

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

**Grants to Enhance Older Adult Behavioral Health Services
(Short Title: Older Adult TCE)**

(Initial Announcement)

Request for Applications (RFA) No. SM-11-009

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

Key Dates:

Application Deadline	Applications are due by June 7, 2011.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Service, is accepting applications for fiscal year (FY) **2011 for Grants to Enhance Older Adult Behavioral Health Services**. The purpose of this funding opportunity is to expand existing Older Adult Targeted Capacity Expansion (TCE) programs to include a focus on the prevention of suicide and prescription drug misuse and abuse among the older adult population. For the purpose of this program, the target population is defined as persons 60 years and older who are at risk for or are experiencing behavioral health problems. SAMHSA is collaborating with the U.S. Administration on Aging on this initiative.

Funding Opportunity Title:	Grants to Enhance Older Adult Behavioral Health Services
Funding Opportunity Number:	SM-11-009
Due Date for Applications:	June 7, 2011
Anticipated Total Available Funding:	\$3.56 million
Estimated Number of Awards:	10
Estimated Award Amount:	Up to \$356,344 for a 18 month project period
Cost Sharing/Match Required	No
Length of Project Period:	18 months
Eligible Applicants:	Eligible applicants are current and previous, (cohorts from FY 2002 – FY 2008) SAMHSA Older Adult Targeted Capacity Expansion (TCE) grantees. [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) **2011 for Grants to Enhance Older Adult Behavioral Health Services**. The purpose of this funding opportunity is to expand existing Older Adult Targeted Capacity Expansion (TCE) programs to include a focus on the prevention of suicide and prescription drug misuse and abuse among the older adult population. For the purpose of this program, the target population is defined as persons 60 years and older who are at risk for or are experiencing behavioral health problems. SAMHSA is collaborating with the U.S. Administration on Aging on this initiative.

To date, Older Adult TCE programs have implemented services based on a variety of Evidence-Based Practice (EBP) models, for older adults, resulting in expanded effective service delivery and positive individual outcomes. For the purpose of this program, the target population is defined as persons 60 years and older who are at risk for or are experiencing behavioral health problems.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. In support of the Agency's work with older Americans, including helping grantees prevent suicide and prescription drug misuse and abuse, SAMHSA is collaborating with the U.S. Administration on Aging (AoA) on this initiative. SAMHSA and AoA partnership will provide learning opportunities and support planning for states and communities so that behavioral health services for older adults can be coordinated and planned through aging, mental health and substance abuse prevention networks for states/communities.

The new millennium brings the challenge of caring for an increasingly large population of older adults who have significant healthcare needs. The vast majority of these individuals will have at least one chronic health condition. Mental illnesses will account for a significant number of those conditions, existing as a single condition or as co-morbidities. Further compounding the issue is the continued growth of substance abuse and the rate of suicide among older adults.

Suicide is a serious public health problem that affects people of all ages. Among the older adult population, it is a growing concern. The elderly comprise approximately 12 percent of the population, but account for almost 16 percent of all suicides in the U.S. In 2007, the rate of suicide among older adults was approximately 14.3 per 100,000. Studies have shown that older adults die by suicide at a higher rate than the national

average, and that the rates increase after age 64, primarily among white men.¹ When older adults attempt suicide, they are more likely to die: 1 out of every 4 older adults who attempt suicide dies compared to 1 out of every 100-200 younger adults who attempt suicide.² Studies show that many older adults who die by suicide – up to 75 percent- visited a physician within a month before death.³ These findings underscore the urgent need to improve the detection and prevention of suicide risks among older adults.

As older adults continue to age, they are likely to use more prescription drugs as well as over-the-counter (OTC) medications. Approximately 80 percent of all seniors have at least one chronic health condition, and 50 percent have at least two. Nine out of every ten persons between the ages of 57 to 85 use OTC medication, dietary supplements and nearly three in ten use at least five prescriptions.⁴ Between 1997 and 2008, the rate of hospital admissions for medication and illicit drug use related conditions for persons between the ages of 65 and 84, grew by 96 percent, and for persons 85 and older it grew 87 percent. Medication misuse and abuse can cause a range of harmful side effects such as drug-induced delirium and dementia, and other problems common in older adults. These findings elucidate the complex relationship between substance abuse and behavioral health conditions and further highlight the need to address the prevention of prescription misuse/abuse among the older adult population.

The Older Adult TCE program is one of SAMHSA's services grant programs. This funding opportunity is a **one-time**, 18-month award to increase and expand behavioral health service delivery to address the prevention of suicide and prescription drug misuse/abuse among older adults.

SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities. More information is available at the SAMHSA website: <http://www.samhsa.gov/About/strategy.aspx>. This program is aligned with both the Prevention of Substance Abuse and Mental Illness and the Recovery Support Strategic Initiatives. Specifically, the program will address the behavioral health and recovery support needs of older adults.

SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 3rd month of the project at the latest.

¹ The Centers for Disease Control and Prevention (CDC) - National Center for Injury Prevention and Control. Retrieved from <http://www.cdc.gov/injury/wisqars/facts.html>.

² American Association of Suicidology (2009). Elderly Suicide Fact Sheet. Retrieved from http://www.suicidology.org/c/document_library/get_file?folderId=232&name=DLFE-242.pdf

³ National Institute of Mental Health (2010). Retrieved from <http://www.nimh.nih.gov/health/publications/older-adults-depression-and-suicide-facts-fact-sheet/index.shtml>

⁴ SAMHSA, CBHSQ

Definitions

For the purpose of this RFA, the term “behavioral health” refers to a state of mental/emotional health and/or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders. The term is also used to describe the service systems encompassing the promotion of emotional health, the prevention of mental and substance use disorders and related problems, treatments and services for mental and substance use disorders, and recovery support.

