

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

**Strategic Prevention Framework State Incentive Grant
Program (Short Title: SPF SIG)
(Initial Announcement)**

SP-06-002

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

Key Dates:

Application Deadline	Application deadline: May 1, 2006
Intergovernmental Review (E.O. 12372)	Letters from State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.

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I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) announces the availability of funds for Strategic Prevention Framework State Incentive Grants (SPF SIGs).

SPF SIG grants are authorized under Section 516 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 Focus Area 26, substance abuse.

The SPF SIG program is one of SAMHSA's infrastructure grant programs. SAMHSA's infrastructure grants support an array of activities to help grantees build a solid foundation for delivering and sustaining effective substance abuse and/or mental health services. The SPF SIGs, in particular, will provide funding to States and federally recognized Tribes and Tribal organizations to implement SAMHSA's Strategic Prevention Framework in order to:

- prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking,
- reduce substance abuse-related problems in communities, and
- build prevention capacity and infrastructure at the State/Tribal and community levels.

The Strategic Prevention Framework is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be operationalized at the Federal, State/Tribal and community levels. Although the direct recipients of SPF SIG funds will be States and federally recognized Tribes and Tribal organizations, SAMHSA envisions the SPF SIGs being implemented through partnerships between the States/Tribes and communities.

2. EXPECTATIONS

The Strategic Prevention Framework provides an effective prevention process, a direction and a common set of goals to be adopted and integrated at all levels. Through the SPF SIG, grantees will be funded for up to five years to implement the Strategic Prevention Framework in partnership with community level organizations in their States/Tribes. Tribal applicants may partner with community level organizations that will provide services to their tribal member populations. States/Tribes applying for a SPF SIG grant are expected to define what constitutes a community in their State/Tribe.

Grantees must allocate a minimum of 85 percent of the total grant award directly to community-level organizations, or through sub-State mechanisms to community-level organizations.

2.1 Guiding Principles for the Strategic Prevention Framework

The Strategic Prevention Framework is grounded in the public health approach and based on six key principles. SPF SIG grantees are required to base their SPF SIG projects on these six principles:

1. Prevention is an ordered set of steps along a continuum to promote individual, family, and community health, prevent mental and behavioral disorders, support resilience and recovery, and prevent relapse. Prevention activities range from deterring diseases and behaviors that contribute to them, to delaying the onset of disease and mitigating the severity of symptoms, to reducing the related problems in communities. This concept is based on the Institute of Medicine model that recognizes the importance of a whole spectrum of interventions.
2. Prevention is prevention is prevention. That is, the common components of effective prevention for the individual, family or community within a public health model are the same--whether the focus is on preventing or reducing the effects of cancer, cardiovascular disease, diabetes, substance abuse or mental illness.
3. Common risk and protective factors exist for many substance abuse and mental health problems. Good prevention focuses on these common risk factors that can be altered. For example, family conflict, low school readiness, and poor social skills increase the risk for conduct disorders and depression, which in turn increase the risk for adolescent substance abuse, delinquency, and violence. Protective factors such as strong family bonds, social skills, opportunities for school success, and involvement in community activities can foster resilience and mitigate the influence of risk factors. Risk and protective factors exist in the individual, the family, the community, and the broader environment.
4. Resilience is built by developing assets in individuals, families, and communities through evidenced-based health promotion and prevention strategies. For example, youth who have relationships with caring adults, good schools, and safe communities develop optimism, good problem-solving skills, and other assets that enable them to rebound from adversity and go on with life with a sense of mastery, competence, and hope.
5. Systems of prevention services work better than service silos. Working together, researchers and communities have produced a number of highly effective prevention strategies and programs. Implementing these strategies within a broader system of services increases the likelihood of successful, sustained prevention activities. Collaborative partnerships enable communities to leverage scarce resources and make prevention everybody's business. National prevention efforts are more likely to succeed if partnerships with States, Tribes, communities, and practitioners focus on building capacity to plan, implement, monitor, evaluate, and sustain effective prevention.

6. Baseline data, common assessment tools, and outcomes shared across service systems can promote accountability and effectiveness of prevention efforts. A Strategic Prevention Framework can facilitate Federal agencies, States, Tribes, and communities to identify common needs and risk factors, adopt assessment tools to measure and track results, and target outcomes to be achieved. A data-driven strategic approach, adopted across service systems at the Federal, State, Tribal, community, and service delivery levels, maximizes the chances for future success and achieving positive outcomes.

2.2 Strategic Prevention Framework Process

Moving SAMHSA's Strategic Prevention Framework from vision to practice is a strategic process that State/Tribal and community stakeholders must undertake in partnership. Through the SPF SIG, grantees will provide the requisite leadership, technical support and monitoring to ensure that identified communities are successful in implementing the five steps of the framework listed below. These steps are required, and all States/Tribes and their targeted communities must implement all five steps. States/Tribes and communities are encouraged to build on existing infrastructure/activity, where appropriate. Grantees are expected to use the SPF framework to guide all prevention activity throughout the State/Tribe, and coordinate and/or leverage all prevention resources whether funded through the SPF SIG grant or through other sources.

1) Profile population needs, resources, and readiness to address the problems and gaps in service delivery.

State/Tribal Role: SPF SIG grantees must conduct a State/Tribal-wide needs assessment, through collection and analysis of epidemiological and community readiness data, that includes the following:

- assessment of the magnitude of substance abuse and related mental health disorders in the State/Tribe,
- assessment of risk and protective factors in the communities associated with substance abuse and related mental health disorders,
- assessment of community assets and resources,
- identification of gaps in services and capacity,
- assessment of readiness to act,
- identification of priorities based on the epidemiological analyses, including the identification of target communities to implement the Strategic Prevention Framework, and
- specification of baseline data against which progress and outcomes of the Strategic Prevention Framework can be measured.

In order to complete the statewide assessment, SPF SIG grantees will be required to form and manage a State/Tribe Epidemiological and Outcomes Workgroup (or work with an existing Epidemiological Workgroup). If the SPF SIG grantee is already engaged in needs assessment efforts, it should use the Epidemiological Workgroup to enhance and supplement the current process and its findings. SAMHSA expects that these data collection efforts will support ongoing monitoring and evaluation throughout the five-year project period, as described in Step 5, below.

Community Role: Sub-recipient communities must accurately assess their substance abuse-related problems using epidemiological data provided by the State/Tribe as well as other local data. The epidemiological data must identify the magnitude of the problem to be addressed, where the problem is greatest, and risk and protective factors associated with the problem. Communities must also assess community assets and resources, gaps in services and capacity and readiness to act.

