

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

**Cooperative Agreement for the Suicide Prevention
Resource Center (SPRC)**

(Initial Announcement)

RFA SM-05-017

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

Key Dates:

Application Deadline	Applications are due by June 1, 2005
Intergovernmental Review (E.O. 12372)	Letters from State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/SSA 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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I. FUNDING OPPORTUNITY DESCRIPTION

1. Introduction

The purpose of this grant is to provide funding to create and operate a national Suicide Prevention Resource Center (SPRC) that will: assist States, Territories, Tribes, and communities in their efforts to plan for the development, implementation, and evaluation of suicide prevention programs across the lifespan; assemble and make available to the field a repository of reliable, culturally-appropriate information, materials, and resources on suicide; assist in the development of resources to address existing gaps in the field; and serve as a clearinghouse of materials to be disseminated on best practices of suicide prevention strategies and techniques. Additionally, the SPRC will be responsible for: providing tailored technical assistance to approximately 34 SAMHSA/CMHS grantees that will be funded through two separate suicide-prevention initiatives beginning in FY 2005 (the Cooperative Agreements for State Sponsored Youth Suicide Prevention and Early Intervention Program and Campus Suicide Prevention Grant Program); and collaborating with the Evaluation Contractor for those grantees to assist with content knowledge, training, report drafting, and the packaging and disseminating of project findings.

The Suicide Prevention Resource Center grant is authorized under 520C of the Public Health Service Act, as amended.

2. Expectations

Background

In 1999, the Surgeon General issued a Call to Action to address the public health issue of suicide and suicidal behavior. That report highlighted the need for an increased awareness of suicide and its risk factors, as well as corresponding approaches for developing and implementing evidence-based interventions to prevent suicide and injuries associated with suicide attempts. This Call to Action, in turn, established the context for the National Strategy for Suicide Prevention, a multi-disciplinary national effort led by the Surgeon General in which public and private partners (with expertise as providers, researchers, advocates, policymakers, consumers, and family members) have worked to advance a framework for policies and services that are designed to more effectively prevent suicide. In 2001, the National Strategy for Suicide Prevention published a set of Goals and Objectives for Action, which discusses the need for enhanced outreach, education, cross-system collaboration, training, research, strategic planning, intervention implementation, and evaluation. Information about the Surgeon General's Call to Action and the National Strategy for Suicide Prevention can be located at: <http://www.mentalhealth.org/suicideprevention/calltoaction.asp>.

In FY 2002, SAMHSA/CMHS initiated funding of a three-year grant to create a Suicide Prevention Resource Center (SPRC) that would advance the goals and objectives of the National Strategy for Suicide Prevention, via technical assistance, resource development, and dissemination of best practices. The project period for that grant ends on 09/29/2005. [Information about the existing SPRC can be found at www.sprc.org.]

Context of the Current Initiative

During FY 2005, SAMHSA/CMHS will implement five separate, but related, projects that are designed to collectively enhance the ability of States and communities to respond to the complex problem of suicide, with a particular emphasis on youth suicide. Those five initiatives are: (1) Cooperative Agreements for State Sponsored Youth Suicide Prevention and Early Intervention (State/Tribal Youth Suicide Prevention) Grants; (2) Campus Suicide Prevention Grants; (3) the Linking Adolescents at Risk to Mental Health Services Grant Program (Adolescents at Risk); (4) a single three-year Suicide Prevention Evaluation Contract that will be funded to assist the State/Tribal Youth Suicide Prevention and Campus Suicide Prevention grantees with evaluation activities; and (5) a single three-year Suicide Prevention Resource Center that will be funded through this announcement.

The relationship that the SPRC will have with these other suicide-prevention initiatives is delineated in *Appendix C*, which provides detailed information on these programs.

2.1 Core Grant Activities

SAMHSA's Suicide Prevention Resource Center (SPRC) will perform the following functions:

- Establish and Convene a Steering Committee
Because of the multi-faceted nature of this project, it is expected that a Steering Committee (comprised of approximately 10-15 individuals from both public and private sectors, with a range of experiences, expertise, and talents) will be established to provide on-going guidance and input to the SPRC. Applicants must budget for the travel/logistics of convening the Committee two times per year in Rockville, MD. [The meetings will be held at SAMHSA headquarters, so there will be no cost associated with meeting space.]
- Provide Technical Assistance (TA) to the State/Tribal Youth Suicide Prevention grantees (Refer to *Appendix C* for a description of this grant program).

The SPRC will function as the Technical Assistance Provider for the State/Tribal Youth Suicide Prevention grantees. Because SAMHSA anticipates that there will be only eleven of these grantees, it is expected that the SPRC will develop and provide specialized, site-specific technical assistance for those grant sites. Examples of the types of TA that the Grantee will provide include: site visits; on-going consultation; connection with topic-specific experts; the facilitation of peer networking; interactive teleconferences and forums; and the provision of toolkits, training manuals, curricula, issue briefs, annotated bibliographies, and resource compendia.

- Provide Technical Assistance (TA) to Campus Suicide Prevention grantees. (Refer to *Appendix C* for a description of this grant program).

As the TA provider for these approximately 20 grantees, the SPRC will be responsible for providing those sites with informational resources (e.g. training materials, educational curricula, data on risk and protective factors) that will help to advance the activities that are to be supported by those grants.

Utilizing lessons learned from these sites and from other resources, the SPRC will write a report at the end of each year that discusses grantee activities and includes recommendations for improving access to mental and behavioral health services at institutions of higher education, including efforts to reduce the incidence of suicide and substance abuse.