The Older Adult TCE program is authorized under Section 520A of the Public Health Service Act, as amended. This grant announcement addresses Healthy People 2020 (Mental Health and Mental Disorders Topic Area HP 2020-28 and/or Substance Abuse Topic Area HP 2020-40)

2. EXPECTATIONS

SAMHSA’s Older Adult TCE support an array of activities to help the grantee build a solid foundation for delivering and sustaining effective mental health community outreach, treatment, and prevention services, as well as resources to support the delivery of direct services to individuals. Grantees are expected to expand and or enhance their capacity to provide mental health services focused on the prevention of suicide and prescription drug misuse and abuse in the older adult population. Applicants must have an existing infrastructure (e.g., staff, policies/procedures, and experience with existing older adult mental health/substance abuse therapeutic interventions) and the capacity to support and expand these mental health intervention components.

The U.S. Administration on Aging supports a nationwide network of State and Area Agencies on Aging⁵ (AAA) and local providers whose mission is to assist older adult in their efforts to age in place in the community through a variety of long-term supports and services. In order to ensure that this grant program is linked to appropriate supportive service systems and promote its integration into the community, a letter of support from an AAA and/or Aging and Disability Resource Center⁶ (ADRC) should be

⁵ **Area Agencies on Aging (AAAs):** AAA’s provides access to a wide range of supportive services that help older adults and people with disabilities live healthy and independent lives in the community. More information about AAAs can be found at: <http://www.n4a.org/>.

⁶ **Aging and Disability Resource Centers (ADRCs):** An ADRC serves as a single point of entry into the long-term supports and services system for older adults and people with disabilities. The ADRC program is a collaborative effort of AoA and the Centers for Medicare & Medicaid Services (CMS). Management of the program is through AoA. More information about ADRCs can be found at: <http://www.adrc-tae.org/tiki-index.php?page=AboutStates>.

included in the grant application. One month after the award date, grantees are expected to have a signed memorandum of understanding (MOU) that indicates a formal partnership with an AAA and/or ADCR has been established. The MOU should address the specific goals of this project. Your application should detail the specific role of AAA(s) and/or ADCR(s) in implementing the program.

Grantees can use funds for planning infrastructure enhancement, as well as support for the delivery of direct services. Direct service delivery activities alone, without the parallel enhancement and/or expansion of system infrastructure, will not be supported by this grant mechanism. Infrastructure support is vital for the successful delivery of quality services. Direct services to be funded under this grant program must be supported by a strong evidence base. SAMHSA recognizes that each applicant will start from a unique point in enhancing their current infrastructure and program services. Awardees may pursue diverse strategies and methods to achieve their infrastructure enhancement and capacity expansion goals. Applicants may use or adapt evidence-based programs or models such as the Florida BRITE Program, the IMPACT Program and the Healthy IDEAS Program (Appendix K). Additional resources include SAMHSA Toolkit on Mental Health Promotion and Suicide Prevention for Older Adults in Long Term Care Settings.

A considerable number of older veterans experience depression which is associated with substantial suffering, disability, suicide risk and decreased health-related quality of life. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of older adult veterans and their families in developing their proposed project, particularly those who may not be connected to other federal supports.

You must use SAMHSA's services grant funds primarily to support allowable direct services, such as:

- Providing outreach and other strategies to increase participation in, and access to, treatment or prevention services to underserved populations. If you are proposing to provide only outreach and other strategies to increase access, you must show that there are treatment services available and your organization has the ability to connect individuals with those services.
- Providing direct treatment (including screening, assessment, and care management) and prevention services (e.g., awareness and outreach, brochures, training, newsletters, etc.) for populations at risk. Treatment must be provided in outpatient, day treatment (including outreach-based services) or intensive outpatient, or residential programs. Prevention services can be provide in primary care settings and/or senior centers.
- Providing "wrap-around"/recovery support services (e.g., child care, vocational, educational and transportation services) designed to improve access and

retention. [Note: Grant funds may be used to purchase such services from another provider.]

- Applicants must screen and assess clients for the presence of co-occurring substance use (abuse and dependence) and mental disorders, and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.
- Conduct trainings, workshops and educational forums to build and raise awareness of suicide prevention and prescription drug misuse and abuse among older adults.
- Assist older adults to receive behavioral health and primary (physical) health care services in an integrated fashion to improve overall health and wellbeing.
- Implement public education forums on and about the prevention of suicide and prescription drug misuse and abuse and lethality of combination with alcohol
- Utilize universal screening tools of consumers for substance abuse (including prescription drugs) and suicidal thinking
- Convene community forum of older adults, providers, and other stakeholders to identify appropriate methods and practices to promote emotional health and preventing suicide
- Partner with health agencies, aging service networks and community pharmacies, among others to develop programs and practices which will address prescription misuse and abuse and suicide among older adults in the community
- Initiate community wide suicide prevention hot line

In addition SAMHSA grantees will be expected to carry out one or more of the following activities:

- Inclusion of consumer and family participation in service and system planning
- Needs assessment
- Community-based outreach and education
- Brief interventions
- Building consensus and partnerships among key stakeholders

- Organizational/structural change (e.g., to create integrated planning structures between behavioral Health and Aging state and/or local authorities; to increase access to or efficiency of services via development of collaborative planning and/or service delivery models between Behavioral Health and Aging Services Networks)
- Quality improvement efforts
- Identify and implement appropriate evidence-based practices relevant to the population served

SAMHSA grantees should consider using grant funds (no more than 25% of the total grant award) to support infrastructure enhancements, which include some of the following activities:

Infrastructure Enhancement

- Training/workforce development to help staff or other providers in the community identify mental health or substance abuse issues, including suicide prevention and prescription drug misuse and abuse among the older adult population.
- Developing partnerships between mental, behavioral health and aging services and primary care networks to provide direct services delivery.
- Enhance partnerships between local and/or state authorities on behavioral health and aging services to more effectively and efficiently plan older adult services in communities.
- Enhancing health information technology (HIT), including computer systems, management information system (MIS), medical record keeping enhancements, electronic health records, etc.
- Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, development/revision of credentialing, licensure, certification or accreditation programs and requirements)
- Financing/coordination of funding streams
- Development of interagency coordination mechanisms
- Provider/network development; building of service linkages among partners
- Development and enhancement of transportation mechanisms to serve clients
- Social marketing and technology/information dissemination

SAMHSA strongly encourages all grantees to provide a smoke-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

2.1 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the target population. An evidence-based practice, also called EBP, refers to approaches to prevention or treatment that are validated by some form of documented scientific evidence. In your application, you will need to:

- Identify the evidence-based practice you propose to implement.
- Identify and discuss the evidence that shows that the practice is effective. [See note below.]
Discuss the population(s) for which this practice has been shown to be effective and show that it is appropriate for your target population(s). [See note below.]