2) **Mobilize and/or build capacity to address needs.**

State/Tribal Role: The SPF SIG grantees must engage stakeholders across the States/Tribes, as a complement to parallel engagement activities occurring within the target communities that are selected for implementation activities.

Community Role: Engagement of key stakeholders at the State/Tribal and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Key tasks may include, but are not limited to, convening leaders and stakeholders; building coalitions; training community stakeholders, coalitions, and service providers; organizing agency networks; leveraging resources; and engaging stakeholders to help sustain the activities.

3) **Develop a comprehensive Strategic Plan.**

State/Tribal Role: Using data from the State/Tribal needs assessment, SPF SIG grantees must develop a strategic plan that:

- identifies the priorities that will be targeted in the State/Tribal Strategic Prevention Framework,
- articulates a vision for prevention activities to address critical needs,
- includes key targets that the State/Tribe has identified and that communities will address with SPF SIG funds,
- describes necessary infrastructure development and the process for selecting evidence based policies, programs and practices to be implemented within the broader service system, and projects timelines for implementation,
- identifies/coordinates/allocates resources and sources of funding for the plan,
- identifies appropriate funding mechanism(s) to allocate resources to targeted communities,
- identifies any training required,
- includes key policies and relationships among stakeholders,
- involves public and private service systems in creating a seamless continuum of planning and services,

- includes plans for sustaining the infrastructure and services that are implemented,
- allows for system improvement and accountability of all parties involved, and
- includes plans for making adjustments, based on ongoing needs assessment activities.

Community Role: Sub-recipient communities must develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan must be based on documented needs, build on identified resources/strengths, set measurable objectives and include the performance measures and baseline data against which progress will be monitored. Plans must be adjusted as the result of ongoing needs assessment and monitoring activities. The issue of sustainability should be a constant throughout each step of planning and implementation and should lead to the creation of a long-term strategy to sustain policies, programs and practices.

The strategic plans must be data-driven and focused on addressing the most critical needs in the State/Tribe. **The Strategic Plan must be approved by the SAMHSA/CSAP Government Project Officer before implementation activities can begin.**

4) Implement evidence-based prevention policies, programs and policies and infrastructure development activities.

State/Tribal Role: Once the Strategic Plan is approved by the SAMHSA/CSAP Government Project Officer, implementation may begin. SPF SIG grantees must provide the infrastructure and other necessary support to local stakeholders in selecting and implementing policies, programs, and practices proven to be effective in research settings and communities. Grantees must ensure that community implementers make culturally competent adaptations without sacrificing the core elements of the policies, programs and practices.

Community Role: Similarly, local stakeholders will use the findings of their needs assessments to guide selection and implementation of policies, programs and practices proven to be effective in research settings and communities. Community implementers must ensure that culturally competent adaptations are made without sacrificing the core elements of the policies, programs and practices.

5) Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.

State/Tribal Role: SPF SIG grantees will be accountable for the results of the SPF SIG grant projects. SPF SIG grantees are, therefore, expected to play a critical role in providing on-going monitoring and evaluation of all SPF SIG activities, as well as training and technical assistance regarding evaluation and performance measurement to local communities. Through these efforts, SPF SIG grantees will assess program effectiveness, ensure service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices. SPF SIG grantees will be expected to provide performance data to SAMHSA on a regular basis, as described in Section I-2.5, “Data and Performance Measurement,” of this grant announcement. In

addition, all SPF SIG grantees must be prepared to adjust their implementation plans based on the results of monitoring/evaluation activities.

Community Role: Ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness and service delivery quality. Sub-recipient communities must provide performance data to the SPF SIG grantees on a regular basis, so that the grantees can monitor, evaluate, sustain and improve the Strategic Prevention Framework activities in the State/Tribe.

Although the first three steps of the Strategic Prevention Framework will continue at some level throughout the course of the project, SAMHSA expects that the SPF SIG grantees will be ready to begin implementing steps 4 and 5 by the end of the first year of the project.

2.3 Inclusion of Underage Drinking

Recent studies—including a major undertaking by the National Academy of Science—indicate a severe and persistent problem with the use of alcohol by children and youth under the age of 21. The Department of Health and Human Services, through SAMHSA/CSAP, is committed to bringing down the rates of underage drinking and is working toward a target of \$40 million in FY 2006 funding for States/Tribes and communities to address this problem through the overall SPF SIG Program. The SPF SIG grant offers an excellent vehicle for supporting the goals of this underage drinking initiative. Applicants must, therefore, include the prevention of underage alcohol consumption as part of their SPF SIG project and provide a comprehensive strategy that addresses this problem, along with other SPF SIG priorities. (This will mean addressing underage drinking and other substance abuse.) Underage drinking must be included in all five steps of the Strategic Prevention Framework implemented by each SPF SIG grantee.

2.4 Strategic Prevention Framework Advisory Council

In implementing the SPF SIG, States/Tribes are required to form a Strategic Prevention Framework Advisory Council (SPF Advisory Council) that includes a representative(s) from each of the following:

- 1) The Office of the State Governor, the Chief Executive Officer or highest ranking member of a federally recognized Tribe or Tribal organization.
- 2) A core group of drug and alcohol-related agencies identified by the State/Tribe (including but not limited to public health, education, criminal justice, behavioral/mental health);
- 3) A Demand Reduction Coordinator from the Drug Enforcement Administration who has responsibility for the State applicant (**for State applicants only**);
- 4) The State agency identified by State applicants as the lead agency on underage drinking. (SAMHSA/CSAP encourages Governors to designate a lead agency for preventing underage drinking if one does not currently exist) (**for State applicants only**); and
- 5) A representative from SAMHSA/CSAP.

Representatives from other State, Tribal, community and non-profit organizations that work in substance abuse prevention and mental health promotion/early intervention are also encouraged to be part of the SPF Advisory Council.

The Chair of the SPF Advisory Council is to be appointed by the Governor or by the Chief Executive Officer or highest ranking member of a federally recognized Tribe or Tribal organization.

The SPF Advisory Council should provide ongoing advice and guidance to the SPF SIG project and is encouraged to create workgroups to monitor progress and accomplish each of the required steps of the Strategic Prevention Framework.