- Collaborate with the Evaluation Contractor for the State/Tribal Youth Suicide Prevention and Campus Suicide Prevention Grant Programs (Refer to *Appendix C* for a description of this contract.)

The SPRC will collaborate with the Evaluation Contractor on the following: (1) serve as a suicide subject-matter resource for the Evaluator; (2) assist the Evaluator in the training that is provided to the State/Tribal Youth Suicide Prevention and Campus Suicide Prevention grantees on the development and implementation of their site evaluation activities; (3) assist in drafting Reports to Congress on the findings and recommendations derived from the State/Tribal Youth Suicide Prevention and Campus Suicide Prevention grant programs; and (4) utilize the findings generated from the site and cross-site evaluations from these two grant programs to produce user-friendly materials that highlight the processes and outcomes of these sites.

- Assist States, Territories, and Tribes in their efforts to plan for the development, implementation, and evaluation of suicide prevention programs

The incumbent SPRC provider has been working with each of the States to provide guidance and support for conceptualizing and initiating State suicide prevention plans. Information on the status of statewide suicide prevention initiatives can be located at the SPRC website at www.sprc.org.

The SPRC will continue the work of providing technical assistance to States, Territories, and Tribes. The SPRC will also maintain an up-to-date web-based database of State plans that is accessible to the public to facilitate information-sharing on the State-based activities that are occurring across the country.

- Support the field of suicide prevention by developing and providing access to needed resources for suicide prevention activities

The SPRC will function as a national resource center and clearinghouse for current information on suicide, as it is manifest across the lifespan, with regard to: risk, incidence, surveillance, intervention protocols, and evaluation methods. A goal of the SPRC is to reach out to key national organizations that are currently addressing the issue of suicide prevention, or whose missions and/or activities are compatible with the objectives of the National Strategy for Suicide Prevention.

Examples of the types of resources that the SPRC is expected to provide include:

- Reliable technical and scientific information for use by diverse stakeholders in conferences, special meetings, and forums on suicide prevention and related topics.
- Current, reliable, and newsworthy information on suicide prevention activities across the country.
- Electronically-accessible publications, annotated bibliographies, issue briefs, toolkits and reports on suicide prevention.
- Webcast presentations, forums and meetings, both live and archived, on suicide prevention activities.

- Resources for communities on responding to cluster suicides.
- A catalog of information on Federal and State laws, pending legislation, regulations, and policies that have substantial impact on suicide prevention.
- Availability to participate actively in discussions and activities around the research agenda for suicide prevention.
- Resources and guidelines for engaging the faith-based community to participate in community-wide suicide prevention efforts, as well as materials that can be used by faith-based entities, to respond to the issues of suicidal ideation, attempt, and completion that may emerge within the faith community served by those institutions.

Where resources do not currently exist, it is expected that the SPRC will advance the field by identifying current gaps and participating in the development of information and resources necessary to address emerging needs.

- Collect and Disseminate Information on Best Practices of Suicide Prevention

Examples of the types of activities that the SPRC is expected to provide include:

- Gathering best practices in suicide prevention from public, private, and nonprofit sectors that can be used in the development of toolkits, training manuals, curricula, and related materials.
- Creating and keeping current a user-friendly catalog of best practices and resources at the national, state, tribal, and community levels that are easily-accessible by a diverse array of stakeholders.
- Developing a dynamic strategy to inform key constituencies about new and relevant information that will assist in continued implementation, evaluation, and enhancement of suicide prevention programs.

Additionally, it is expected that the grantee will collaborate with the SAMHSA National Registry of Effective Programs and Practices (NREPP) [see Glossary] on the review of promising suicide prevention programs for inclusion in this listing of effective models, and provide technical assistance to entities wishing to have their promising programs and practices considered for inclusion in NREPP. When the SPRC is compiling information on promising/best practices, it should clearly note any that are on the NREPP list and provide linkages to the NREPP website.

Promote Suicide Prevention as a Component of Mental Health

- Collaborate with the proposed, national public-private partnership, Action Alliance (see Glossary), to advance the goals and objectives of the National Strategy for Suicide Prevention.
- Support improved professional practice in suicide prevention by promoting enhanced competencies for the health, mental health, and substance abuse workforce.
- Identify and assisting in the dissemination of programs and practices that support mental health transformation and decrease fragmentation in the mental health delivery system, including programs that focus on Emergency Room care and follow-up of individuals who attempt suicide and their families, and programs that focus on reducing the high incidence of suicide post inpatient discharge.

- Maintain availability to respond to inquiries from diverse stakeholder groups

As a National Resource Center, the SPRC will be responsive to diverse stakeholder groups and members of the general public, who may be seeking reliable resource information on suicide and suicide prevention activities.

2.2 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 GPRA requirements, SAMHSA must collect performance data from grantees. Grantees are required to report these GPRA data to SAMHSA on a timely basis.

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 Section V-1 (Section D, Evaluation and Data) of 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.

The GPRA performance measures that grantees will be required to report on are currently under development. SAMHSA expects, however, that grantees will be required to provide performance data on the following aspects of their projects:

- Process: Recipient demographics; satisfaction with services and/or materials received; accessibility of services and/or materials received.
- Content: Recipients’ perception of the relevance, helpfulness, and understandability of the services and/or materials received.
- Impact: Recipients’ report of what was learned; intent to do something differently as a result of services and/or materials received.