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See Appendix C and K for additional information about using EBPs.

2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). You must document your ability to collect and report the required data in "Section E: Performance Assessment and Data" of your application. The ultimate goal is to improve mental health recovery and related consumer outcomes. Grantees will therefore be required to report performance using the adult **National Outcome Measures (NOMs) Tool** which can be found at <https://www.cmhs-gpra.samhsa.gov/index.htm> along with instructions for completing it. Hard copies are available in the application kits available by calling the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. Data will be collected at baseline (i.e., the consumer's entry into the project), discharge, and every six months for as long as the consumer receives services as part of the grant program. Data are to be entered into the CMHS Transformation Accountability (TRAC) Web system at <https://www.cmhs-gpra.samhsa.gov/index.htm>. The collection of these data will enable CMHS to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to mental health.

Grantees will also be required to report performance regarding **mental health promotion/mental illness prevention** efforts made throughout the grant project period. Grantees are required to report on the following Infrastructure/Prevention/Promotion performance measures:

The number of programs/organizations/communities that implemented specific mental-health related practices/activities that are consistent with the goals of the grant.

The number of individuals screened for behavioral health or related interventions.

The number of individuals referred to behavioral health or related services.

The number of individuals who have received training in mental illness/substance abuse prevention or mental health promotion.

This information will also be gathered using the Transformation Accountability System (TRAC), which can be found at <https://www.cmhs-gpra.samhsa.gov>, along with instructions for completing it. Hard copies are available in the application kits available by calling SAMHSA's Office of Communications at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. Data will be collected quarterly after entry of annual goals. Data are to be entered into a web-based system supported by quarterly written fiscal reports and written quarterly reports. Training and technical assistance related to TRAC data collection and reporting will be provided by the TRAC Help Desk, available through the Web site.

In addition to the services measures above, performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

2.3 Performance Assessment

Grantees must assess their projects, addressing the performance measures described in Section I-2.2. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

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

Outcome Questions:

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

- What individual factors were associated with outcomes?
- How durable were the effects?

Process Questions:

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

An overall grant performance assessment should be completed and submitted at the end of the 18-month project period.

No more than 15% of the total grant award may be used for data collection, performance measurement and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above.

2.5 Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director, Consumer and Aging Network Representative) to at least one joint grantee meeting during the project period of the grant and you must include a detailed budget and narrative for this travel in your budget. This meeting will take place over a 2 day period and be held in the Washington, D.C., area and attendance is mandatory.

There will also be a series of Policy Academy Regional meetings that will take place in the HHS Regions 2, 4, 6, 7, and 10. Grantees should consider attending regional meetings that are either in or near their respective regions. Policy Academy Meetings will take place over a 2 day period. There will also be a series of webinar based meetings. Grantees are strongly encouraged to attend and participate in these webinar meetings. Grantee meetings are a primary resource for training, technical assistance, peer-to-peer exchange and consensus development.

2.6 Services Delivery

You must use SAMHSA's services grant funds primarily to support allowable direct services. This includes the following types of activities:

- Providing outreach and other strategies to increase participation in, and access to, treatment or prevention services to underserved populations.

- Providing direct treatment (including, but not limited to, screening assessment and care management and brief treatment) or prevention services (e.g., awareness and outreach, brochures, training, newsletters, etc) for populations at risk. Treatment must be provided in community and home health settings.

[Note: Grant funds may be used to purchase such services from another provider.]

Service delivery should begin by the 3rd month of the project at the latest.

2.7 Infrastructure Enhancement

Grantees are encouraged to engage in infrastructure enhancement activities to support the delivery of suicide and prescription drug misuse and abuse prevention services. To the extent possible the infrastructure enhancement should be done in collaboration with your AAA and/or ADRC partner organization. You should use no more than 25% of the total services grant award for the following types of infrastructure enhancement, to support the direct service expansion of the grant project, such as:

- Training/workforce development to help staff or other providers in the community identify mental health or substance abuse issues, including suicide prevention and prescription drug misuse and abuse among the older adult population.
- Developing partnerships between behavioral health and aging services and primary care networks to provide direct services delivery.
- Enhance partnerships between local and/or state authorities on behavioral health and aging services to more effectively and efficiently plan older adult services in communities.
- Enhancing your computer system, management information system (MIS), electronic health records, etc.

II. AWARD INFORMATION

Proposed budgets cannot exceed \$356,344 in total costs (direct and indirect) in any year of the proposed project. Grantees will be required to submit progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award at the end of the project period.

Available funding for this program is subject to the enactment of a final budget for FY 2011 or an annualized Continuing Resolution (CR) for FY 2011. Funding estimates for this announcement are based on potential funding scenarios that

reflect an annualized CR at the FY 2010 funding level but do not reflect final conference action on the 2011 budget. Applicants should be aware that SAMHSA cannot guarantee that sufficient funds will be appropriated to fully fund this program.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private non profit entities. For example: State and local governments, Federal recognized American Indian/Alaska Native (AI/AN) Tribes and tribal organizations, Urban Indian organizations, Public or private universities and colleges and Community- and faith-based organizations. However eligibility is being restricted to current and previous Older Adult Targeted Capacity Expansion (TCE) grantees from cohorts FY 2002 – 2008. SAMHSA believes that the most effective and efficient way to accomplish the goals and objectives of this 18-month project is to limit the eligibility to the current and previous grantees since they have the expertise and infrastructure already in place to implement the project without any delays. **Applicants must also comply with the requirement to address the target population of persons 60 years of age and older who are at risk for or are experiencing behavioral health problems.**

The statutory authority for this program prohibits grants to for-profit agencies.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match (see Glossary) **is not** required in this program.

