

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

**Strategic Prevention Framework State Prevention
Enhancement Grants**

(Short Title: SPE Grants)

(Initial Announcement)

Request for Applications (RFA) No. SP-11-004

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

Key Dates:

Application Deadline	Applications are due by June 3, 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.

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Executive Summary:

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for fiscal year (FY) 2011 Strategic Prevention Framework State Prevention Enhancement grants (Short Title: SPE grants). These awards are designed to strengthen and extend SAMHSA's national implementation of the Strategic Prevention Framework (SPF), so as to bring the SPF to scale and support communities of high need nationwide.

The SPF process is an integral part of SAMHSA's mission to reduce the impact of substance abuse and mental illness on America's communities. ("Communities," in the broadest sense, should include community coalitions, which play a vital role in creating successful State and Tribal prevention systems.) With a broad, national scope, the SPE Program is designed to support States and Tribes in enhancing their infrastructures to reduce the impact of substance abuse. Through stronger, more strategically aligned substance abuse infrastructures, SPE States and Tribes will be better positioned to apply the SPF process to implement data-driven, evidence-based prevention programs, policies and practices in their communities.

These 1-year SPE cooperative agreements are intended to support States, Territories, the District of Columbia and federally recognized Tribal entities (hereinafter to be referred to as States and Tribes) in strengthening and enhancing their current prevention infrastructure to support more strategic, comprehensive systems of community-oriented care. SPE funding will foster more responsive, interactive State and Tribal systems that can better address and adjust to the complexities of evolving health care initiatives and their fiscal implications for communities of high need.

Key SPE grant requirements include the development and submission to SAMHSA/CSAP of two State/Tribal plans: 1) a Capacity Building/Infrastructure Enhancement Plan at the end of the 3rd month of the grant and 2) a comprehensive, 5-year Strategic Prevention Plan at the end of the 11th month of the grant.

Funding Opportunity Title:	Strategic Prevention Framework State Prevention Enhancement Grants
Funding Opportunity Number:	SP-11-004
Due Date for Applications:	June 3, 2011
Anticipated Total Available Funding:	up to \$27.1 million
Estimated Number of Awards:	up to 80 awards
Estimated Award Amount:	Between \$150,000 and \$600,000
Cost Sharing/Match Required	No
Length of Project Period:	Up to 1 year

Eligible Applicants:

Eligible applicants are States, Territories, the District of Columbia, and federally recognized American Indian/Alaska Native Tribes or Tribal organizations. Applications must be submitted by the agency that receives the Substance Abuse Prevention and Treatment (SAPT) Block Grant (i.e., by the Director of the Single State Agency for Substance Abuse in the States and the District of Columbia, by the equivalent officer in the U.S. Territories; and by the highest ranking Tribal official in federally recognized American Indian/Alaska Native Tribes or Tribal organizations.)

[See Part III, Section 1 of the RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for fiscal year (FY) 2011 Strategic Prevention Framework State Prevention Enhancement grants (Short Title: SPE grants). These awards are designed to strengthen and extend SAMHSA's national implementation of the Strategic Prevention Framework (SPF), so as to bring the SPF to scale and support communities of high need nationwide (see Part I, Section 2.2 for more details).

The SPF process is an integral part of SAMHSA's mission to reduce the impact of substance abuse and mental illness on America's communities. ("Communities," in the broadest sense, should include community coalitions, which play a vital role in creating successful State and Tribal prevention systems.) With a broad, national scope, the SPE Program is designed to support States, Territories and Tribes (hereinafter referred to as States and Tribes) in enhancing their infrastructures to reduce the impact of substance abuse. Through stronger, more strategically aligned substance abuse infrastructures, SPE States and Tribes will be better positioned to apply the SPF process to implement data-driven, evidence-based prevention programs, policies and practices in their communities.

These 1-year SPE cooperative agreements are intended to support States, Territories and Tribal entities in strengthening and enhancing their current prevention infrastructure to support more strategic, comprehensive systems of community-oriented care. SPE funding will foster more responsive, interactive State and Tribal systems that can better address and adjust to the complexities of evolving health care initiatives and their fiscal implications for communities of high need.