2.3 Meetings

In addition to the Steering Committee Meetings referenced in I-2.1 above, the Grantee is responsible for the following:

The SPRC Project Director must attend an initial meeting with the SAMHSA Government Project Officer (GPO) and other Federal staff involved with Federal suicide prevention efforts, as well as the Evaluation Contractor for the State/Tribal Youth Suicide Prevention and Campus Suicide Prevention grantees, to discuss and clarify roles, responsibilities, project activities, and timelines. This meeting will take place at SAMHSA headquarters located in Rockville, MD, and will be held shortly after the grant begins.

The Grantee will work with the GPO, other relevant Federal staff and collaborators, and the Suicide Prevention Evaluation Contractor to plan and facilitate Grantee Conferences for the SAMHSA suicide prevention grantees to be held in the Washington D.C. Metropolitan area. It is anticipated that the initial Suicide Prevention Grantees Conference will be held in the late Fall of 2005, with subsequent conferences taking place approximately every eighteen months thereafter. Attendees will be grantees of the State/Tribal Youth Suicide Prevention Program, the Campus Suicide Prevention Program, and the Linking Adolescents at Risk to Mental Health Services Program. [There will be a combined total of approximately 40 grant sites, each of which will bring 2 representatives to the meeting]. The SPRC should include in its budget funding for the travel/lodging of its staff/consultants at these meetings.

2.4 Evaluation

In addition to collaborating with the Evaluation Contractor for the State/Tribal Youth Suicide Prevention and Campus Suicide Prevention Programs, the SPRC grantee will be expected to evaluate the Suicide Prevention Resource Center. Applicants are required to describe a plan to evaluate the SPRC in the application. The evaluation should be designed to provide regular feedback to the project, including feedback from key stakeholders, to improve services. In addition to the GPRA measures referenced in Section I-2.2 above, the evaluation must include both process and outcome components. Process and outcome evaluations must measure change relating to project goals and objectives over time compared to baseline information. You must consider your evaluation plan when preparing the project budget. It is expected that the Grantee will contract with an independent, external evaluator to perform this function. No more than 20% of the total grant award may be used for data collection activities for the purposes of evaluating the SPRC, including GPRA. Examples of the types of indicators that might be tracked include: the number and types of requests for resources or TA that are made; the amount and types of services that are provided by the SPRC in response to those requests; feedback from entities receiving services on the adequacy, desirability, and perceived effectiveness of those services; cost and benefit of services provided, as well as the internal structure, functioning, and efficiency of the SPRC; and the relevance & timeliness of resources provided. The Grantee will work with the evaluator to determine and clarify the nature and extent of the data collection.

II. AWARD INFORMATION

1. AWARD AMOUNT

It is expected that approximately **\$2.6 million** will be available to fund **one award** in FY 2005. The annual award is expected to be \$2.6 million per year in total costs (direct and indirect). Applicants may request a project period of up to five years.

Proposed budgets cannot exceed \$2.6 million in any year of the proposed project. The actual amount available for the award may vary, depending on unanticipated program requirements. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, and timely submission of required data and reports.

2. FUNDING MECHANISM

This award will be made as a Cooperative Agreement because it will require substantial Federal staff involvement over the course of the project. The roles and responsibilities of the Grantee and the Government are as follows:

Role of the Grantee:

- Comply with all terms and conditions of the Cooperative Agreement for the Suicide Prevention Resource Center;
- Accept guidance and respond to requests for information from the Government Project Officer, the Grants Management Specialist, and other relevant SAMHSA staff; and
- Keep Federal program staff informed of emerging issues, developments, and problems.

Role of Federal Staff:

- Provide technical assistance to the grantee on implementing project activities, monitor project activities and progress;
- Provide guidance on project design and components, as needed;
- Author or co-author publications on program findings;
- Conduct site visits, as necessary;
- Facilitate collaboration, as needed;
- Review periodic progress reports; and
- Make recommendations for continued funding.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example, State, local or tribal governments; public or private universities and colleges; community- and faith-based organizations; and tribal organizations may apply. The statutory authority for this program precludes grants to for-profit organizations.

2. COST SHARING

Cost sharing (see Glossary) is not required in this program, and applications will not be screened out on the basis of cost sharing. However, you may include cash or in-kind contributions (see Glossary) in your proposal as evidence of commitment to the proposed project.

3. OTHER

Applications also 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. ADDRESS 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. 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 PHS 5161-1 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) and 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

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 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. 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 is included in Appendix D of this RFA.
- ❑ **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. 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 E through H. There are no page limits for these sections, except for Section G, Biographical Sketches/Job Descriptions.

- *Section E* - Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.
- *Section F* - Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 20% of the total grant award will be used for data collection and evaluation.
- *Section G* - Biographical Sketches and Job Descriptions.
 - Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or 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 H - 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. This section also includes guidelines for completing this part of your application.
- **Appendices 1 through 4** – Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than 30 pages for Appendices 1, 3, and 4 combined. There are no page limitations for Appendices 2. 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/Commitment*
 - 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)*
- **Assurances**—Non-Construction Programs. Use Standard Form 424-B found in PHS-5161-1.
- **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 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.
- **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, 3 and 4 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 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.

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 the funding announcement.

You must follow the instructions in the User Guide available at: 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
- 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 with 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 H 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 project, applicants must explain why the 'requirement' 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 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 evaluation design proposed by the applicant may require compliance with these regulations.

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 (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 this RFA.

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on June 1, 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 sent by facsimile.

SAMHSA is collaborating with www.grants.gov to accept electronic submission of applications. Please refer to Section IV-2.3 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.