Additionally, grantees are encouraged to include on their Advisory Council representatives of Historically Black Colleges and Universities, and/or Tribal Colleges and Universities, or Hispanic Serving Institutions of Higher Education that may exist in the State/Tribal Community.

2.5 Data and Performance Measurement

The Government Performance and Results Act of 1993 (P.L.103-62, or “GPRA”) requires all Federal agencies to set program performance targets and report annually on the degree to which the previous year’s targets were met.

Agencies are expected to evaluate their programs regularly and to use results of these evaluations to explain their successes and failures and justify requests for funding.

To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. Grantees are required to submit these GPRA data to SAMHSA twice a year-- in May and November.

For the SPF SIG program, SAMHSA will assess program performance through process measures (drawn from administrative data) as well as through outcome measures.

Process Measures

SAMHSA will assess grantee performance in meeting the following process milestones based on review of administrative data submitted in the grantees’ quarterly progress reports:

- Percentage of States/Tribes with established State Epidemiological Outcomes Workgroups
- Percentage of States/Tribes with established SPF SIG Advisory Councils
- Percentage of States/Tribes that have performed needs assessments
- Percentage of States/Tribes that have submitted strategic plans
- Percentage of States/Tribes with approved strategic plans

Grantees are not required to complete specific data collection tools related to these process measures.

Outcome Measures

SAMHSA will assess outcomes for the SPF SIG program through the National Outcome Measures (NOMs) for substance abuse prevention that SAMHSA has developed in partnership with the States.

PREVENTION NATIONAL OUTCOME MEASURES

OUTCOME	PREVENTION
	Substance Abuse
Abstinence from Drug/ Alcohol Abuse	<u>30 day Use</u>
	<u>Age of First Use</u>
	<u>Perception of Disapproval/Attitude</u>
	Perceived Risk/Harm of Use
Decreased Mental Illness Symptomatology/Functioning	NOT APPLICABLE
Increased/Retained Employment or Return to/Stay in School	Perception of Workplace Policy/ Workplace AOD Use/ ATOD Related suspensions and expulsions/Attendance and Enrollment.
Decreased Criminal Justice Involvement	Alcohol-Related Car Crashes and Injuries/Alcohol and Drug Related Crime
Increased Stability in Housing	NOT APPLICABLE
Increased Access to Services (Service Capacity)	Number of persons served by age, gender, race and ethnicity
Increased Retention in treatment – substance abuse	Total number of evidence-based programs and strategies/Percentage youth seeing, reading, watching, or listening to a prevention message
Reduced utilization of psychiatric inpatient beds – mental health	NOT APPLICABLE
Increased Social Supports/Social Connectedness ^{2/}	Family Communication Around Drug Use
Client Perception of Care ^{1/}	NOT APPLICABLE
Cost Effectiveness (Average Cost) ^{1/}	Services provided within cost bands
Use of Evidence-Based Practices ^{1/}	Total number of evidence-based programs and strategies

NOMs will be assessed at the State/tribal level for all SPF SIG grantees, and at the community and program level as appropriate to each grantee’s SPF SIG project. Baseline data at the State/Tribal level must be included in the application. Baseline data for the community/program level must be included in the statewide needs assessment. Ongoing reporting of outcomes will begin with the implementation phase of the project.

State level NOMs will be assessed using data from the National Survey on Drug Use and Health (NSDUH), unless the State has requested and received approval from SAMHSA to use an alternate methodology. The NSDUH does not include valid estimates for tribes. SAMHSA will work with Tribal grantees to develop an appropriate methodology for assessing outcomes at the tribal level. Tribal applicants should describe their proposed approach to assessing the NOMs at the tribal level in their application.

The instrument for collecting and reporting the NOMs at the community and program level has been approved by the Office of Management and Budget, and is attached in Appendix E. Grantees will be required to use this data collection instrument for collecting and reporting data at the community and program level, as appropriate to their project. Applicants must describe their current capacity for collecting and reporting the NOMs at the community/program level as well as plans for ensuring that the NOMs can be collected and reported at the community/program level by the time the implementation phase of the proposed SPF SIG project begins.

SAMHSA recognizes that the applicants will not select target populations and communities, or determine the programs, practices and policies to be implemented, until the State/Tribal needs assessment is complete. However, applications should be able to discuss, generally, their ability to collect and report data at the community/program level.

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

2.6 Evaluation

Grantees must evaluate their projects and are required to describe their plans for project evaluation in their applications. The evaluation should be designed to provide regular feedback to the project to improve services. Grantees must be prepared to adjust their implementation plans based on the results of their monitoring/evaluation activities. The evaluation must include both process and outcome components. Process and outcome evaluations must measure change relating to project goals and objectives over time compared to baseline information. Control or comparison groups are not required. Applicants must consider their evaluation plans when preparing the project budget.

Process components should address issues such as:

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

Outcome components should address issues such as:

- What was the effect of infrastructure development on service capacity and other system outcomes?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?
- How durable were the effects?

No more than 20 percent of the total grant award may be used for evaluation and data collection.

NOTE: A cross site evaluation will be conducted jointly by the SAMHSA/CSAP and the National Institute on Drug Abuse (NIDA).

2.7 Grantee Meetings

Grantees must plan to send up to three people (including the Project Director) to at least two grantee meetings in each year of the grant and must include funding for this travel in the grant budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each meeting will be up to 3 days. These meetings will usually be held in the Washington, D.C., area, and attendance is mandatory.

2.8 Technical Assistance from SAMHSA

Due to the unique nature of this grant program, SAMHSA recognizes that SPF SIG applicants may wish to consider an array of programmatic and administrative options. To respond, SAMHSA expects to make available both pre-application and post-award technical assistance. SAMHSA/CSAP is currently in the process of planning a Technical Assistance Workshop for SPF SIG FY 2006 applicants. This Workshop is expected to take place in mid-March, 2006, at a location yet to be determined in the Midwest. Further details about the Workshop will be posted on SAMHSA's website once the information becomes available. Examples of topics for which technical assistance may be provided include, but are not limited to:

- Implementing the Strategic Prevention Framework,
- Conducting needs assessments,
- Forming and working with Epidemiological and Outcomes Workgroups, including establishment of initial data bases to support collection and analysis of epidemiological data,
- Identification and selection of culturally appropriate, evidence-based policies, programs and practices,
- Fiscal/cost accounting mechanisms that can track program expenditures,
- Management of information systems to track performance, collect and analyze data and report on outcomes, and
- Development of quality improvement activities, including technical assistance and training to support implementation of evidence-based practices.