3. OTHER

3.1 Additional Eligibility Requirements

You must comply with the following requirements, or your application will be screened out and will not be reviewed: use of the HHS 5161-1 application form; application submission requirements in [Section IV-3](#) of this document; and formatting requirements provided in [Appendix A](#) of this document.

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. You must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client (e.g., substance abuse treatment, substance abuse prevention, and mental health) services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each mental and behavioral health/substance abuse treatment provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and
- Each mental health/substance abuse treatment provider organization must comply with all applicable local (city, county) and State licensing, accreditation, and certification requirements, as of the due date of the application.

[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license.]

In **Attachment 1** of your application, you must: (1) identify at least one experienced, licensed service provider organization; (2) include a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency if the applicant is a treatment or prevention service provider organization; and (3) include the Statement of Assurance (provided in Appendix C of this announcement), signed by the authorized representative of the applicant organization identified on the face-page (SF 424 v2) of the application, attesting that all participating service provider organizations:

- meet the 2-year experience requirement;
- meet applicable licensing, accreditation and certification requirements; and
- if the application is within the funding range for grant award, the applicant will provide the Government Project Officer (GPO) with the required documentation within the time specified.

In addition, if following application review, your application's score is within the funding range, the GPO will call you and request that the following documentation be sent by overnight mail:

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization that has agreed to participate in the project;
- official documentation that all participating organizations have been providing relevant services for a minimum of 2 years before the date of the application in the area(s) in which the services are to be provided; and
- official documentation that all participating service provider organizations comply with all applicable local (city, county) and State/tribal requirements for licensing, accreditation and certification or official documentation from the appropriate agency of the applicable State/tribal, county or other governmental unit that licensing, accreditation and certification requirements do not exist.

If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

You also may download the required documents from the SAMHSA Web site at <http://www.samhsa.gov/grants/apply.aspx>.

Additional materials available on this Web site include:

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

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Kit

A complete list of documents included in the application kit is available at <http://www.samhsa.gov/Grants/ApplicationKit.aspx>. This includes:

- HHS 5161-1 (revised August 2007) – Includes the face page (SF 424 v2), budget forms, and checklist. You must use the HHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (<http://www.samhsa.gov/grants/index.aspx>) and a synopsis of the RFA is available on the Federal grants Web site (<http://www.Grants.gov>).

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

2.2 Required Application Components

Applications must include the following 11 required application components:

- **Face Page** – SF 424 v2 is the face page. This form is part of the HHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at <http://www.dunandbradstreet.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application. In addition, you must be registered in the Central Contractor Registration (CCR) prior to submitting an application and maintain an active CCR registration during the grant funding period. **REMINDER: CCR registration expires each year and must be updated annually.** Additional information on the Central Contractor Registration (CCR) is available at <http://www.ccr.gov>].
- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of

your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Budget Form** – Use SF 424A, which is part of the HHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in [Appendix I](#) of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 31 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections F through I. There are no page limits for these sections, except for Section H, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.” Supporting documentation should be submitted in black and white (no color).

Attachments 1 through 5 - Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than a total of 25 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachments 2 and 5. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the appendices as: Attachment 1, Attachment 2, etc.

- 1: (1) Identification of at least one experienced, licensed service provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in Appendix C of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all

listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) Signed MOUs from AAA or ADRCs

- *Attachment 2:* Data Collection Instruments/Interview Protocols
- *Attachment 3:* Sample Consent Forms
- *Attachment 4:* Letter to the SSA (if applicable; see Section IV-4 of this document)
- *Attachment 5: A copy of the State or County Strategic Plan, a State or county needs assessment or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority. [Optional]*

- ❑ **Assurances – Non-Construction Programs.** You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application
- ❑ **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
- ❑ **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form.
- ❑ **Checklist** – Use the Checklist found in HHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

2.3 Application Formatting Requirements

Please refer to [Appendix A](#), *Checklist for Formatting Requirements and Screen out Criteria for SAMHSA Grant Applications*, for SAMHSA’s basic application

formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **June 7, 2011**. SAMHSA provides two options for submission of grant applications: 1) electronic submission, **or** 2) paper submission. Hard copy applications are due by **5:00 PM** (Eastern Time). Electronic applications are due by **11:59 PM** (Eastern Time). **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

Note: If you use the USPS, you must use Express Mail.

SAMHSA will not accept or consider any applications that are hand carried or sent by facsimile.

Submission of Electronic Applications

If you plan to submit electronically through Grants.gov it is very important that you read thoroughly the application information provided in [Appendix B](#), "Guidance for Electronic Submission of Applications."

Submission of Paper Applications

If you are submitting a paper application, you must submit an original application and 2 copies (including attachments). The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

Send applications to the address below:

For United States Postal Service:

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

Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**Grants to Enhance Older Adult Behavioral Health Services, SM-11-009**” in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

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

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

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

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

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. See [Appendix E](#) for additional information on these requirements as well as requirements for the Public Health Impact Statement.

5. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at <http://www.samhsa.gov/grants/management.aspx>:

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

In addition, SAMHSA’s Grants to Enhance Older Adult Behavioral Health Services grant recipients must comply with the following funding restrictions:

- A minimum of 60% of the total grant award should be spent on direct services (including treatment and prevention services.).
- No more than 25% of the total grant award should be used for developing the infrastructure necessary for expansion of services.
- No more than 15% of the total grant award may be used for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.

SAMHSA grantees must also comply with SAMHSA’s standard funding restrictions, which are included in [Appendix F](#).

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the “Program Narrative” instructions found in the HHS 5161-1.**
- The Project Narrative (Sections A-E) together may be no longer than 25 pages.
- You must use the five sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA Web site at <http://www.samhsa.gov>. Click on “Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence.”

- The Supporting Documentation you provide in Sections F-I and Appendices 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, applicants are encouraged to respond to each bulleted statement.