- 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-05-017**

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-05-017**

In addition, community-based, non-governmental service providers who are not transmitting their applications through the State must submit a Public Health System Impact Statement (PHSIS) (approved by OMB under control no. 0920-0428; see burden statement below) to the head(s) of appropriate State or local health agencies in the area(s) to be affected no later than the pertinent receipt date for applications. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. State and local governments and Indian tribal government applicants are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424); and
- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served, 2) a summary of the services to be provided, and 3) a description of the coordination planned with appropriate State or local health agencies.

For SAMHSA grants, the appropriate State agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs can be found on SAMHSA's web site at www.samhsa.gov. If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs.

Applicants who are not the SSA must include a copy of a letter transmitting the PHSIS to the SSA in **Appendix 4, "Letter to the SSA."** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent not later than 60 days after the application deadline to:

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: SSA – Funding Announcement No. SM-05-017

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: SSA – Funding Announcement No. SM-05-017

In addition:

- Applicants may request that the SSA send them a copy of any State comments.
- The applicant must notify the SSA within 30 days of receipt of an award.

[Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).]

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, the SPRC grant recipient must comply with the following funding restrictions:

- Grant funds must be used for purposes supported by the program;
- No more than 20% of the grant award may be used for evaluation and data collection expenses, including GPRA;
- Grant funds may not be used for the purchase or construction of any building or structure to house any part of the grant project. Applications may request up to \$75,000 for renovations and alterations of existing facilities; and
- 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 **Suicide Prevention Resource Center, SM-05-017** 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 through D). 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.**

- You must use the four sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section.
- 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. Click on “Grants.” A discussion of cultural competence is also available in the Glossary, Appendix B.
- The Supporting Documentation you provide in Sections E-H and Appendices 1-4 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading 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: Qualifications and Experience of the Organization and Key Personnel (30 points)

In this section, describe key personnel (includes staff and consultants) and organizational experience and qualifications as they relate to the fields of public health, mental health, and suicide prevention. Consider “organization” to mean the primary applicant group plus partners with substantial duties in the project.

- Describe the range of experience of the applicant organization with public health programs, particularly suicide prevention, including the provision of technical assistance to a broad array of stakeholders.
- Describe any other organizations that will participate in the proposed project and their roles and responsibilities. Demonstrate their commitment to the project. Include letters of commitment/coordination/support from these community organizations in **Appendix 1** of the application.
- Describe the qualifications of the Project Director who will assume responsibility for oversight of this project.
- Identify key personnel and their qualifications and experience for providing the types of resources required by this project, including technical assistance and content-specific knowledge of suicide as it is manifest across the lifespan, with regard to, for example: risk, incidence, surveillance, intervention protocols, and evaluation methods, and with an understanding of the cultural context of suicide and suicide attempt in target populations and communities that are diverse with regard to gender, age, race/ethnicity, culture, language, disability, sexual orientation, and literacy. Please include bio-sketches and job descriptions in Section G of your application.

- Describe the experience of staff in interacting with national professional, policy, and advocacy organizations, and States, Tribes, and community-based organizations across the nation who are concerned with public health issues, particularly mental health promotion and suicide prevention.
- Discuss the extent to which the organization and/or staff have an understanding of, or experience with, State/Tribe/Community level comprehensive suicide planning efforts.
- Identify knowledge or experience related to mental health promotion and/or suicide prevention activities as they relate to students in college and university settings.
- Describe your organization's current information technology infrastructure in database/website/virtual library development capacity and experience in data collection, storage, and retrieval.
- Describe your organization's experience working with consumer/advocacy and/or suicide survivor groups.
- Describe your experience in incorporating cultural competency in past program activities (see Glossary, Appendix B).

Section B: Proposed Approach (40 points)

- Describe the goals and objectives of your implementation plan and offer evidence that the proposed activities meet all of the guidelines set forth for the SPRC in Section I-2, "Expectations," of this document.
- Describe your vision for a national suicide prevention resource center and the role it will play in advancing suicide prevention activities. Discuss how it will serve as a resource for multidisciplinary and crosscutting suicide prevention policy information.
- Describe your plan for providing technical assistance to States, Territories and Tribes in their suicide prevention planning, including the types of technical assistance to be provided.
- Describe your plan for providing targeted technical assistance to the State/Tribal Youth Suicide Prevention grantees and the Campus Suicide Prevention grantees, including the types of technical assistance to be provided.
- Describe your approach to thoroughly compiling a compendium of suicide prevention activities and resources. Describe the process of how this information will be gathered, catalogued, stored, retrieved, and kept current, and the type(s) of technology that will be utilized. Discuss how this information will be made accessible.
- Describe how you will ensure that the technical and scientific information you disseminate is relevant, reliable, culturally competent, and scientifically sound.

- Describe how you plan to identify best practices in suicide prevention, and note a commitment to collaborating with SAMHSA’s National Registry for Effective Programs and Practices (NREPP).
- Describe how you will work with SAMHSA representatives (in collaboration with the Evaluation Contractor for the State/Tribal and Campus Suicide Prevention grantees) to plan and facilitate Grantee Conferences for the State/Tribal Youth Suicide Prevention grantees, the Campus Suicide Prevention grantees, and the Linking Adolescents at Risk to Mental Health Services grantees.
- Discuss a plan for assembling and convening a Steering Committee with sufficient expertise and diversity to guide the activities of the SPRC in its on-going activities.
- Describe a plan for promoting suicide prevention as a component of Mental Health Transformation.
- Describe how the SPRC will ensure maximum access to stakeholders across all time zones in the United States and U.S. territories and to individuals for whom English is not their primary language.
- Discuss a strategy for identifying existing gaps in the field of suicide prevention and methods for developing informational resources to respond to those needs.
- The SPRC is NOT intended to function as a crisis response center; however, as a nationally-recognized center for suicide prevention resources, members of the general public might contact the SPRC with a variety of inquiries. Describe your approach to assisting persons in crisis who contact the SPRC for assistance.