II. AWARD INFORMATION

1. AWARD AMOUNT

It is expected that approximately \$33 million will be available to fund approximately 12-15 SPF SIG awards in Fiscal Year (FY) 2006. Annual awards are expected to be up to \$2.3 million per year in total costs (direct and indirect), depending on the size of the geographic area and population. Applicants may request a project period of up to five years.

Proposed budgets cannot exceed \$2.3 million in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, and timely submission of required data and reports.

Because the SPF SIG is intended to be implemented through a partnership between the State/Tribe and community-level organizations, and because much of the Strategic Prevention Framework involves activity that must be implemented at the community level, applicants at the State/Tribal level for the SPF SIG may retain up to 15 percent of the total grant award for activities to be implemented at the State/Tribal level. A minimum of 85 percent of the total grant award must be allocated to community-level organizations for activities to be implemented at the community level.

2. FUNDING MECHANISM

Awards will be made as Cooperative Agreements.

Role of the SPF SIG Awardee

The SPF SIG awardee must comply with the terms of the SPF SIG Cooperative Agreement, including implementation of all required SPF SIG activities described in Section I-2, “Expectations,” in this grant announcement. The SPF SIG awardee must agree to provide SAMHSA with all required performance data, collaborate with SAMHSA/CSAP staff in all aspects of the SPF SIG Cooperative Agreement, and participate in the SIG Cross Site Evaluation (including submission of all required forms, data and reports).

Role of Federal Staff

The Government Project Officer (GPO) will serve as an active member of the Grantee’s SPF Advisory Council. Through participation on the Advisory Council, the GPO will provide guidance and technical assistance to help awardees achieve SPF SIG goals. The GPO also will participate on policy, steering, advisory or other workgroups; assure that SPF SIG projects are responsive to SAMHSA’s mission and implement the SAMHSA Strategic Prevention Framework; monitor and review progress of SPF SIG projects; monitor development and collection of process and outcome data from SPF SIG grantees; ensure compliance with data/performance measurement requirements; ensure the SPF SIG’s collaboration with the State/Tribal Epidemiological and Outcomes Workgroup; and review and approve the Awardee’s Strategic Plan and relevant sub-recipient funding mechanisms.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

This program is intended to help States/Tribes enhance the prevention infrastructure and service delivery system throughout the State/Tribe. Applicants for the SPF SIG must have the ability to leverage and coordinate all prevention-related sources of funding and other resources in order to achieve the goals of the Strategic Prevention Framework. Therefore, eligibility for the SPF SIG is limited to the immediate office of the Governor in those States and Territories that currently receive the SAPT Block Grant (and did not receive an SPF SIG in FY 2004 or 2005) or to the Chief Executive Officer or highest ranking member of a federally recognized Tribe or Tribal organization. Governors are strongly encouraged to designate administration and oversight of the SPF SIG to the agency in the State that manages the 20 percent prevention set-aside of the SAPT Block Grant.

2. COST SHARING

Cost sharing is not required in this program, and applications will not be screened out on the basis of cost sharing.

3. OTHER

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

IV. APPLICATION AND SUBMISSION INFORMATION

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

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

You also may download the required documents from the SAMHSA web site at www.samhsa.gov/grants/index.aspx

Additional materials available through links on this web site include:

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

2. CONTENT AND FORM OF APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

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

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

2.2 Required Application Components

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

- ❑ **Face Page** – Use Standard Form (SF) 424, which is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet web site at www.dunandbradstreet.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]
- ❑ **Abstract** – Your total abstract should not be longer than 35 lines. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- ❑ **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- ❑ **Budget Form** – Use SF 424A, which is part of the 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix D of this Program Announcement.
- ❑ **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 25 pages. (For example, remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in Section V- “Application Review Information” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections 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.”

- ❑ **Appendices 1 through 3** – Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. **Do not use more than a total of 30 pages for Appendices 1 and 3 combined.** There are no page limitations for Appendix 2. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.

- *Appendix 1: Letters of Support*
 - *Appendix 2: Data Collection Instruments/Interview Protocols*
 - *Appendix 3: Sample Consent Forms*
- **Assurances** – Non-Construction Programs. Use Standard Form 424B found in PHS 5161-1. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s web site with the RFA and provided in the application kits available at SAMHSA’s clearinghouse (NCADI).
 - **Certifications** - Use the “Certifications” forms found in PHS 5161-1.
 - **Disclosure of Lobbying Activities** – Use Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way.
 - **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications and is the last page of your application.

2.3 Application Formatting Requirements

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

- Information provided must be sufficient for review.
- Text must be legible. For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”
 - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
 - Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.
- To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”
 - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the 25-page limit for the Project Narrative.

- Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by 25. This number represents the full page less margins, multiplied by the total number of allowed pages.
- Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

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

- Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.
- Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limit of a total of 30 pages for Appendices 1 and 3 combined should not be exceeded.
- Send the original application and two copies to the mailing address in Section IV-6.1 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Guidance for Electronic Submission of Applications

SAMHSA offers the opportunity for you to submit your application to us either in electronic or paper format. Register one time, and Grants.gov will generate your information for future applications so you don't have to re-enter it. Built-in error-checking increases the completeness and accuracy of your application. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the www.Grants.gov apply site. You will be able to download a copy of the application package from www.Grants.gov, complete it off-line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

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

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

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday.

If this is the first time you have submitted an application through Grants.gov, you must complete four separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: DUNS Number registration, Central Contractor Registry (CCR) registration, Credential Provider registration, and Grants.gov registration.

It is strongly recommended that you submit your grant application using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.). If you do not have access to Microsoft Office products, you may submit a PDF file. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

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

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of one inch each. Adhering to these standards will help to ensure the accurate transmission of your document. If the type size in the Project Narrative of an electronic submission exceeds 15 characters per inch, or the text exceeds 6 lines per vertical inch, SAMHSA will reformat the document to Times New Roman 12, with line spacing of single space. Please note that this may alter the formatting of your document, especially for charts, tables, graphs, and footnotes.
- *Amount of space allowed for Project Narrative:* The Project Narrative for an electronic submission may not exceed 12,875 words. If the Project Narrative for an electronic submission exceeds the word limit and exceeds the allowed space as defined in Appendix A, then **any part of the Project Narrative in excess of these limits will not be submitted to review.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

While keeping the Project Narrative as a separate document, please consolidate all other materials in your application to ensure the fewest possible number of attachments. Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. Please name and number your attachments, indicating the order in which they should be assembled. 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. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV-3 of this announcement. The paper submission must be clearly marked: **“Back-up for electronic submission.”** The paper submission must conform with all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Include the Grants.gov tracking number in the top right corner of the face page for any paper submission.**

The Grants.gov Web site does not accept electronic signatures at this time. Therefore, you must submit a signed paper original of the face page (SF 424), the assurances (SF 424B), and the certifications, and hard copy of any other required documentation that cannot be submitted electronically. **You must include the Grants.gov tracking number for your application on these documents with original signatures, on the top right corner of the face page, and send the documents to the following address. The documents must be received at the following address within 5 business days after your electronic submission.** Delays in receipt of these documents may impact the score your application receives or the ability of your application to be funded.