The SPE Program calls upon Single State Agency Directors and Tribal Leaders to capitalize on their State or Tribe's ability to implement the SPF process, to assess the current state of their prevention infrastructure, identify gaps and develop a long-term, data-driven strategic plan to restructure, enhance and further strengthen their State and Tribal system to better meet the emerging needs of populations throughout their communities. It provides the foundation for assuring that behavioral health plays an essential role in responding to the Nation's rapidly evolving health care delivery system. It is rooted in the belief that SAMHSA's State and Tribal grantees have a pivotal, strategic role to play at this time in helping to shape the direction and implementation of their State-wide systems in support of SAMHSA's overall prevention mission.

Key SPE grant requirements include the development and submission to SAMHSA/CSAP of two State/Tribal plans: 1) a Capacity Building/Infrastructure Enhancement Plan at the end of the 3rd month of the grant and 2) a comprehensive, 5-year Strategic Prevention Plan at the end of the 11th month of the grant. The Strategic Prevention Plan must provide a description of progress and accomplishments made to

date, outline the work that remains to be done, and provide an action plan for the future, with action steps, estimated timelines, available resources and responsible parties.

SPE grants are authorized under Section 516 of the Public Health Service Act, as amended. This announcement addresses Substance Abuse Topic Area HP 2020-SA. This RFA addresses SAMHSA's Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness.

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.)

Addressing SAMHSA's Goals for Prevention

Grantees must ensure that their SPE projects address and are closely aligned with the four goals listed in SAMHSA Initiative #1: Prevention of Substance Abuse and Mental Illness; and with two other SPE-specific goals (i.e., workforce development and policy development) as listed below. Additionally, grantees must ensure that all components of their Capacity Building/Infrastructure Enhancement Plan and their 5-year, comprehensive Strategic Plan align closely with these goals. (In the sections below, we provide detailed discussion about these two important plans and other SPE requirements.)

SAMHSA Initiative #1 Goals

Goal 1.1: With primary prevention as the focus, build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness.

Goal 1.2: Prevent or reduce consequences of underage drinking and adult problem drinking.

Goal 1.3: Prevent suicides and attempted suicides among populations at high risk, especially military families, LGBTQ youth, or American Indians and Alaska Natives.

Goal 1.4: Reduce prescription drug misuse and abuse.

Additional SPE-specific Goals

- 1) Enhance State/Tribal workforce development (e.g., training, support for licensure, credentialing, or accreditation).
- 2) Enhance State/Tribal Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, development/revision of credentialing, licensure, or accreditation requirements).

2. EXPECTATIONS

2.1 Required Activities

SPE funds must be used primarily to support the development and enhancement of a data-driven State/Tribal prevention infrastructure with the express purpose of building a comprehensive, well organized prevention State/Tribal system represented by multiple stakeholders that addresses substance abuse prevention and related problems. The success of the SPE program is predicated on a rigorous, data-driven approach to selecting evidence-based programs, policies and practices that meld the work of the State Epidemiological Outcomes Workgroups (SEOWs) in each State or Tribe with the five steps of SAMHSA's Strategic Prevention Framework (SPF) process.

2.2 Application Requirements

State/Tribal Prevention Infrastructure Summary Statement

SPE applicants are required to provide a 2-page summary in their Application Narrative (See Part V, Section A: Statement of Need) demonstrating that they have an established prevention infrastructure in place that will support substance abuse-related high need communities on the basis of the components listed below. *(It is up to individual States/Tribes to define "high need communities" for the purposes of this SPE grant program. However, in defining "high need communities," applicants should include communities with demonstrated high rates of substance abuse and its related consequences (e.g., high 30-day substance abuse rates, high binge drinking rates, high rates of substance abuse-related mortality, etc.)*

- Adequate resources to implement the SPE project to effect State- or Tribal-wide change;
- A functioning Epidemiological Workgroup, such as SEOW;
- A working Evidence-based Practices (EBP) Workgroup that provides guidance on the implementation of effective, evidence-based policies, programs and practices;
- A strong, State- or Tribally-supported substance abuse prevention evaluation process and methodology;
- A logic model process at the State, Tribal and community levels that incorporates the implementation of EBPs, using data-driven decision making as evidenced by their SPF approach to prevention. (The logic model process should include a requirement that only data-driven priorities are addressed as evidenced by the State Epidemiology Profile and additional local data);
- A functioning, State- or Tribally-supported training and technical assistance system;
- A requirement that all State and Tribal prevention subrecipient communities must complete a comprehensive strategic plan based on a data-driven planning model;
- An ongoing planning process that includes key State/Tribal leaders, including parents and youth; and

- An ongoing process and support system that addresses and responds to the substance abuse prevention-related needs of Tribes and Tribal organizations in the State.