Section C: Management and Staffing Plan (20 points)

- 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.]
- Provide a list of staff who will participate in the project, showing the role of each and their level of effort. Staffing levels should reflect a level of effort that adequately reflects the requirements of this project.
- Present an organizational chart that clearly demarks reporting relationships and division of responsibility.
- Describe the demographic characteristics of key staff and indicate if any are self-identified consumers, family members of consumers, or suicide survivors.
- Discuss the anticipated working relationship between the SPRC and the Suicide Prevention Evaluation Contractor.
- Discuss the anticipated working relationship between the SPRC and the Steering Committee.

- Describe the facilities, information technology and other technical assistance resources that will be dedicated to this project; demonstrate that they are appropriate and sufficient to conduct required activities; and describe any additional capabilities that will be needed to conduct required activities.
- Indicate the types of quality control mechanisms that will be put in place to ensure smooth oversight, management, and day-to-day operations of this project.

Section D: Evaluation and Data (10 points)

- Describe the process and outcome evaluation. Include specific performance measures and target outcomes related to the goals and objectives identified for the project in Section B of your Project Narrative.
- Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this document, including data required by SAMHSA to meet GPRA requirements. Specify and justify any additional measures you plan to use for your grant project. Indicate your willingness to comply with the web-based data collection and reporting system that CMHS is planning to implement.
- Describe plans for data collection, management, analysis, interpretation and reporting. Describe the existing approach to the collection of data, along with any necessary modifications. Be sure to include data collection instruments/interview protocols, if applicable, in **Appendix 2**.
- Discuss the reliability and validity of evaluation methods and instruments(s) in terms of the diversity of the stakeholder groups served.
- Describe how collection, analysis and reporting of performance data will be integrated into the evaluation activities.
- Describe a process to document lessons learned; barriers that inhibited implementation, how such barriers were resolved, and what should be done differently in the future to effect improvements.
- Discuss how you will summarize findings in progress reports and in the final report of the project.

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 appropriate, 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 (Proposed Approach--40 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.
- 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) 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 Suicide Prevention Resource Center Grant 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: Richard McKeon, Ph.D., SAMHSA, Center for Mental Health Services, 1 Choke Cherry Road, Room 6-1105, Rockville, MD 20857; 240-276-1873; richard.mckeon@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.

Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications

*SAMHSA’s goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA’s obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.** In addition to these formatting requirements, programmatic requirements (e.g., relating to eligibility) may be stated in the specific funding announcement. Please check the entire funding announcement before preparing your application.*

- Use the PHS 5161-1 application.
- Applications must be received by the application deadline or have a proof of timely submission, as detailed in Section IV-3 of this announcement.
- Information provided must be sufficient for review.
- Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-2.3 of this announcement 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 in Section IV-2.3 of this announcement 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 page limit for the Project Narrative stated in the specific funding announcement.
 - 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 the total number of allowed pages. 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, 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. These are:
 - Face Page (Standard Form 424, 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 (a form in PHS 5161-1)
 - 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, participant protection and the protection of human subjects specified in Section IV-2.4 of the specific funding announcement.
 - Budgetary limitations as specified in Sections I, II, and IV-5 of the specific funding 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.

- 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 limits for Appendices stated in this announcement should not be exceeded.

- Send the original application and two copies to the mailing address in the funding announcement. 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 – Glossary

Note: The definitions provided in the Glossary are for reference to their usage in this particular document.

Action Alliance- a proposed national public-private partnership to advance the goals and objectives of the National Strategy for Suicide Prevention.

Best Practice- Best practices are practices that incorporate the best objective information currently available from recognized experts regarding effectiveness and acceptability.

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.

Cost Sharing or Matching - Cost sharing refers to the value of allowable non-Federal contributions toward the allowable costs of a Federal grant project or program. Such contributions may be cash or in-kind contributions. For SAMHSA grants, cost-sharing or matching is not required, and applications will not be screened out on the basis of cost-sharing. However, applicants often include cash or in-kind contributions in their proposals as evidence of commitment to the proposed project. This is allowed, and this information may be considered by reviewers in evaluating the quality of the application.

Cultural Competence/Culturally appropriate - a set of values, behaviors, attitudes, policies, and practices reflected in the work of an organization or program that enables it to be effective when serving diverse groups, including the ability of the program to honor and respect the beliefs, language, interpersonal styles, customs, and behaviors of individuals and families receiving services. Within this framework is a commitment to being respectful of—and responsive to—the array of diversity that exists within the target population, as well as the broader community.

Grant- A grant is the funding mechanism used by the Federal Government when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

In-Kind Contribution- In-kind contributions toward a grant project are non-cash contributions (e.g., facilities, space, services) that are derived from non-Federal sources, such as State or sub-State non-Federal revenues, foundation grants, or contributions from other non-Federal public or private entities.