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**
ATTN: Electronic Applications

For other delivery service (DHL, Federal Express, United Parcel Service):

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD 20850
ATTN: Electronic Applications

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

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on May 1, 2006. **Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

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

- **For packages submitted via DHL, Federal Express (FedEx), or United Parcel Service (UPS), proof of timely submission shall be the date on the tracking label affixed to the package by the carrier upon receipt by the carrier. That date must be at least 24 hours prior to the application deadline. The date affixed to the package by the applicant will not be sufficient evidence of timely submission.**
- For packages submitted via the United States Postal Service (USPS), proof of timely submission shall be a postmark not later than 1 week prior to the application deadline, and the following upon request by SAMHSA:
 - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
 - a receipt from the Post Office containing the post office name, location, and date and time of mailing.

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

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

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

SAMHSA will not accept or consider any applications sent by facsimile.

SAMHSA is collaborating with www.Grants.gov to accept electronic submission of applications. Please refer to Section IV-2.3 above for "Guidance for Electronic Submission of Applications."

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

Executive Order 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100, sets up a system for State and local review of applications for Federal financial assistance. A current listing of State Single Points of Contact (SPOCs) is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) web site at www.whitehouse.gov/omb/grants/spoc.html.

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

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**
ATTN: SPOC – Funding Announcement No. SP-06-002

For other delivery service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20850**
ATTN: SPOC – Funding Announcement No. SP-06-002

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.hhs.gov/grantsnet/roadmap/index.html>:

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

In addition, SAMHSA’s SPF SIG Program grant recipients must comply with the following funding restrictions:

- SPF SIG grant funds must be used for purposes supported by the program.
- A minimum of 85 percent of grant funds must be allocated to communities.
- No more than 20 percent of the grant award may be used for evaluation and data collection expenses.
- SPF SIG grant funds may not be used to pay for the purchase or construction of any building or structure to house any part of the grant project. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

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

6. OTHER SUBMISSION REQUIREMENTS

Applicants for the SPF SIG should pay close attention to several other submission requirements listed below.

6.1 Where to Send Applications

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

Send applications to the following address:

For United States Postal Service:

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

For other delivery service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20850**

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include the notation, "SPF SIG/SP-06-002" in item number 10 on the face page of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

6.2 How to Send Applications

SAMHSA is collaborating with www.Grants.gov to accept electronic submission of applications. Please refer to Section IV-2.3 of this announcement for "Guidance for Electronic Submission of Applications." Following are instructions for submission of paper applications.

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

Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).

SAMHSA will not accept or consider any applications sent by facsimile.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the “Program Narrative” instructions found in the PHS 5161-1.**
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative. Points will be assigned based on how well you address the cultural competence aspects of the evaluation criteria. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA web site at www.samhsa.gov. Click on “Grants/SAMHSA’s Supporting Grant Information/Useful Information for Applicants/Guidelines and Resources for Grant Applicants.”
- The Supporting Documentation you provide in Sections E-H and Appendices 1-3 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading below is the maximum number of points a review committee may assign to that section of your Project Narrative. Bullet statements in each section do not have points assigned to them. They are provided to invite the attention of applicants and reviewers to important areas within each section.

Section A: Statement of Need (10 points)

- Document the need to implement the Strategic Prevention Framework in the State/Tribe. Include information about the prevalence of substance abuse and related risk and protective factors within the State/Tribe. Documentation of need may come from local data or trend analyses, State/Tribal data (e.g., from State/Tribal Needs Assessments), and/or national data (e.g., from SAMHSA’s National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.

- Describe the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective substance abuse prevention services in the State/Tribe. Describe what is currently known about service gaps, barriers, and other problems related to the need to implement the Strategic Prevention Framework.
- Describe how the Strategic Prevention Framework State Incentive Grant will help the State/Tribe and communities to address substance abuse problems in the State/Tribe. Include how the SPF will improve the State's/Tribe's process for collecting, analyzing and utilizing data to plan, implement and evaluate substance abuse prevention efforts.
- Describe key stakeholders and resources within the State/Tribe that can help implement the Strategic Prevention Framework.

Section B: Proposed Approach (40 points)

- Clearly state the purpose of the proposed project, including specific goals and objectives for your State/Tribe. Describe how implementation of the Strategic Prevention Framework will lead to achievement of those goals and objectives, and how this will increase system capacity to support effective substance abuse prevention.
- Describe the approach that will be used to implement the Strategic Prevention Framework. In this description, you should do the following:
 - Document that the project will build upon the six principles of the Strategic Prevention Framework;
 - Describe how you will implement the five required steps of the Strategic Prevention Framework at the State/Tribal level;
 - Describe how you will implement a complementary/parallel 5-step process within the target communities that are selected for implementation activities;
 - Describe roles that you expect States and communities to play in each of the five steps;
 - Describe how you will coordinate and/or leverage all prevention resources, whether funded through the SPF SIG grant or through other sources within the State/Tribe; and
 - Describe how childhood and underage drinking will be included as an emphasis in each of the target communities selected for funding.
- Describe your plans to develop or expand Epidemiological and Outcomes Workgroups, and describe the State's/Tribe's plan to utilize the information generated by these workgroups to drive funding decisions.
- Describe your plans for forming and mobilizing a new SPF Advisory Council or enhancing an existing advisory body to meet the requirements for the SPF Advisory Council described in Section I-2.4, "SPF Advisory Council." Include a description of the SPF Advisory Council's membership, roles and functions, and frequency of meetings. Describe how you will ensure that the Office of the Governor or the Chief Executive Officer or highest ranking member of the Tribal entity will be directly involved in the ongoing activities of the Council and in the oversight of the grant.

