsa.gov](http://www.samhsa.gov), click on “Grants.”
- The Supporting Documentation you provide in Sections F-I and Appendices 1-4 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading below is the maximum number of points a review committee may assign to that section of your Project Narrative. Bullet statements in each section do not have points assigned to them. They are provided to invite the attention of applicants and reviewers to important areas within each section.

**Section A: Statement of Need (20 points)**

- Describe the environment (organization, community, city, or State) where the project will be implemented.
- Describe the target population (see Glossary) as well as the geographic area to be served, and justify the selection of both. Include numbers to be served and demographic information including gender and trauma specific needs. Discuss the target population’s language, beliefs, norms and values, as well as socioeconomic factors that must be considered in delivering programs to this population.
- Describe the problem the project will address. Documentation of the problem may come from local data or trend analyses, State data (e.g., from State Needs Assessments), and/or national data (e.g., from SAMHSA’s National Household Survey on Drug Abuse and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- Non-tribal applicants must show that identified needs are consistent with the priorities of the State or county that has primary responsibility for the service delivery system. Include, in **Appendix 5**, a copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.

## Section B: Proposed Project Approach (30 points)

- Describe the jail diversion approach, (pre/post booking, mental health court, etc) that you propose to implement and why it is the best choice for your community and target population.
- State the purpose, goals and objectives of your proposed project. Describe how achievement of the goals will address both the overall program purpose as specified in this RFA and the needs you have identified in Section A. Provide a logic model (see Appendix G) that links need key components of the proposed project, and goals/objectives/outcomes of the proposed project.
- Provide a realistic time line for the project (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]
- Identify the key stakeholders who will be participating in the strategic planning process, including consumers and family members, health, mental health and substance abuse providers, and representatives from corrections, law enforcement, courts, social service organizations, faith based organizations, and other potential sources of funding; Explain why they were selected to participate and outline their roles and responsibilities. Include letters of support or memoranda of agreement in **Appendix 1: Letters of Support** that describe how they are going to support this program.
- State the unduplicated number of individuals you propose to screen and those you expect to divert and enroll in community based services (annually and over the entire project period) through this project including the types and numbers of services to be provided and anticipated outcomes.
- Outline how treatment services will be made available to diverted persons appropriate to their needs that include Assertive Community Treatment, case management; integrated mental health and substance abuse treatment; psychiatric rehabilitation; medication management; and gender-based trauma services. If they are not already a part of the key stakeholder group, obtain letters of support or memoranda of agreement from the providers of these treatment services that describe how they are going to support this program. The letters of support should be placed in **Appendix 1: Letters of Support**.
- Outline how social services including life skills training, housing placement, vocational training, job placement, and health care will be accessed and coordinated. If they are not already a part of the key stakeholder group, obtain letters of support or memoranda of agreement from the providers of these services that describe how they are going to support this program. The letters of support should be placed in **Appendix 1: Letters of Support**.
- Describe potential policy, legal, and social barriers to implementing the proposed project and how they will be addressed.
- Provide a plan to secure resources to sustain the proposed project when Federal funding ends.

### **Section C: Proposed Services/Practices (20 points)**

- Describe the best practices through which each of the following services will be made available to diverted persons:
  - ✓ Assertive Community Treatment (ACT);
  - ✓ Case management;
  - ✓ Integrated mental health and substance abuse treatment;
  - ✓ Medication management and access;
  - ✓ Psychiatric rehabilitation; and
  - ✓ Gender-based trauma services.
- For each of the practices:
  - ✓ Describe the evidence that it is effective in improving outcomes;
  - ✓ Explain why it is appropriate for the target population;
  - ✓ Describe how the practice will be modified/adapted, if necessary, to meet the needs of the target population while maintaining fidelity to the original model. Include issues of age, gender and culture.

### **Section D: Staff and Organizational Experience (15 points)**

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.
- Provide a list of staff who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as the evaluator and treatment/prevention personnel.
- Describe procedures for training staff. Include any in-service training for staff and consumer/family development.
- Describe the racial/ethnic characteristics of key staff and indicate if any are members of the target population/community. If the target population is multi-linguistic, indicate if the staffing pattern includes bilingual and bicultural individuals.
- 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 target population.

### **Section E: Evaluation Plan, Data Collection and Analysis (15 points)**

- Describe the process evaluation, including assessments of implementation outcomes. Include a detailed discussion of how all variables (e.g., stakeholder support, services

coordination) will be defined and measured. Include any data collection instruments/interview protocols in **Appendix 2**.