Mental Health Transformation planning- A planning process, which include activities that are necessary to create a more recovery-focused mental health services delivery system that emphasizes

cross-system collaboration, the use of evidence-based interventions, and the importance of consumer-driven services and supports. In FY 2005, SAMHSA/CMHS will be making grant awards available to states to engage in the process of planning and infrastructure development to advance this process. Please see the SAMHSA website for additional information on Mental Health Transformation and the Mental Health Transformation State Incentive Grant program. www.samhsa.gov

National Council for Suicide Prevention (NCSP)- A council of national, non-profit organizations that have as their mission the prevention of suicide. The NCSP was established in 1999 as a means of strengthening the ability of the member organizations to effect positive change in the suicide prevention arena. The NCSP was one of the stakeholder groups that participated in the shaping of the National Strategy for Suicide Prevention.

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

National Strategy for Suicide Prevention (National Strategy or NSSP)- NSSP is a comprehensive strategy designed to be a catalyst for social change with the power to transform attitudes, policies, and services. Representing the combined work of advocates, clinicians, researchers and survivors, the *National Strategy* lays out a framework for action and guides development of an array of services and programs yet to be set in motion. It strives to promote and provide direction to efforts to modify the social infrastructure in ways that will affect the most basic attitudes about suicide and its prevention, and that will also change judicial, educational, and health care systems. As conceived, the Strategy requires a variety of organizations and individuals to become involved in suicide prevention and emphasizes coordination of resources and culturally appropriate services at all levels of government—Federal, State, tribal and community. The NSSP represents the first attempt in the United States to prevent suicide through a coordinated approach by both the public and private sectors.

Suicidal behavior - a spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and completed suicide.

Suicidal ideation - self-reported thoughts of engaging in suicide-related behavior.

Suicide - death from injury, poisoning, or suffocation where there is evidence that a self-inflicted act led to the person's death.

Suicide attempt - a potentially self-injurious behavior with a nonfatal outcome, for which there is evidence that the person intended to kill himself or herself; a suicide attempt may or may not result in injuries.

Suicide attempt survivors - individuals who have survived a prior suicide attempt.

Suicide survivors - family members, significant others, or acquaintances who have experienced the loss of a loved one due to suicide; sometimes this term is also used to mean suicide attempt survivors.

Surveillance - the ongoing, systematic collection, analysis, and interpretation of health data with timely dissemination of findings.

Youth - Within the State/Tribal Youth Suicide Prevention Grant program, “Youth” are defined as individuals between the ages of 10 and 24.

Appendix C –
Additional Information on the Cooperative Agreements for State Sponsored Youth Suicide Prevention and Early Intervention Program, the Linking Adolescents At Risk to Mental Health Services Grants, the Campus Suicide Prevention Grants, the Suicide Prevention Evaluation Contract, and the National Suicide Prevention Lifeline

Cooperative Agreements for State Sponsored Youth Suicide Prevention and Early Intervention (also referred to as the State/Tribal Youth Suicide Prevention Program)

The purpose of this program is to provide funding to develop and implement statewide or tribal youth suicide early intervention and prevention strategies in schools, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations.

Grantees funded through this initiative will be expected to implement a comprehensive youth suicide prevention and early intervention strategy drawing from the following guidelines

- Provide early intervention and assessment services to youth who are at risk for mental or emotional disorders that may lead to suicide or a suicide attempt, and that are integrated with school systems, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations. Examples of such programs include, but are not limited to, gatekeeper training programs, and crisis intervention programs such as hotlines, mobile outreach, or specialized emergency room interventions.
- Provide timely referrals for appropriate community mental health care and treatment to youth who are at risk for suicide or suicide attempts.
- Provide immediate support and information resources to families of youth who are at risk for suicide, such as families of youth who have attempted suicide.
- Offer appropriate post-suicide intervention services, care, and information to families, friends, schools, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations of youth who recently committed suicide.
- Conduct information and awareness campaigns that highlight the risk factors associated with youth suicide and the availability of care. Such campaigns must use effective communication mechanisms that are targeted to and reach at-risk youth, families, educators, childcare professionals, youth workers, community care providers, or the general public. The campaigns should also meaningfully connect to other components of the overall youth suicide prevention strategy. Such campaigns should also incorporate the findings from the latest available research on how implement safe and effective suicide prevention awareness campaigns. (See the NIMH-

sponsored *Reporting on Suicide: Recommendations for the Media* at <http://www.nimh.nih.gov/suicideresearch/mediasurvivors.cfm>)

- Ensure that educators, childcare professionals, and providers involved in youth suicide early intervention and prevention services are properly trained to effectively identify youth who are at risk for suicide. Provide ongoing training for those individuals on the latest youth suicide early intervention and prevention services practices and strategies.
- Ensure that childcare professionals and community care providers are properly trained to effectively identify youth who are at risk for suicide. Examples of these providers include, but are not limited to pediatricians, foster care providers, and mental health and substance abuse providers. Provide ongoing training for those individuals.

It is expected that funding will be available to support approximately 11 awards, at a level of roughly \$500,000 in total costs (direct and indirect) per year, for up to 3 years. A minimum of one award will be made to an American Indian or Alaska Native tribal organization or tribal consortium. **The Suicide Prevention Resource Center will function as the technical assistance provider for these grantees.** Topic areas of assistance that sites may require include: information on risk and protective factors for youth suicide and suicide attempt; best practices of youth suicide prevention techniques; methods of implementing, assessment, prevention, and intervention protocols in settings such as schools, the juvenile justice system, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations; techniques for responding to cluster suicides; information on appropriate post-suicide services and supports to families, friends, schools, and communities; methods of engaging diverse stakeholder groups; assistance with strategic planning and cross-system collaboration among state/tribal agencies; training activities for professionals working with youth; resources on effective communication mechanisms and public awareness campaigns; techniques for ensuring surveillance of suicidal behaviors and non-fatal suicide attempts; information on relevant state and federal laws and regulations that have a substantial impact on suicide prevention; and resources on risk factors and culturally-appropriate interventions that are relevant for diverse youth populations.