- Describe your plans to implement culturally appropriate policies, programs and practices.
- Describe how you will encourage communities to use evidence-based programs, practices and policies.
- Describe any community partners and any other organizations that may participate in the project, and their roles and responsibilities. Define what constitutes a community in your State/Tribe. **Include letters of commitment/coordination/support from these community organizations in Appendix 1 of the application.**
- Describe how members of the target population will be involved in the planning, implementation, and evaluation of the proposed project.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Provide a plan to secure resources to sustain the proposed infrastructure enhancements when federal funding ends.

Section C: Staff and Management Capacity, and Relevant Experience (25 points)

- Provide a realistic time line for the project management (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]
- Discuss the capability and experience of the applicant organization and other partnering organizations with similar projects, including experience in implementing culturally appropriate/competent prevention interventions.
- Provide a list of staff or position descriptions that will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director, Epidemiological and Outcomes Workgroup Lead, Project Evaluator, and other key personnel.
- Describe the resources available for the proposed project (e.g., facilities, equipment). Provide evidence that any direct services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the target population.

Section D: Evaluation and Data (25 points)

- Describe the process and outcome evaluation, addressing the evaluation issues included in Section I-2.6, Evaluation, of this grant announcement. Include specific performance measures and target outcomes related to the goals and objectives identified for the SPF SIG project in Section B of the Project Narrative. Discuss how they will be used to track progress in achieving these goals and objectives over the course of the SPF SIG project.

- Document your current ability to collect and report on the required performance measures as specified in Section I-2.5, Data and Performance Measurement, and in Appendix E of this grant announcement. If you are not fully capable at the community and/or program level(s), indicate how you plan to further develop this capability. Specify and justify any additional measures you plan to use for your grant project.
- Describe plans for data collection, management, analysis, interpretation and reporting.
 - Describe the existing data collection system, its ability to capture required performance measures, and any necessary modifications.
 - Describe planned approaches to surveying program participants or gathering archival data on an ongoing basis to map the program results to needs assessment and other data.
 - Document your ability to access target populations for the purposes of gathering data.
 - Include project-specific data collection instruments/interview protocols (i.e., those not required by CSAP) in Appendix 2.
- Discuss the reliability and validity of evaluation methods and instruments in terms of the gender/age/culture of the target population.
- Describe your plan for tracking the data generated by your project over time, and utilizing these data in your ongoing project planning and development.
- Describe your approach to ensuring that adequate evaluation and data collection capacity at the community level of your SPF SIG project will be in place.

State your commitment to participate in and meet the requirements of the SPF SIG Cross-Site Evaluation, which will be conducted by CSAP/NIDA.

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

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 percent of the total grant award will be used for data collection and evaluation, including GPRA. Grant funds utilized for evaluation and data activities must not exceed 20 percent of the total grant award (this includes both State and community portions of the grant funds.) In addition, no more than 15 percent of the total grant funds are to be used to support leadership and coordination activities, including the Epidemiological and Outcomes

Workgroups. An illustration of a budget and narrative justification is included in Appendix D 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 letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available at www.hhs.gov/forms/PHS-5161-1.doc.

Section H: Confidentiality and Participant Protection Requirements: Applicants must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section H of the application, using the guidelines provided below.

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the seven bullets below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven bullets, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining 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 protection of human subjects identified during peer review of the application may result in the delay of 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

- a. Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
- b. 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.
- c. Explain the reasons for including or excluding participants.
- d. Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

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

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Appendix 2, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State/Tribe:
 - Whether or not their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Possible risks from participation in the project.
 - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Appendix 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Protection of Human Subjects Regulations

Applicants may also have to comply with the Protection of Human Subjects Regulations (45 CFR 46), depending on the evaluation and data collection procedures proposed and the population to be served.

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific evaluation design proposed by the applicant may require compliance with these regulations.

Applicants whose projects must comply with the Protection of Human Subjects Regulations must describe the process for obtaining Institutional Review Board (IRB) approval fully in their applications. While IRB approval is not required at the time of grant award, these applicants will be required, as a condition of award, to provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to enrolling any clients in the proposed project.

General information about Protection of Human Subjects Regulations can be obtained on the web at <http://www.hhs.gov/ohrp>. You may also contact OHRP by e-mail (ohrp@osophs.dhhs.gov) or by phone (240-453-6900). SAMHSA-specific questions related to Protection of Human Subjects Regulations should be directed to the program contact listed in Section VII of this RFA.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the review criteria listed above. For those programs where the individual award is over \$100,000, applications must also be reviewed by the appropriate National Advisory Council.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved 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 target populations and program size.

VI. AWARD ADMINISTRATION INFORMATION

1. AWARD NOTICES

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

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

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- Successful applicants must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA web site at www.samhsa.gov/grants/generalinfo/grants_management.aspx.
- Successful applicants 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/generalinfo/grant_reqs.aspx).
- Depending on the nature of the specific funding opportunity and/or the proposed project as identified during review, additional terms and conditions may be negotiated with the grantee prior to grant award. These may include, for example:

- actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation; or
 - requirements to address problems identified in review of the application.
- Successful applicants 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. Applicants are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

3.1 Progress and Financial Reports

- Grant performance will require the submission of annual and final progress reports, as well as annual and final financial status reports.
- Because SAMHSA is extremely interested in ensuring that infrastructure development and enhancement efforts can be sustained, your progress reports should explain plans to ensure the sustainability (see Glossary) of efforts initiated under this grant.
- SAMHSA will provide guidelines and requirements for these reports to grantees at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine the grantee’s progress toward meeting its goals.