Section A: Statement of Need (10 points)

- Describe the target population (see Glossary, Appendix J) and the geographic area to be served, and justify the selection of both.
- Describe the nature of the problem and extent of the need (e.g., current prevalence rates or incidence data) for the target population based on data. The statement of need should include a clearly established baseline for the project. Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from local data or trend analyses, State data (e.g., from State Needs Assessments) and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- Non-tribal applicants must show that identified needs are consistent with priorities of the State or county that has primary responsibility for the service delivery system. You may include, in **Attachment 5**, a copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority. Appendix 6 is optional. Tribal applicants must provide similar documentation relating to tribal priorities.

Section B: Proposed Evidence-Based Service/Practice (25 points)

- Clearly state the purpose, goals and objectives of your proposed project. Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, prevention, outreach, pre-services, treatment and/or intervention) and support SAMHSA's goals for the program.
- Identify the evidence-based service/practice that you propose to implement and the source of your information. (See Section I-2.3, Using Evidence-Based

Practices.) Discuss the evidence that shows that this practice is effective with the target population. If the evidence is limited or non-existent for the target population, provide other information to support your selection of the intervention for the target population.

- Document the evidence that the practice you have chosen is appropriate for the outcomes you want to achieve.
- Identify and justify any modifications or adaptations you will need to make to the proposed practice to meet the goals of your project and why you believe the changes will improve the outcomes.
- Explain why you chose this evidence-based practice over other evidence-based practices. If this is not an evidence-based practice, explain why you chose this intervention over other interventions.
- Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy and gender in the target population, while retaining fidelity to the chosen practice.
- Provide a logic model (see Glossary, Appendix G and Logic Model Resources in Appendix H) that demonstrates the linkage between the identified need, the proposed approach, and outcomes. A sample logic model is provided in Appendix G and can also be used as an example for designing a logic model for your specific program.

Section C: Proposed Implementation Approach (30 points)

- Describe the current infrastructure and services which address older adults' mental health issues and how the proposed services and practices will be implemented within that model.
- Describe how the proposed service or practice will be implemented. Specifically describe how the prevention of suicide and prescription drug misuse and abuse will be addressed with this population.
- Provide a realistic time line for the entire project period (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.]

- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. Describe how the target population will be identified, recruited, and retained.
- Discuss the target population's language, beliefs, age, race, ethnicity, culture, sexual orientation, disability, literacy and gender as well as socioeconomic factors that must be considered in delivering programs to this population, and how the proposed approach addresses these issues.
- Describe how project planning, implementation and assessment will include client input.
- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable. Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in **Attachment 1**.
- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery can begin as soon as possible and no later than 3 months after grant award.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe the partnership with an AAA or ADRC and the role they will play in referring clients and ensuring delivery of the intervention.
- Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Section D: Staff and Organizational Experience (20 points)

- Discuss the capability and experience of the applicant organization, aging network partner, and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating

organizations have linkages to the target population and ties to grassroots/community-based organizations that are rooted in the culture and language of the target population.

- Provide a complete list of staff positions for the project, including aging network partner staff positions, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as treatment/prevention personnel.
- Discuss how key staff have demonstrated experience in serving the target population and are familiar with the culture and language of the target population. If the target population is multicultural and multilingual, describe how the staff are qualified to serve this population.
- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA) and amenable to the target population. If the ADA does not apply to your organization, please explain why.

Section E: Performance Assessment and Data (15 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement.
- Provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 15% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served.
- Describe your plan for conducting the performance assessment as specified in Section I-2.3 of this RFA and document your ability to conduct the assessment.

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

SUPPORTING DOCUMENTATION

Section F: Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section G: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 25% of the total grant award will be used for infrastructure enhancement, if necessary, and that no more than 15% of the total grant award will be used for data collection, performance measurement and performance assessment. **Specifically identify the items associated with these costs in your budget.** An illustration of a budget and narrative justification is included in [Appendix I](#) of this document.

Section H: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the HHS 5161-1 instruction page, available on the SAMHSA Web site.

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section I of your application. See [Appendix J](#) for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when applicable, approved by the Center for Mental Health Services', National Advisory Council;
- availability of funds; and

- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among target populations and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

You will receive a letter from SAMHSA through postal mail that describes the general results of the review of your application, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive Federal funding for work on the grant project.

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation;
 - requirements to address problems identified in review of the application; or
 - revised budget and narrative justification.

- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a Federal grant.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site at <http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf>. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in [Section I-2.2](#), you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit a narrative summary report of your activities, events and significant findings, as well as problems, challenges and lessons learned at the end of the 18 month project period.
- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.
- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.
- You will be required to comply with the requirements of 2CFR Part 170 -The Transparency Act Subaward and Executive Compensation Reporting Requirements. See <http://www.samhsa.gov/grants/subaward.aspx> for information on implementing this requirement.

3.2 Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance requirements for SAMHSA’s **Grants to Enhance Older Adult Behavioral Health Services** grant program are described in [Section I-2.2](#) of this document under “Data Collection and Performance Measurement.”

3.3 Publications

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

In addition, SAMHSA requests that grantees:

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

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

VII. AGENCY CONTACTS

For questions about program issues contact:

Marian Scheinholtz
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1085
Rockville, Maryland 20857
(240) 276-1911

Marian.scheinholtz@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Gwendolyn Simpson
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1085
Rockville, Maryland 20857
(240) 276-1408
gwendolyn.simpson@samhsa.hhs.gov

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

*SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.***

- Use the HHS 5161-1 application package.
- Applications must be received by the application due date and time, as detailed in [Section IV-3](#) of this grant announcement.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in [Appendix B, "Guidance for Electronic Submission of Applications."](#))
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.