If SAMHSA receives ongoing funding to support a new cohort of State/Tribal Youth Suicide Prevention and Early Intervention grants after the grant period of the first round of three-year sites has been completed, then the SPRC would provide technical assistance to the new set of grantees through the duration of the SPRC grant. It is anticipated that the number of grantees in a new cohort would remain roughly constant to the number expected in the first cohort. For additional information on this grant program, please refer to the SAMHSA website (www.samhsa.gov) and click on “Grants.”

Campus Suicide Prevention Grants

This program is designed to support grants to institutions of higher education to enhance services for students with mental and behavioral health problems that can lead to school failure, such as depression, substance abuse, and suicide attempts, so that students will successfully complete their studies.

Applicants can choose to use grant dollars to support one or more of the following:

- 1) Develop training programs for students and campus personnel to respond effectively to students with mental health and behavioral health problems that can lead to school failure, such as depression, substance abuse and suicide attempts. Such training programs should target campus health and mental health personnel, as well as important campus gatekeepers such as residence hall advisors, faculty, student government and organizations, the chaplainry, dean of students, student advisors, athletic department, and public safety.
- 2) Create an on-campus network of student services, which can identify, assess and treat mental and behavioral health problems. For colleges and universities that do not have comprehensive, campus-based mental health services, this network should include health care providers from the broader community. The proposed networking infrastructure should include provisions for a crisis response plan, including response to death by suicide or suicide attempts.
- 3) Develop and implement educational seminars. Such seminars may include, but are not limited to, provision of information on suicide prevention, identification and reduction of risk factors such as depression and substance abuse, promoting help seeking, and reducing the stigma of seeking care for mental and behavioral health problems.
- 4) Create local college-based hotlines and/or promote linkage to the National Suicide Prevention Lifeline 1-800-273-TALK. The use of hotlines should be integrated into the crisis response plan.
- 5) Prepare informational materials that address warning signs of suicide, describe risk and protective factors, and identify appropriate actions to take when a student is in distress, as well as materials that describe symptoms of depression and substance abuse, promote help seeking behavior, and reduce the stigma of seeking care for mental and behavioral health problems.
- 6) Prepare educational materials for families of students to increase awareness of potential mental and behavioral health issues of students enrolled at the institution of higher education, including but not limited to suicide prevention, identification and reduction of risk factors such as depression and substance abuse, the promotion of help seeking, and reducing the stigma of seeking care for mental and behavioral health problems.

It is expected that 20 awards will be made at a level of \$75,000 per year for three years in total costs [plus an equivalent match from the applicant organization]. **The Suicide Prevention Resource Center will function as the technical assistance provider for these grantees.** For additional information on this grant program, please refer to the SAMHSA website under the Grants section. www.samhsa.gov If SAMHSA receives ongoing funding to support a new cohort of Suicide Prevention grants after the grant period of the first round of three-year sites has been completed, then the SPRC would provide technical assistance to the new set of grantees through the duration of the SPRC grant. It is anticipated

that the number of grantees in a new cohort would remain roughly constant to the number expected in the first cohort.

Suicide Prevention Evaluation Contract

In FY 05, SAMHSA will initiate a three-year contract that is designed to: (1) Assist the State/Tribal Youth Suicide Prevention Program and Campus Suicide Prevention Program grantees to develop the infrastructure necessary to monitor local planning and program processes and outcomes; (2) Use the results of this performance monitoring system to improve planning and program outcomes; (3) Provide technical assistance to these grantees and evaluators in support of local evaluation and sustainability efforts; and (4) Conduct a reliable and valid multi-site evaluation of processes employed and outcomes achieved in developing capacity, infrastructure, and program implementation for these grant sites. In addition to working with the Government and the above-referenced grantees, the Evaluation Contractor will be required to collaborate with the Suicide Prevention Resource Center on activities that involve data collection and related training.

The **Suicide Prevention Resource Center** will collaborate with the Evaluation Contractor on the following: (1) Serve as a suicide subject-matter resource for the Evaluator; (2) Assist the Evaluator in the training that the Evaluator provides to grantees on the development and implementation of their site evaluation activities; (3) Assist in the drafting of Reports to Congress on the findings and recommendations derived from the State/Tribal Youth Suicide Prevention and Campus Suicide Prevention grant programs; and (4) Utilize the findings generated from the site and cross-site evaluations to produce user-friendly materials that highlight the processes and outcomes of the sites funded by the two grant programs.

If a subsequent evaluation contract is put into place, or if the initial evaluation contract is extended, it is expected that the SPRC will continue to collaborate with the entity performing this function for the duration of the SPRC grant.

The Linking Adolescents at Risk to Mental Health Services Grant Program

This initiative, to be implemented in FY 05, is one of SAMHSA's Service-to-Science grant programs. This program will support the evaluation of voluntary school-based programs that focus on identification and referral of high school youth who are at risk for suicide or suicide attempts. Examples of such programs include gatekeeper training programs. Eligible applicants are local educational agencies (LEAs) or local educational agencies in conjunction with non-profit entities. Grant funds will not be used to pay for direct treatment services. The evaluation must focus on assessing whether such programs are successful in linking at-risk youth to mental health services, as well as the extent to which families of at-risk youth accept treatment recommendations and are satisfied with school-based suicide prevention services. Approximately 8 grants will be supported.