State/Tribal Prevention Infrastructure Needs Assessment Profile/Gap Analysis

SPE applicants should review the required components of a State/Tribal infrastructure listed in the section below entitled “Optimal State/Tribal Prevention Infrastructure Requirements” to gauge the extent to which their established system measures up to the “ideal” prevention infrastructure. Using this detailed listing as a baseline, applicants must provide in their Application Narrative (See Part V, Section A: Statement of Need), a brief Needs Assessment Profile of their current State/Tribal system as it now stands, identifying current gaps in infrastructure based on the conduct of a thorough Gap Analysis.

The Needs Assessment Profile should depict the demographics of the State/Tribe and its communities, substance abuse consumption and consequences patterns. Applicants should develop the Needs Assessment Profile in conjunction with their State or Tribal Epidemiological Outcomes Workgroup (SEOW) principles, practices and findings. The Needs Assessment Profile should include an assessment and description of the following components:

- underlying risk and protective factors and “intervening variables”;
- State and Tribal prevention resources;
- overall readiness to act; and
- a Gap Analysis and profile.

The results of the Gap Analysis will provide a basis for developing the Capacity Building/Infrastructure Enhancement Plan (to be submitted to SAMHSA/CSAP by the end of the 3rd month of the SPE grant). The findings of the State/Tribal substance abuse needs assessment will inform both the Capacity Building/Infrastructure Enhancement Plan and the 5-year comprehensive Strategic Prevention Plan (to be submitted to SAMHSA/CSAP in the 11th month of the SPE grant).

State/Tribal SPE Policy Consortium Plan

A State/Tribal SPE Policy Consortium will serve as a critical focus for both the planning process related to the SPE grant and the overall State/Tribal system. SPE applicants must include a brief State/Tribal SPE Policy Consortium Plan in their Application Narrative (See Part V, Section B: Proposed Approach) that addresses the following three components:

- 1) A proposed approach for developing and operationalizing a State/Tribal SPE Policy Consortium that will be institutionalized and sustained with other sources

of support long after the life of the SPE grant. The SPE Policy Consortium will be responsible for oversight of the grant, and for policy decisions and input into the development of two key plans.

- 2) A proposed approach explaining how the State/Tribal SPE Policy Consortium will develop and implement a Capacity Building/Infrastructure Enhancement Plan aimed at closing State/Tribe priority gaps through key capacity building and system enhancement tasks--to be submitted to SAMHSA/CSAP by the end of the 3rd month of the SPE grant.
- 3) A proposed approach explaining how the State/Tribal SPE Policy Consortium will develop and implement a comprehensive, 5-year State/Tribal Strategic Prevention Plan, detailing the essential components of their State/Tribal prevention system--to be submitted to SAMHSA/CSAP by the end of the 11th month of the SPE grant.

Optimal State/Tribal Prevention Infrastructure Requirements

As discussed above, SPE applicants should review the required components of a State/Tribal infrastructure listed below to gauge the extent to which their established system measures up to the “ideal” prevention infrastructure. These infrastructure requirements reflect the State/Tribal level roles and responsibilities and the optimized functions and structures required to support communities as they continue to develop comprehensive strategies to achieve outcomes. Key elements of an “ideal” State/Tribal infrastructure should include the following:

- A functioning State/Tribal SPE Policy Consortium that oversees the grant and develops a State/Tribal comprehensive 5-year Strategic Plan to support communities to implement a sound community prevention infrastructure. Grantees will work across divisions and departments to form a consortium of representatives from State/Tribal agencies/authorities involved in the prevention of substance use and associated problems. At a minimum, the lead agencies/authorities representing substance abuse, education, justice, public health, highway safety, law enforcement, mental/behavioral health programs and primary health care within the State/Tribe should be included in the consortium. It should be comprised of State/Tribal level decision makers who will be responsible for managing the cooperative agreement and ensuring that elements outlined in the Capacity Building/Infrastructure Enhancement Plan and the comprehensive, 5-year Strategic Plan are in place and operating. Collaborations should reduce redundancies and build consistency in State/Tribal programming to facilitate the support of communities in achieving outcomes. Grantees are expected to develop memoranda of understanding that specify the roles and expectations of each agency/authority represented in the consortium.
- A sound, functioning and well organized community prevention infrastructure, with support from a State/Tribal Epidemiological Workgroup, which provides: 1) a data-driven State/Tribal epidemiological profile and 2) data-driven community