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

- If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:
 - Face Page (Standard Form 424 v2, which is in HHS 5161-1)
 - Abstract
 - Table of Contents
 - Budget Form (Standard Form 424A, which is in HHS 5161-1)

- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, which is in HHS 5161-1)
- Checklist (a form in HHS 5161-1)
- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection specified in [Appendix J](#) of this announcement.
 - Budgetary limitations as specified in [Sections I, II](#), and [IV-5](#) of this announcement.
 - Documentation of nonprofit status as required in the HHS 5161-1.
- Black ink should be used throughout your application, including charts and graphs. Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides.
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Attachments 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 Attachments stated in Section IV-2.2 of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in [Section IV-3](#) of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. You may use rubber bands. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

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

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

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding Federal holidays.

If this is the first time you have submitted an application through Grants.gov, you must complete three separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; and 3) Grants.gov registration (Get username and password.). **REMINDER: CCR registration expires each year and must be updated annually.** Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF 424 (face page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/applicants/get_registered.jsp.

Please also allow sufficient time for enter your application into Grants.gov. When you submit your application you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov. within the next 24-48 hours. One will confirm receipt of the application in Grants.gov and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. Please note that it is incumbent on the applicant to monitor their application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov it will not be forwarded to SAMHSA as the receiving institution.**

It is strongly recommended that you prepare your Project Narrative and other attached documents using Microsoft Office 2003 products (e.g., Microsoft Word

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

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

- Text legibility: Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.
- Amount of space allowed for Project Narrative: The Project Narrative for an electronic submission may not exceed [insert the Project Narrative page limit multiplied by 515 words per page] words. If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

Keep the Project Narrative as a separate document. Please consolidate all other materials in your application to ensure the fewest possible number of attachments. Be sure to label each file according to its contents, e.g., “Attachments 1-3”, “Attachments 4-5.”

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

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

Appendix C – Using Evidence Practices (EBPs)

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other interventions that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with an intervention that has not been formally evaluated with that population are required to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus. Evidence for these practices may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the population(s) of focus or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the individuals reviewing your application.

- Document the evidence that the practice(s) you have chosen is appropriate for the outcomes you want to achieve.
- Explain how the practice you have chosen meets SAMHSA's goals for this grant program.
- Describe any modifications/adaptations you will need to make to your proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service(s)/practice(s) in a way that is as close as possible to the original service(s)/practice(s). However, SAMHSA understands that you may need to make minor changes to the service(s)/practice(s) to meet the needs of your population(s) of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to the proposed service(s)/practice(s) that you believe are necessary for these purposes. You may describe your own experience either with the population(s) of focus or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.
- Explain why you chose this evidence-based practice over other evidence-based practices.
- If applicable, justify the use of multiple evidence-based practices. Discuss in the logic model and related narrative how use of multiple evidence-based practices will be integrated into the program, while maintaining an appropriate level of

fidelity for each practice. Describe how the effectiveness of each evidence-based practice will be quantified in the performance assessment of the project.

- Discuss training needs or plans for training to successfully implement the proposed evidence-based practice(s).

Resources for Evidence-Based Practices:

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

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

In addition to the Web site noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

Appendix D – Statement of Assurance

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

- a letter of commitment from every mental health/substance abuse treatment service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and State requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable State, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.⁷ (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- for Tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the Tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

⁷ Tribes and tribal organizations are exempt from these requirements.

Signature of Authorized Representative

Date

Appendix E – Intergovernmental Review (E.O. 12373) Requirements

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

- Check the list to determine whether your State participates in this program. You do not need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Crystal Saunders, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. SM-11-009. Change the zip code to 20850 if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)⁸ to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS

⁸ Approved by OMB under control no. 0920-0428; 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 v2 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).

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. If you are a State or local government or American Indian/Alaska Native Tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424 v2); 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 for substance abuse can be found on SAMHSA's Web site at <http://www.samhsa.gov>. A listing of the SSAs for mental health can be found on SAMHSA's Web site at <http://www.samhsa.gov/grants/SSAdirectory-MH.pdf>. If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 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 no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. SM-11-009. Change the zip code to **20850** if you are using another delivery service.

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.

Appendix F – Funding Restrictions

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

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals

as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.
- Award funds may not be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

Appendix G – Use of Logic Models

A logic model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or “change” and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A logic model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among the resources you put in (inputs), what you do (outputs), and what happens or results (outcomes). Your logic model should form a logical chain of “if-then” relationships that enables you to demonstrate how you will get to your desired outcomes with your available resources. Because your logic model requires you to be specific about your intended outputs and outcomes, it can be a valuable resource in assessing the performance of your project by providing you with specific outputs (objectives) and outcomes (goals) that can be measured.

The graphic on the following page provides an example of a logic model that links the inputs to program components, the program components to outputs, and the outputs to outcomes (goals).

Your logic model should be based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your target group. A properly targeted logic model will show a logical pathway from inputs to intended outcomes, in which the included outcomes address the needs identified in the Statement of Need.

Examples of **Inputs** (resources) depicted in the sample logic model include people (e.g., staff hours, volunteer hours), funds and other resources (e.g., facilities, equipment, community services).

Examples of **Program Components** (activities) depicted in the sample logic model include outreach; intake/assessment (e.g., client interview); treatment planning/treatment by type (e.g., methadone maintenance, weekly 12-step meetings, detoxification, counseling sessions, relapse prevention, crisis intervention); special training (e.g., vocational skills, social skills, nutrition, child care, literacy, tutoring, safer sex practices); other services (e.g., placement in employment, prenatal care, child care, aftercare); and program support (e.g., fundraising, long-range planning, administration, public relations).

Examples of **Outputs** (objectives) depicted in the logic model include waiting list length, waiting list change, client attendance, and client participation; number of clients, including those admitted, terminated, in program, graduated and placed; number of sessions per month and per client/month; funds raised; number of volunteer hours/month; and other resources required.

The **Inputs, Program Components** and **Outputs** all lead to the **Outcomes** (goals). Examples of Outputs depicted in the logic model include in program (e.g., client satisfaction, client retention); and in or post-program (e.g., reduced drug use-self reports, urine, hair; employment/school progress; psychological status; vocational skills; safer sexual practices; nutritional practices; child care practices; and reduced delinquency/crime).

[Note: The logic model presented is not a required format and SAMHSA does not expect strict adherence to this format. It is presented only as a sample of how you can present a logic model in your application.]