The Suicide Prevention Resource Center is NOT responsible for providing targeted technical assistance to these grantees in the same way that it will be doing for the two programs mentioned above. However, the SPRC will work with the LEAs funded through this program in a consultative manner in its capacity as a national resource center. Additionally, these grantees will be included in the SAMHSA Suicide Prevention Grantee Conferences that the SPRC is responsible for planning and facilitating in conjunction with SAMHSA and the Evaluation Contractor.

The National Suicide Prevention Lifeline

The Lifeline is a national, 24-hour, toll-free suicide prevention service available to all those seeking help in suicidal crisis. Individuals seeking help can dial **1-800-273-TALK (8255)**. They will be routed to the closest possible provider of mental health and suicide prevention services.

The network is comprised of over 100 individual crisis centers across the country creating a nationwide coverage area. It is administered through the Mental Health Association of New York City, an organization with experience in crisis, information, and referral hotline management.

The National Suicide Prevention Lifeline grant is one component of the National Suicide Prevention Initiative (NSPI), a multi-project effort to reduce suicide led by the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services.

The Suicide Prevention Resource Center will be expected to include on its website the phone number for the Lifeline, as well as a link to the Lifeline website: www.suicidepreventionlifeline.org

**Appendix D – Sample Budget and Justification
ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND
NARRATIVE JUSTIFICATION TO ACCOMPANY
SF 424A: SECTION B FOR 01 BUDGET PERIOD**

OBJECT CLASS CATEGORIES

Personnel

Job Title	Name	Annual Salary	Level of Effort	Salary being Requested
Project Director	J. Doe	\$30,000	1.0	\$30,000
Secretary	Unnamed	\$18,000	0.5	\$ 9,000
Counselor	R. Down	\$25,000	1.0	\$25,000

Enter Personnel subtotal on 424A, Section B, 6.a. \$64,000

Fringe Benefits (24%) \$15,360

Enter Fringe Benefits subtotal on 424A, Section B, 6.b. \$15,360

Travel

2 trips for SAMHSA Meetings for 2 Attendees (Airfare @ \$600 x 4 = \$2,400) + (per diem @ \$120 x 4 x 6 days = \$2,880)	\$5,280
Local Travel (500 miles x .24 per mile)	120

Enter Travel subtotal on 424A, Section B, 6.c. \$ 5,400

Equipment (List Individually)

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) \$5000.

Enter Equipment subtotal on 424A, Section B, 6.d.

Supplies

Office Supplies	\$500
Computer Software - 1 WordPerfect	500

Enter Supplies subtotal on 424A, Section B, 6.e. \$1,000

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

Contractual Costs

Evaluation

Job Title	Name	Annual Salary	Salary being Requested	Level of Effort
Evaluator	J. Wilson	\$48,000	\$24,000	0.5
Other Staff		\$18,000	\$18,000	1.0
Fringe Benefits (25%)		\$10,500		

Travel

2 trips x 1 Evaluator (\$600 x 2)			\$ 1,200
per diem @ \$120 x 6			720
Supplies (General Office)			500
Evaluation Direct			\$54,920
Evaluation Indirect Costs (19%)			\$10,435
Evaluation Subtotal			\$65,355

Training

Job Title	Name	Level of Effort	Salary being Requested
Coordinator	M. Smith	0.5	\$ 12,000
Admin. Asst.	N. Jones	0.5	\$ 9,000
Fringe Benefits (25%)			\$ 5,250

Travel

2 Trips for Training			
Airfare @ \$600 x 2			\$ 1,200
Per Diem \$120 x 2 x 2 days			480
Local (500 miles x .24/mile)			120

Supplies

Office Supplies			\$ 500
Software (WordPerfect)			500

Other

Rent (500 Sq. Ft. x \$9.95)			\$ 4,975
Telephone			500
Maintenance (e.g., van)			\$ 2,500
Audit			\$ 3,000

Training Direct	\$ 40,025
Training Indirect	\$ -0-

Enter Contractual subtotal on 424A, Section B, 6.f. \$105,380

CALCULATION OF FUTURE BUDGET PERIODS
(based on first 12-month budget period)

Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified and no cost of living increases will be honored. (NOTE: new salary cap of \$180,100 is effective for all FY 2005 awards.) *

	First 12-month Period	Second 12-month Period	Third 12-month Period
Personnel			
Project Director	30,000	30,000	30,000
Secretary**	9,000	18,000	18,000
Counselor	25,000	25,000	25,000
TOTAL PERSONNEL	64,000	73,000	73,000

*Consistent with the requirement in the Consolidated Appropriations Act, Public Law 108-199.

**Increased from 50% to 100% effort in 02 through 03 budget periods.

Fringe Benefits (24%)	15,360	17,520	17,520
Travel	5,400	5,400	5,400
Equipment	-0-	-0-	-0-
Supplies***	1,000	520	520

***Increased amount in 01 year represents costs for software.

Contractual Evaluation****	65,355	67,969	70,688
Training	40,025	40,025	40,025

****Increased amounts in 02 and 03 years are reflected of the increase in client data collection.

Other	1,500	1,500	1,500
Total Direct Costs	192,640	205,934	208,653
Indirect Costs (15% S&W)	9,600	9,600	9,600
TOTAL COSTS	202,240	216,884	219,603

The Federal dollars requested for all object class categories for the first 12-month budget period are entered on Form 424A, Section B, Column (1), lines 6a-6i. The total Federal dollars requested for the second through the fifth 12-month budget periods are entered on Form 424A, Section E, Columns (b) – (e), line 20. The RFA will specify the maximum number of years of support that may be requested.