epidemiological profiles. The profiles must incorporate all substance abuse related components and indicators, including evidence of associated problems (e.g., school dropouts, delinquency, depression, suicide, and violence).

- A functioning State/Tribal training and technical assistance system that is responsive to current and emerging State and community needs in the areas of substance abuse prevention. The provision of ongoing TA and training to local communities would include, but not be limited, to the following topics:
 - developing and implementing a comprehensive data-driven strategic prevention plan;
 - implementing selected evidence-based prevention programs, policies and practices with fidelity; and
 - developing and implementing a process and outcomes evaluation.
- Sound, ongoing processes at the State and Tribal levels for assisting local communities with assessments of:
 - substance abuse-related issues and problems;
 - underlying risk and protective factors for the onset and progression of substance use-related problems, and the ability to update such assessments;
 - prevention system needs; and
 - capacity development and building.
- Enhancement/Expansion of a State/Tribal Evidence-based Workgroup to oversee and help implement both a process and criteria for selecting evidence-based programs, policies and practices that encompasses substance abuse prevention;
- Effective data-driven funding allocation methods related to high need communities (i.e., equity, highest contributor, highest rate and hybrid models);
- Expansion of available funds for high need communities to implement their strategic prevention plans;
- An established organizational structure with multiple agencies and stakeholders working together to coordinate and allocate funding to high need communities;
- Established, effective State and community-level data collection systems to include:
 - surveys for needs/problem assessment; and

-- systems for collecting both process and outcome data.

- Established, well functioning process for conducting State and community-level process and outcome evaluation; and
- Established, well functioning process for ensuring cultural competence at both the State and community-levels.

2.3 Grantee Requirements

The sections below describe the required components of both the Capacity Building/Infrastructure Enhancement Plan and the Comprehensive Strategic Prevention Plan, which grantees are required to submit to SAMHSA/CSAP according to the discussion in Section 2.2 above.

Capacity Building/Infrastructure Enhancement Plan Components

By the end of the 3rd month of the SPE grant, SPE grantees must submit to SAMHSA/CSAP a Capacity Building/Infrastructure Enhancement Plan that addresses each of the following components (listed below as four mini plans). The Capacity Building Plan should explain how each of these mini plans will be implemented and sustained—including a discussion of available and planned resources--including key personnel and stakeholders-- and concrete action steps and milestones depicted in a timeline for completion. It is SAMHSA's expectation that by the 11th month of the grant, grantees will submit their 5-year Strategic Prevention Plan--indicating actual progress and accomplishments made to date with respect to the work entailed in the following four mini plans--along with a detailed discussion and timeline depicting how all remaining efforts to accomplish these mini plans will be implemented and sustained.

1. Data Collection, Analysis and Reporting Plan (for developing new or enhancing current State/Tribal data systems to collect, analyze and report aggregated community-level data up through the State/Tribal governance level). States and Tribes are encouraged to provide the cost benefits of aggregating across these levels versus individual site reporting. Grantees should address in their Capacity Building plans the potential for developing a new or enhanced electronic system for the collection and analysis of data in real time. Grantees should also include plans for a quality improvement methodology—one that embodies an ongoing, collaborative, proactive effort to examine and evaluate program and service delivery to ensure that programs achieve desired results and maintain a high standard of service.
2. Coordination of Services Plan (for coordinating, leveraging and/or redirecting, as appropriate, all substance abuse prevention resources—including funding streams and programs—within the State/Tribe that are directed at communities.) “Communities,” in the broadest sense, should include community coalitions, which play a vital role in creating successful State and Tribal prevention systems. Grantees should ensure that their collaboration and coordination efforts

encompass multiple sectors related to substance abuse and its consequences, including such entities as primary care providers, health departments, behavioral health professionals, rural health and school-based clinics, Medicaid, and the National Guard. This plan should describe how State/Tribal authorities and State/Tribal SPE Consortium members will work together to optimize the benefits of the SPF planning process. States/Tribes are encouraged to provide information on cost savings from redirecting and braiding support from such diverse resources. Grantees are further encouraged to make enhancements to their provider networks, ensuring that all providers can share information and lessons learned and make changes that will benefit the system as a whole.