Appendix H – Logic Model Resources

Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. *International Quarterly of Community Health Education*, 18(4), 449-458.

Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly*, 13(2), 43-62.

Hernandez, M. & Hodges, S. (2003). *Crafting Logic Models for Systems of Care: Ideas into Action*. [Making children's mental health services successful series, volume 1]. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies. <http://cfs.fmhi.usf.edu> or phone (813) 974-4651

Hernandez, M. & Hodges, S. (2001). Theory-based accountability. In M. Hernandez & S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health*, pp. 21-40. Baltimore: Brookes.

Julian, D.A. (1997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, 20(3), 251-257.

Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning*, 18(4), 333-341.

Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3rd Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.

Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation*. San Francisco, CA: Jossey-Bass Inc.

W.K. Kellogg Foundation, (2004). *Logic Model Development Guide*. Battle Creek, MI.

To receive additional copies of the Logic Model Development Guide, call (800) 819-9997 and request item #1209.

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

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

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	\$64,890	10%	\$6,489
(2) Grant Coordinator	To be selected	\$46,276	100%	\$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			TOTAL	\$52,765

JUSTIFICATION: Describe the role and responsibilities of each position.

- (1) The Project Director will provide daily oversight of the grant and will be considered key staff.
- (2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.
- (3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.

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

B. Fringe Benefits: List all components that make up the fringe benefits rate

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

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

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

FEDERAL REQUEST

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

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

(1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate. If policy does not have a rate use GSA.

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

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

(1) Office supplies, copies and postage are needed for general operation of the project.

(2) The laptop computer and printer are needed for both project work and presentations for Project Director.

(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

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

F. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) State Department of Human Services	Training	\$250/individual x 3 staff	5 days	\$750
(2) Treatment Services	1040 Clients	\$27/client per year		\$28,080

Name	Service	Rate	Other	Cost
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750	*Travel at 3,124 @ .50 per mile = \$1,562 *Training course \$175 *Supplies @ \$47.54 x 12 months or \$570 *Telephone @ \$60 x 12 months = \$720 *Indirect costs = \$9,390 (negotiated with contractor)	\$46,167
(4) Jane Smith	Evaluator	\$40 per hour x 225 hours	12 month period	\$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of \$30,000 x 10% level of effort		\$3,000
			TOTAL	\$86,997

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

- (1) Certified trainers are necessary to carry out the purpose of the Statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.
- (2) Treatment services for clients to be served based on organizational history of expenses.

- (3) Case manager is vital to client services related to the program and outcomes.
- (4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.
- (5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

***Represents separate/distinct requested funds by cost category**

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) **\$86,997**

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

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

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent*	\$15/sq.ft x 700 sq. feet	\$10,500
(2) Telephone	\$100/mo. x 12 mo.	\$1,200
(3) Client Incentives	\$10/client follow up x 278 clients	\$2,780
(4) Brochures	.89/brochure X 1500 brochures	\$1,335
	TOTAL	\$15,815

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

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, they may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA’s fair share of the space.

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

(2) The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(3) The \$10 incentive is provided to encourage attendance to meet program goals for 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) \$15,815

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A)

8% of personnel and fringe (.08 x \$63,661) \$5,093

=====

TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) \$172,713

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF424A) \$5,093

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF424A) \$177,806

=====

UNDER THIS SECTION REFLECT OTHER NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.

Provide the total proposed Project Period and Federal funding as follows:

Proposed Project Period

a. Start Date:	09/30/2011	b. End Date:	09/29/2016
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BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Personnel	\$52,765	\$54,348	\$55,978	\$57,658	\$59,387	\$280,136
Fringe	\$10,896	\$11,223	\$11,559	\$11,906	\$12,263	\$57,847
Travel	\$2,444	\$2,444	\$2,444	\$2,444	\$2,444	\$12,220
Equipment	0	0	0	0	0	0
Supplies	\$3,796	\$3,796	\$3,796	\$3,796	\$3,796	\$18,980
Contractual	\$86,997	\$86,997	\$86,997	\$86,997	\$86,997	\$434,985
Other	\$15,815	\$13,752	\$11,629	\$9,440	\$7,187	\$57,823
Total Direct Charges	\$172,713	\$172,560	\$172,403	\$172,241	\$172,074	\$861,991
Indirect Charges	\$5,093	\$5,246	\$5,403	\$5,565	\$5,732	\$27,039
Total Project Costs	\$177,806	\$177,806	\$177,806	\$177,806	\$177,806	\$889,030

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **\$889,030**

***FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.
2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

Appendix J – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

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

1. **Protect Clients and Staff from Potential Risks**
 - Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
 - Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.
 - Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
 - Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.
2. **Fair Selection of Participants**
 - Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
 - Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.
 - Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

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

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed performance assessment design may meet the regulation’s criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

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

Appendix K – Examples of Evidence-based Practice Models/Programs of Older Adult Behavioral Health

Screening, Brief Intervention, Referral and Treatment

SBRIT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at-risk of developing them. SBRIT is designed to 1) encourage healthcare providers to screen and provide advice or counseling to their patients who misuse alcohol or other drugs; 2) influence risky behavior patterns and reduce exposure to the negative consequences of misuse; and 3) improve the linkages between the general community health care and specialized substance abuse providers to facilitate access to care when needed. Within the U.S., SBIRT programs typically are located in medical settings such as emergency departments and primary care practices. The Florida BRief Intervention and Treatment for Elders (BRITE) program is the first federally funded SBIRT project that focuses specifically on older adults. In addition to medical settings, BRITE screens and provides brief interventions in aging services, retirement communities, senior housing, at health fairs, and at other locations. Florida BRITE program serves individuals 55 years and older to identify non-dependent substance use or prescription medication issues and to provide effective service strategies prior to their need for more extensive or specialized substance abuse treatment. For additional information and resources visit <http://brite.fmhi.usf.edu>.