3.2 Government Performance and Results Act

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

3.3 Publications

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

In addition, SAMHSA requests that grantees:

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

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

VII. AGENCY CONTACTS

For questions about program issues, contact:

Mr. Dave Robbins
Deputy Director, Division of State and Community Assistance
Center for Substance Abuse Prevention
1 Choke Cherry Road, Room 4-1091
Rockville, MD 20857
david.robbsins@samhsa.hhs.gov

or

Ms. Jayme Marshall
Branch Chief, Division of State and Community Assistance
Center for Substance Abuse Prevention
1 Choke Cherry Road, Room 4-1059
Rockville, MD 20857
jayme.marshall@samhsa.hhs.gov

Applicant Technical Assistance Hotline: 240-276-2888

For questions about grants management issues, contact:

Kimberly Pendleton
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1097
Rockville, Maryland 20857
(240) 276-1421
kimberly.pendleton@samhsa.hhs.gov

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

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

- Use the PHS 5161-1 application.
- Applications must be received by the application deadline or have proof of timely submission, as detailed in Section IV-3 of the grant announcement.
- Information provided must be sufficient for review.
- Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-2.3 of this announcement under “Guidance for Electronic Submission of Applications.”)
 - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
 - Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.
- To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-2.3 of this announcement under “Guidance for Electronic Submission of Applications.”)
 - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the page limit for the Project Narrative stated in the specific funding announcement.
 - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by the page limit. This number represents the full page less margins, multiplied by the total number of allowed pages.
 - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

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

- The 10 application components required for SAMHSA applications should be included. These are:

- § Face Page (Standard Form 424, which is in PHS 5161-1)
- § Abstract
- § Table of Contents
- § Budget Form (Standard Form 424A, which is in PHS 5161-1)
- § Project Narrative and Supporting Documentation
- § Appendices
- § Assurances (Standard Form 424B, which is in PHS 5161-1)
- § Certifications (a form within PHS 5161-1)
- § Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
- § Checklist (a form in PHS 5161-1)

- Applications should comply with the following requirements:

- § Provisions relating to confidentiality, participant protection and the protection of human subjects specified in Section V-1 of this announcement.
- § Budgetary limitations as specified in Section I, II, and IV-5 of this announcement.
- § Documentation of nonprofit status as required in the PHS 5161-1.

- Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.
- Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Appendices stated in the specific funding announcement should not be exceeded.
- Send the original application and two copies to the mailing address in Section IV-6.1 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B: Glossary

Best Practice: Best practices are practices that incorporate the best objective information currently available regarding effectiveness and acceptability.

Catchment Area: A catchment area is the geographic area from which the target population to be served by a program will be drawn.

Cooperative Agreement: A cooperative agreement is a form of Federal grant. Cooperative agreements are distinguished from other grants in that, under a cooperative agreement, substantial involvement is anticipated between the awarding office and the recipient during performance of the funded activity. This involvement may include collaboration, participation, or intervention in the activity. HHS awarding offices use grants or cooperative agreements (rather than contracts) when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

Community: A community may be defined as a county, city, parish, school district, “family” (as defined by the Tribe), or other appropriate local entities.

Fidelity: Fidelity is the degree to which a specific implementation of a program or practice resembles, adheres to, or is faithful to the evidence-based model on which it is based. Fidelity is formally assessed using rating scales of the major elements of the evidence-based model. A toolkit on how to develop and use fidelity instruments is available from the SAMHSA-funded Evaluation Technical Assistance Center at <http://tecathsri.org> or by calling (617) 876-0426.

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

Logic Model: A logic model is a diagrammatic representation of a theoretical framework. A logic model describes the logical linkages among program resources, conditions, strategies, short-term outcomes, and long-term impact. More information on how to develop logics models and examples can be found through the resources listed in Appendix C.

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

Practice Support System: This term refers to contextual factors that affect practice delivery and effectiveness in the pre-adoption phase, delivery phase, and post-delivery phase, such as a) community collaboration and consensus building, b) training and overall readiness of those implementing the practice, and c) sufficient ongoing supervision for those implementing the practice.

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

Sustainability: Sustainability is the ability to continue a program or practice after SAMHSA grant funding has ended.

Target Population: The target population is the specific population of people whom a particular program or practice is designed to serve or reach.

Wraparound Service: Wraparound services are non-clinical supportive services—such as child care, vocational, educational, and transportation services—that are designed to improve the individual’s access to and retention in the proposed project.

Appendix C: Logic Model Resources

- Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. *International Quarterly of Community Health Education*, 18(4), 449-458.
- Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly*, 13(2), 43-62.
- Hernandez, M. & Hodges, S. (2003). *Crafting Logic Models for Systems of Care: Ideas into Action*. [Making children's mental health services successful series, volume 1]. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies. <http://cfs.fmhi.usf.edu> or phone (813) 974-4651
- Hernandez, M. & Hodges, S. (2001). Theory-based accountability. In M. Hernandez & S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health*, pp. 21-40. Baltimore: Brookes.
- Julian, D.A. (1997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, 20(3), 251-257.
- Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning*, 18(4), 333-341.
- Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3rd Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.
- Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation*. San Francisco, CA: Jossey-Bass Inc.

APPENDIX D: SAMPLE BUDGET AND JUSTIFICATION

ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION TO ACCOMPANY SF 424A: SECTION B FOR 01 BUDGET PERIOD

OBJECT CLASS CATEGORIES

Personnel

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

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

Fringe Benefits (24%) \$15,360

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

Travel

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

[Note: Current Federal Government per diem rates are available at www.gsa.gov.]

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

Equipment (List Individually)

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

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

Supplies

Office Supplies	\$500
Computer Software - 1 WordPerfect	500

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

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

Contractual Costs**Evaluation**

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

Travel

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

Training

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

Travel

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

Supplies

Office Supplies			\$ 500
Software (WordPerfect)			500

Other

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

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

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

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

Consultants = Expert @ \$250/day X 6 day \$ 1,500
(If expert is known, should list by name)

Enter Other subtotal on 424A, Section B, 6.h. \$ 1,500

Total Direct Charges (sum of 6.a-6.h)

Enter Total Direct on 424A, Section B, 6.i. \$192,640

Indirect Costs

15% of Salary and Wages (copy of negotiated indirect cost rate agreement attached)

Enter Indirect subtotal of 424A, Section B, 6.j. \$ 9,600

TOTALS

Enter TOTAL on 424A, Section B, 6.k. \$202,240

JUSTIFICATION

PERSONNEL - Describe the role and responsibilities of each position.

FRINGE BENEFITS - List all components of the fringe benefit rate.

EQUIPMENT - List equipment and describe the need and the purpose of the equipment in relation to the proposed project.

SUPPLIES - Generally self-explanatory; however, if not, describe need. Include explanation of how the cost has been estimated.

TRAVEL - Explain need for all travel other than that required by SAMHSA.

CONTRACTUAL COSTS - Explain the need for each contractual arrangement and how these components relate to the overall project.

OTHER - Generally self-explanatory. If consultants are included in this category, explain the need and how the consultant's rate has been determined.

INDIRECT COST RATE - If your organization has no indirect cost rate, please indicate whether your organization plans to a) waive indirect costs if an award is issued, or b) negotiate and establish an indirect cost rate with DHHS within 90 days of award issuance.