3. TA and Training Plan (for restructuring current technical assistance and training programs for behavioral health, prevention and primary care professionals throughout the State/Tribe, to provide greater responsiveness to the needs of the community.) States/Tribes are encouraged to create commonalities in these training programs that can be used universally by both States and Tribes. States are also encouraged to develop TA and training systems that are responsive to the needs of communities, community coalitions and Tribes located in the State.
4. Performance/Evaluation Plan (for revitalizing current performance management and evaluation systems with an eye to accommodating SAMHSA performance goals, measures, and cost savings.) States/Tribes must include strategies to enhance their evaluation system to collect both process and outcomes data using both formative and summative methods.

Comprehensive Strategic Prevention Plan Components

By the end of the 11th month of their grant, all SPE grantees must submit to SAMHSA/CSAP a data-driven, outcomes-based, 5-year comprehensive Strategic Plan. The Plan must summarize the progress and accomplishments made to date in meeting the goals and objectives outlined in the four mini plans that comprise the Capacity Building/Infrastructure Enhancement Plan submitted at the end of the 3rd month of the grant. The Strategic Prevention Plan should also explain how all remaining efforts to accomplish these mini plans will be implemented and sustained—including a discussion of available and planned resources—including key personnel and stakeholders—and concrete action steps and milestones depicted in a timeline for completion. When addressing “communities,” in the broadest sense, grantees should make every effort to include community coalitions, which play a vital role in creating successful State and Tribal prevention systems.

In developing their Strategic Prevention Plans, grantees must include goals, objectives, and strategies for integrating a holistic approach to substance abuse prevention into primary health care settings—particularly as they align with SAMHSA’s mission, Strategic Initiatives and goals. A responsive Strategic Plan would adequately address several critical components, listed below as key Plan objectives:

1. Identifies priority substance abuse prevention needs and identifies related long term and short-term consequences at the State and community-levels. Grantees will use the findings of the Epidemiology Workgroup to prioritize substance abuse issues.
2. Identifies and explains data-driven goals and objectives taken from the State/Tribal Epidemiology Profile that can be quantified, monitored and evaluated for change over time.
3. Provides essential goals, objectives, and strategies for coordinating services with public and private service delivery systems, including primary health care.
4. Summarizes the key decision making processes and findings undertaken by their SPE Policy Consortium during the development of the Strategic Plan.
5. Describes in detail the processes, procedures and logic model criteria that will be used at the State, Tribal and community levels for selecting and implementing evidence-based programs, policies, and practices. The logic model approach should also identify the key risk and protective factors contributing to both substance abuse and its consequences.
6. Provides an agreed-upon-formula, derived from discussion with the SPE Policy Consortium, for allocating State substance abuse prevention resources to identified communities of greatest need according to data-driven, needs-based approaches at the State, Tribal, and Community-levels.
7. Includes an implementation plan that describes how key prevention strategies will be implemented and a 5-year timeline that identifies those responsible for their completion and the expected completion dates for each strategy.
8. Includes an evaluation plan that identifies baseline and outcomes data as well as processes and procedures for conducting an evaluation at the State, Tribal and community levels. The evaluation plan must describe how needs assessment and evaluation data will be used for ongoing adjustments.
9. Includes an action/sustainability plan that describes the primary strategies for sustaining the State/Tribal infrastructure and outcomes, and for implementing the plans developed as a result of this grant.

2.4 Other Allowable Activities

SPE grantees may also choose to engage in other allowable activities, as follows:

1. Enhance a current or develop a new data system to collect process and outcomes data that can be used to assist with program-level evaluation and report on the required National Outcomes Measures (NOMs).

2. Enhance a current or develop a new data system that will house substance abuse social indicators—to also include archival data across collaborating agencies.
3. Provide facilitation and technical writing services to support development of the Capacity Building/Infrastructure Enhancement Plan and Comprehensive Strategic Plan.