Improving Mood-Promoting Access to Collaborative Treatment (IMPACT)

IMPACT is an evidence-based program focused on older adults with major depression and/or chronic depression who were receiving treatment in primary care clinics. Participants receive evidence-based integrated care delivered by a collaborative team, which includes a nurse, social worker, or psychologist. IMPACT utilizes two key processes. The first process requires a systematic diagnosis and tracking of depression outcomes using diagnostic and screening tools such as the PHQ-9 questionnaire. The PHQ-9 is ideal because it is brief, widely used by primary care, and shown to be effective with geriatric patients. Based on the systematic measurement of depression symptoms, the care team can adjust treatment. The second process entails modifying the treatment plan if the patient is not improving. For additional information and resources visit <http://www.impact-uw.org>.

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)

Healthy IDEAs is a community depression program designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations through existing community-based case management services. Healthy IDEAS integrates depression awareness and management into existing case management services provided to older adults (such as those that offer assistance with home-based care). The program also seeks to improve the linkage between community aging service providers (e.g., Area Agency on Aging) and health care professionals through appropriate referrals, better communication, and effective partnerships. For additional information and resources visit <http://www.careforelders.org/healthyideas>.

PEARLS

<http://www.pearlsprogram.org/Our-Program.aspx>

The PEARLS Program is an evidence-based highly effective method designed to reduce depressive symptoms and improve quality of life in older adults. During six to eight in-home sessions that take place in the client's home and focus on brief behavioral techniques, PEARLS Program counselors empower individuals to take action and to make lasting changes so that they can lead more active and rewarding lives. The PEARLS Program was developed at the University of Washington in the late 1990s by a team led by Dr. Ed Wagner, who is a primary developer of the Chronic Care Model. During the past decade, two randomized controlled trials have demonstrated that the PEARLS Program is effective in reducing depressive symptoms and improving quality of life in older adults and all-age adults with epilepsy. The PEARLS Program has been disseminated successfully in communities throughout the United States, and each year more individuals and organizations enroll in PEARLS Training so they can offer the PEARLS Program to individuals in their community.

Cognitive Behavioral Therapy (CBT)

CBT is a common type of mental health counseling (psychotherapy). With cognitive behavioral therapy, patients work with a mental health counselor (psychotherapist) in a structured way, attending a limited number of sessions. This intervention helps patients become aware of inaccurate or negative thinking, allow patients to view challenging situations more clearly and respond to them in a more effective way.

TeleHelp-TeleCheck Programs

Tele-Help/Tele-Check, a telephone service designed to provide elderly people with home assistance. Tele-Help is an alarm system that the client can activate to call for help; in Tele-Check the client is contacted about twice a week for assessment of needs and for emotional support. (Original studies conducted in Italy – being used currently by The Advocates in Framingham, Massachusetts.

Senior Reach – <http://www.jeffersoncentermentalhealth.org/SeniorReach/wp-content/uploads/2010/SeniorReachTrainingManual.pdf>

Senior Reach is a program in Jefferson and Gilpin County Colorado which was developed to identify and provide outreach assistance and care linkage and management for older adults with behavioral health needs. Through community gatekeeper training, community members are trained to recognize when an older adult might be having a problem and to notify the Jefferson County Behavioral Health program. Active engagement and outreach are provided to that older adult to address behavioral and other health and social needs. Strong community linkages and care models support implementation. Engagement of older adults has been found to be significantly higher than typical rates of engagement – engagement is frequently a problem with addressing behavioral health issues in older adults. This program was developed based on the work of by Dr. Ray Raschko on the Gatekeeper model in the state of Washington (see abstract below).

[Florio ER, Raschko R. J Aging Soc Policy](#) 1998; 10(1):37-55. The gatekeeper model: implications for social policy. Washington Institute for Mental Illness Research and Training, Washington State University, Spokane 99201-3899, USA. florio@wsu.edu

One of the most important needs of an aging population is to insure that older adults are able to live as independently and safely as possible. The question for social policymakers is how to meet this goal in an era of shrinking resources and growing numbers of older adults. The Gatekeeper Model is highlighted as a method to insure that older adults at risk of problems that impact their ability to live independently can be helped by existing systems of care. The model trains employees of community businesses and corporations who work with the public to serve as community gatekeepers by identifying and referring community-dwelling older adults who may be in need of help. A research project was conducted at Spokane Mental Health, Elder Services Division, where the model was developed. The results indicate that community-based gatekeepers found 40% of clients. Gatekeepers find a distinct population of community-dwelling older adults who are not found by more traditional referral sources. The social policy implications of the Gatekeeper Model are discussed.

Appendix L – Eligible Applicants

1. COTTAGE Expanded Elder Services Program, Tucson, AZ
2. ElderLynk Expansion Program, Kirksville, MO
3. Project Focus, City of El Paso, El Paso, TX
4. Senior Behavioral Health Service Program, University of California, San Francisco, San Francisco, CA
5. Health Improvement Program for the Elderly, Jewish Family and Children's Service of Southern Arizona, Inc., Tucson, AZ
6. Kajsia House, Madison, WI
7. La Clinica del Pueblo, Washington DC
8. Tiempo de Oro, Valle del Sol, Phoenix, AZ
9. Senior Outreach Program, Unity Health System, Rochester, NY
10. Montrose Counseling Center, Inc.
11. Valle del Sol, Inc.
12. Boat People SOS, Inc
13. Centerstone Community Mental Health Center
14. Nachas Health & Family Network, Inc.
15. Jefferson Center for Mental Health
16. Chiricahua Community Health Centers Inc
17. University of Hawaii
18. Cambridge Public Health Commission
19. Longview Wellness Center, Inc
20. Cuyahoga County Community Mental Health Board
21. Adult and Child Mental Health Center
22. Advocates, Inc
23. Mental Health Association of South Central Kansas
24. Community Rehabilitation Center, Inc
25. Coastal Behavioral Healthcare, Inc
26. Rush University Medical Center
27. United Community Center, Inc
28. Oakland Family Services
29. Oklahoma Department of Mental Health and Substance Abuse
30. Jewish Family Services of Los Angeles