- Describe the plans for data collection, management, analysis, interpretation and reporting.
- Describe plans to assess consumer satisfaction with services, e.g., anonymous survey and peer group discussions.
- Describe how the evaluation will be used to ensure the fidelity to the practice(s).
- Document your ability to collect and report on the performance and other measures as specified in the national outcome evaluation described in Appendix C of this grant announcement.
- Specify and justify any additional outcome measures you plan to collect. Describe their reliability or validity in terms of the gender/age/culture of the target population. Include any data collection instruments/interview protocols in **Appendix 2**.
- Discuss plans to disseminate the findings of the process and outcome evaluations of the proposed program, including:
  - ✓ Describe plans to provide feedback to community stakeholders and constituencies on the process and outcomes of the implementation of the program in a manner targeted to each constituency.
  - ✓ Describe how representatives of the target population and their families will participate and contribute to the interpretation and dissemination of the findings.
  - ✓ Describe plans to disseminate findings to the appropriate source, which could be financial partners in future years.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

## **2. REVIEW AND SELECTION PROCESS**

SAMHSA applications are peer-reviewed according to the review criteria listed above. For those programs where the individual award is over \$100,000, applications must also 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 necessary, approved by the appropriate National Advisory Council;
- Availability of funds;
- Equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among target populations and program size; and

- After applying the aforementioned criteria, the following method for breaking ties: When funds are not available to fund all applications with identical scores, SAMHSA will make award decisions based on the application(s) that received the greatest number of points by peer reviewers on the evaluation criterion in Section V-1 with the highest number of possible points. Should a tie still exist, the evaluation criterion with the next highest possible point value will be used, continuing sequentially to the evaluation criterion with the lowest possible point value, should that be necessary to break all ties. If an evaluation criterion to be used for this purpose has the same number of possible points as another evaluation criterion, the criterion listed first in Section V-1 will be used first.

## VI. AWARD ADMINISTRATION INFORMATION

### 1. AWARD NOTICES

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

If you are approved for funding, you will receive an **additional** notice, the Notice of Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows the grantee to receive Federal funding for work on the grant project. It is sent by postal mail and is addressed to the contact person listed on the face page of the application.

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

### 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

#### 2.1 General Requirements

- You must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA web site at [www.samhsa.gov/grants/generalinfo/grants\\_management.aspx](http://www.samhsa.gov/grants/generalinfo/grants_management.aspx).
- Depending on the nature of the specific funding opportunity and/or the proposed project as identified during review, additional terms and conditions may be negotiated with the grantee prior to grant award. These may include, for example:
  - ✓ Actions required to be in compliance with 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.

- 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.
- 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. Applicants are encouraged to complete the survey and return it, using the instructions provided on the survey form.

### **3. REPORTING REQUIREMENTS**

#### **3.1 Progress and Financial Reports**

- Grantees must provide annual and final progress reports. The final progress report must summarize information from the annual reports, describe the accomplishments of the project, and describe next steps for implementing plans developed during the grant period.
- Grantees must provide annual and final financial status reports. These reports may be included as separate sections of annual and final progress reports or can be separate documents. Because SAMHSA is extremely interested in ensuring that infrastructure development and enhancement efforts can be sustained, your financial reports must explain plans to ensure the sustainability (see Glossary in Appendix D) of efforts initiated under this grant. Initial plans for sustainability should be described in year 1 of the grant. In each subsequent year, you should describe the status of the project, successes achieved and obstacles encountered in that year.
- SAMHSA will provide guidelines and requirements for these reports to grantees at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine the grantee’s progress toward meeting its goals.

#### **3.2 Government Performance and Results Act**

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance requirements for SAMHSA’s Targeted Capacity Expansion Grants for Jail Diversion Programs are described in Section I-2.2 of this document under “Data and Performance Measurement”.

### **3.3 Publications**

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

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

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 on program issues, contact:

David Morrissette, DSW,  
Center For Mental Health Services, SAMHSA  
1 Choke Cherry Lane Room 6-1010  
Rockville, MD. 20857  
(240)-276-1912  
[david.morrissette@samhsa.hhs.gov](mailto:david.morrissette@samhsa.hhs.gov)

For questions on grants management issues, contact:

Kimberly Pendleton, SAMHSA,  
Office of Program Services, Division of Grants Management  
1 Choke Cherry Road, Room 7-1097  
Rockville, MD 20857  
(240) 276-1421  
[kimberly.pendleton@samhsa.hhs.gov](mailto:kimberly.pendleton@samhsa.hhs.gov).