2.5 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 GPRA Modernization Act of 2010 (GPRA). Applicants must document their ability to collect and report the required data in Section D: Performance Assessment and Data of your application. Grantees are expected to evaluate their programs regularly and to use results of these evaluations to explain their successes and failures and justify requests for funding. To meet the GPRA requirements, SAMHSA must collect performance data from grantees. Grantees are required to report these data twice a year (in November and May).

For the SPE Program, SAMHSA will assess program performance through process measures (see Section 2.6 below).

For this SPE Grant Program, the two GPRA measures are:

- The percent of grantee States/Tribes that have submitted Plans; and
- The percent of grantee/States/Tribes with approved Plans.

Supporting evaluation benchmarks must include:

- A summary of the progress and accomplishments made to date in meeting the goals and objectives outlined in the four mini plans that comprise the Capacity Building/Infrastructure Enhancement Plan submitted at the end of the 3rd month of the grant.
- An explanation of how all remaining efforts to accomplish these mini plans will be implemented and sustained, including a timeline for their completion.

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

2.6 Performance Assessment

Quarterly Progress Reports: Grantees must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve management of their grant project. The assessment should be designed to help determine whether grantees are achieving the goals, objectives, and outcomes they intend to achieve and whether adjustments need to be made to the SPE

project. Grantees are required to report on the progress achieved, barriers encountered, and efforts made to overcome these barriers in a quarterly performance assessment progress report to be submitted to SAMHSA/CSAP.

GPRA Data Reports: At a minimum, the evaluation should include the required GPRA measure listed in Section 2.5 above. Grantees may also consider several process questions, such as the following: 1) improvements in the ability to identify all available prevention resources at the State/Tribe's disposal (e.g., prevention professionals, braided funding, community coalitions, and other sources of assistance); 2) ability to reach consensus among stakeholders on the distribution of resources in the State/Tribe relative to the needs; 3) consensus on the methods to be used to identify emerging issues and needs and the methods to redistribute and reallocate resources to the community based on those needs; 4) ability to identify innovative methods to collect and evaluate data on substance abuse at the county and/or community level; 5) ability to aggregate these data from the community through the State/Tribal level to pinpoint emerging trends and needs, with plans to address these needs; and 6) the infrastructure needed to monitor, evaluate, and maintain the key elements of the State/Tribal-wide system.

As stated earlier, grantees must report these data to SAMHSA/CSAP twice a year, in November and May.

No more than 20 percent of the total grant award may be used for data collection, performance measurement, and evaluation (e.g., for requirements in Sections I-2.5 and I-2.6 above.)

II. AWARD INFORMATION

Proposed budgets cannot exceed \$600,000 in total costs (direct and indirect). Total awards will be based on the per capita population, utilizing the base amount of \$150,000. An additional \$5.25 will be added for each person above the population base, with the total grant award not to exceed \$600,000. Final awards are dependent upon available funds.

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.

Cooperative Agreements

These awards are being made as cooperative agreements because they require substantial post-award Federal programmatic participation in the conduct of the project.

Role of SAMHSA Staff

Under this cooperative agreement, Federal staff may have a number of roles and responsibilities including the following: provision of extensive technical assistance; consultation on and participation in the redesign or modification of infrastructure or systems change; guidance in defining new strategic directions; provision of support services for training, evaluation, and data collection; arrangement of meetings designed to support key grantee activities; membership on policy, steering, advisory, or other working groups established to facilitate accomplishment of the project goals; and review of key documents central to the project's success.

Role of Grantees

Under this cooperative agreement, grantees are expected to participate and collaborate fully with CSAP staff in the conduct and evaluation of the one-year enhancement effort. Activities will include the following: compliance with all aspects of the terms and conditions of the cooperative agreement; collaboration with CSAP staff in assessment, capacity building, and strategic planning activities; ongoing monitoring, quality improvement, and evaluation tasks; documentation of all system-wide changes stemming from this grant program; and responding to requests for all appropriate program-related data.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are States, Territories, the District of Columbia, and federally recognized American Indian/Alaska Native Tribes or Tribal organizations. Applications must be submitted by the agency that receives the Substance Abuse Prevention and Treatment (SAPT) Block Grant (i.e., by the Director of the Single State Agency for Substance Abuse in the States and the District of Columbia; by the equivalent officer in the U.S. Territories; and by the highest ranking Tribal official in federally recognized American Indian/Alaska Native Tribes or tribal organizations.)

“Tribal organization” means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities.

The SPE grant is not open to community applicants, as it is designed for the sole purpose of strengthening and enhancing State- and Tribal-level infrastructures and systems.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/matches are not required in this program.

3. OTHER

You must comply with the following three requirements or your application will be screened out and will not be reviewed: 1) use of the HHS 5161-1 application form; 2) application submission requirements in [Section IV-3](#) of this document; and 3) formatting requirements provided in [Appendix A](#) of this document.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from 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 <https://www.bpn.gov/ccr/default.aspx>].
- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project. 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 E of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project

Narrative are provided in “Section V – Application Review Information” of this document.

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

- **Attachments 1 through 4** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3, and 4 combined. There are no page limitations for Attachment 2. 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 attachments as: Attachment 1, Attachment 2, etc.
 - *Attachment 1:* Letters of Coordination (from members of the SPE Policy Consortium)
 - *Attachment 2:* Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a Web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
 - *Attachment 3:* Sample Consent Forms
 - *Attachment 4:* Letter to the SSA (if applicable; see Section IV-4 of this document)
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application kit.
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site **and check the box marked ‘I Agree’** 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 **and check the box marked ‘I Agree’** before signing the face page (SF 424 v2) of the application.

- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the HHS 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. All applicants must sign 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 Screenout Criteria for SAMHSA Grant Applications*, for SAMHSA’s basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **June 3, 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

Please refer to [Appendix B](#) for “Guidance for Electronic Submission of 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 Program Services

Substance Abuse and Mental Health Services Administration

Room 3-1044

1 Choke Cherry Road

Rockville, MD **20857**

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

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**SPE Grant # SP-11-004**” 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 C](#) for additional information on these requirements.

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>:

- Educational Institutions: 2 CFR Part 220 (OMB Circular A-21)
- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's State Prevention Enhancement grant recipients must comply with the following funding restrictions:

- No more than 20% of the grant award may be used for data collection, performance measurement, and performance assessment expenses.

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the "Program Narrative" instructions found in the HHS 5161-1.**
- The Project Narrative (Sections A-D) may be no longer than 30 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. You must 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/grants/apply.aspx> at the bottom of the page under “Resources for Grant Writing.”

- The Supporting Documentation you provide in Sections E-H and Attachments 1-4 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (15 points)

- Briefly document (in a Summary Statement of up to 2 pages) your present State/Tribal infrastructure in place and demonstrate how the system complies with each of the components listed under Part I, Section 2.2, Optimal State/Tribal Prevention Infrastructure Requirements.)
- Provide a Needs Assessment Profile and Gap Analysis, as discussed in Part I, Section 2.2, Application Requirements, to include documentation on the following:
 - The proposed catchment area and demographic information on the population(s) to receive services through the targeted systems or agencies (e.g., race, ethnicity, age, socioeconomic status, geography). Be sure to address communities of high need, as defined by your State/Tribe (in congruence with the requirements specified in Part I, Section 2.2).
 - The need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective substance abuse prevention services in the proposed catchment area. Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data. (Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from State, Tribal, and local epidemiologic profiles.)
 - The personnel, training, service gaps, barriers, and other problems related to the need for infrastructure development/enhancement.
 - The stakeholders and resources in the catchment area that can help implement the needed infrastructure development/enhancement.
- Demonstrate how identified needs are consistent with priorities of the Tribe or State that has primary responsibility for the service delivery system.

Section B: Proposed Approach (30 points)

- Describe the purpose of the proposed SPE grant project, including a clear statement of its goals and objectives. Be sure to address SAMHSA Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness; and two other SPE-specific goals--workforce development and policy development--as discussed in Part I, Purpose. Describe how the proposed infrastructure development/enhancement effort aligns with the Initiative and goals. Your description must also relate to the performance measures identified in Section D, Performance Assessment and Data.
- Describe how achieving the proposed project goals will increase system capacity to support effective substance abuse prevention services.
- Describe the proposed project activities, how they meet the State/Tribal infrastructure needs, and how they relate to proposed goals and objectives.
- Provide a chart or graph depicting a realistic timeline for the entire project period showing key activities, milestones, and responsible staff. [Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.]
- Provide a brief State/Tribal SPE Policy Consortium Plan, as described in Part I, Section 2.2 , Application Requirements, describing the Consortium's membership, roles and functions (including the development and implementation of the two required plans), and frequency of meetings. Ensure that the Consortium's members are the actual key decision makers and stakeholders from each of the agencies and organizations involved in the project. In addition, describe how State/Tribal authorities and Consortium members will work together to optimize the benefits of the SPF planning process.
- Describe any other organizations that will participate in the project and their roles and responsibilities. Demonstrate their commitment to the project. Include letters of support from these community organizations in **Attachment 1** of your application.
- Describe how the proposed project will address the following issues in your catchment area:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
 - Language and literacy;
 - Sexual identity – sexual orientation and gender identity; and
 - Disability.

- Describe how members of the population(s) to receive services were involved in the preparation of the application, and how they will be involved in the planning, implementation, and performance assessment of the project.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe how your proposed activities will improve substance abuse prevention services.
- Describe your State/Tribal plan to implement 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 C: Staff, Management, and Relevant Experience (25 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.
- Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.

Discuss how key staff have demonstrated experience, are qualified to serve the population(s) to receive services, and are familiar with their culture(s) and language(s).

- Describe the resources available for the proposed project (e.g., facilities, equipment, manpower, funds, in-kind support).

Section D: Performance Assessment and Data (30 points)

- Document your ability to collect and report on the required GPRA performance measures as specified in Part I, Section 2.5 of this RFA, which should include, at a minimum:
 - a) With respect to your State's or Tribe's ability to collect GPRA measures, describe how you plan to align and braid the current substance abuse prevention infrastructure with the infrastructures of other State/Tribal agencies/authorities involved in the prevention of substance use and its associated problems; and
 - b) Describe the strategies you will use to determine cost savings resulting from the alignment and braiding of infrastructures and what additional initiatives in these areas could benefit from reallocation of potential savings.

- Describe your methods for developing an approach to successful data infrastructure integration that can be used to improve feedback and services to stakeholders. In your narrative discuss potential hurdles and strengths you expect to encounter (e.g., disparate outcomes for different racial/ethnic groups).

Describe your plan for conducting the performance assessment as specified in Part I, Section 2.6 of this RFA and document your ability to conduct the assessment, as follows:

- a) Describe your approach for tracking and monitoring progress in achieving integration of infrastructures, braiding of funding streams, overcoming barriers, and consensus building.
- b) Describe your approach and methods for assessing appropriate process questions, such as those mentioned in Part I, Section 2.6 of this RFA.

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

Section F: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 20% of the total grant award will be used for data collection, 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 E](#) of this document.

Section G: Biographical Sketches and Job Descriptions.

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

Section H: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection, and the Protection of Human Subjects Regulations in Section H of your application, using the guidelines provided below. See [Appendix F](#) 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 the individual award is over \$150,000, approval by the Center for Substance Abuse Prevention's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural, and remote settings) and balance among populations to receive services 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:
 - 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 Part I, Section 2.5, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

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

- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.
- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.
- You will be required to comply with the requirements of 2 CFR 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 GPRA Modernization Act of 2010

The GPRA Modernization Act of 2010 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 Strategic Prevention Framework **State Prevention Enhancement** grant program are described in Part I, Section 2.5 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:

Tonia Gray
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention, Division of State Programs
1 Choke Cherry Road
Room 4-1040
Rockville, Maryland 20857
(240) 276-2492
tonia.gray@samhsa.hhs.gov

or

Flo Dwek
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention, Division of State Programs
1 Choke Cherry Road
Room 4-1042
Rockville, Maryland 20857
(240) 276-2574
flo.dwek@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Substance Abuse and Mental Health Services Administration
Office of Program Services, Division of Grants Management
1 Choke Cherry Road
Room 7-1079
Rockville, Maryland 20857
(240) 276-1412
eileen.bermudez@samhsa.hhs.gov

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

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

- Use the 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 F](#) 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 **12,875 words**. If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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

With the exception of the 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 – 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 Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. SP-11-004. Change the zip code to 20850 if you are using another delivery service.

Appendix D – 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 E – 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

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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**

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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 F – 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.