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

Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified and no cost of living increases will be honored. (NOTE: new salary cap of \$183,500 is effective for all FY 2006 awards.) *

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

*Consistent with the requirement in the Consolidated Appropriations Act, Public Law 108-447.

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

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

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

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

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

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

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

APPENDIX E: PERFORMANCE MEASURES FOR THE SPF SIG

This section further specifies the data to be collected and reported as described in Section I-2.5, “Data and Performance Measurement.”

National Outcome Measures

This instrument contains the specific questions to be used to determine progress toward the National Outcome Measures (NOMs) listed in Section I-2.5. Grantees and sub-grantees may be required to supply additional data to comply with any evaluations of the SPF SIG Program.

NATIONAL OUTCOME MEASURES (NOMS) ADULT TOOL
(OMB Number: 0930-0230. Expiration 12/31/2008)

A. DEMOGRAPHICS

Demographics (N=4)

1. Gender

2. Are you Hispanic or Latino?

3. What is your race? (Select one or more)

4. What is your date of birth? |__|_|_| / |__|_|_| / |__|_|_|_|_|

B. DOMAIN/MEASURE/ITEMS

Domain: Abstinence

Measure 30 day use (N=5)

TOBACCO (N=2)

CG07 [IF CG05 = 1] During the past 30 days, that is, since [DATEFILL], on how many **days** did you smoke part or all of a cigarette?

OF DAYS: [RANGE: 1 - 30]

DK/REF

NEWVAR 1 During the past 30 days, that is, since [DATEFILL], on how many days did you use other tobacco products?

OF DAYS: [RANGE: 1 - 30]

DK/REF

ALCOHOL (N=1)

ALCC29a [IF ALCC28 = 2 OR 3 AND ALC30DAY NE (BLANK OR DK/REF)] Please answer this question again. Think specifically about the past 30 days, that is from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

OF DAYS: [RANGE: 0 -30]

DK/REF

MARIJUANA (N=1)

MJ06 [IF MJLAST3=1 OR MJRECDK = 1 OR MJRECRE = 1] Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?

NUMBER OF DAYS: [RANGE: 0 - 30]

DK/REF

OTHER ILLEGAL DRUGS (N=1)

NEWVAR 2 [IF MJLAST3=1 OR MJRECDK = 1 OR MJRECRE = 1] Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use any other illegal drug?

NUMBER OF DAYS: [RANGE: 0 - 30]

DK/REF

Domain Abstinence

Measure: Age of First Use (N=5)

TOBACCO (n=2)

CG04 [IF CG01 = 1 OR CGREF1 = 1] How old were you the **first time** you smoked part or all of a cigarette?

AGE: [RANGE: 1 - 110]

DK/REF

NEWVAR 3 How old were you the **first time** you used any other tobacco product?

AGE: [RANGE: 1 - 110]

DK/REF

ALCOHOL (n=1)

AL02 [IF AL01 = 1 OR ALREF = 1] Think about the **first time** you had a drink of an alcoholic beverage. How old were you the **first time** you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

AGE: [RANGE: 1 - 110]

DK/REF

MARIJUANA (n=1)

MJ02 [IF MJ01 = 1 OR MJREF = 1] How old were you the **first time** you used marijuana or hashish?

AGE: [RANGE: 1 - 110]

DK/REF

OTHER ILLEGAL DRUGS (n=1)

NEWVAR0 4] How old were you the **first time** you used any other illegal drug?

AGE: [RANGE: 1 - 110]

DK/REF

Domain: Abstinence

Measure: Perceived Risk/Harm of Use (N=3)

TOBACCO (n=1)

RK01a How much do people risk harming themselves physically and in other ways when they smoke **one or more packs of cigarettes per day**?

1 No risk

2 Slight risk

3 Moderate risk

4 Great risk

DK/REF

MARIJUANA (n=1)

RK01c How much do people risk harming themselves physically and in other ways when they smoke **marijuana once or twice a week**?

1 No risk

2 Slight risk

3 Moderate risk

4 Great risk

DK/REF

ALCOHOL (n=1)

RK01k How much do people risk harming themselves physically and in other ways when they have **five or more drinks of an alcoholic beverage once or twice a week?**

- 1 No risk
- 2 Slight risk
- 3 Moderate risk
- 4 Great risk
- DK/REF

Domain: Employment/ Education

Measure: Perception of Workplace Policy (Adult) (N=2)

QD53 [IF QD52 = 1 - 3 OR DK/REF] Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?

- 1 MORE LIKELY
- 2 LESS LIKELY
- 3 WOULD MAKE NO DIFFERENCE
- DK/REF

Domain: Employment/ Education

Measure: Workplace AOD Use (Adult) (N=3)

NEWVAR08 How often in the last 6 months did you ever have more than two drinks during your lunch hour?

- Never
- Less than once a month
- 1-3 times a month
- Once a week
- Several days a week
- Almost every day

NEWVAR09 How often in the last 6 months did you ever have a drink of any alcohol while you were on the job? (including during breaks) or right before going to work?

- Never
- Less than once a month
- 1-3 times a month
- Once a week
- Several days a week
- Almost every day

The next question refers to drugs, including the following: marijuana or hashish; cocaine or crack; other illicit drugs such as speed, psychedelics (LSD, acid, PCP, Ecstasy), inhalants (glue, spray, paint poppers), or narcotics (heroin, morphine, codeine), and prescription drugs without a doctor's prescription (e.g. pain killers, analgesics, stimulants, diet pills, amphetamines, and tranquilizers (Valium, Librium, sleeping pills).

NEWVAR10. How often did you use any of these drugs while you were at work? (including during breaks or the lunch hour) or right before going to work in the last 6 months?

- Never
- Less than once a month
- 1-3 times a month
- Once a week
- Several days a week
- Almost every day

Domain: Crime and Criminal Justice

Measure: Alcohol Related Car Crashes and Injuries (N=1)

SP06b [IF SP06a = BLANK AND (ALLAST3 = 1 OR 2 OR ALRECDK = 1 OR 2 OR ALRECRE = 1 OR 2) **During the past 12 months**, have you driven a vehicle while you were under the influence of alcohol?

[IF SP06a NE BLANK] **During the past 12 months**, have you driven a vehicle while you were under the influence of alcohol only?

- 1 Yes
- 2 No
- DK/REF

Domain: Social Support/Social Connectedness

Measure: Family Communications around Drug Use (N=1)

pe03 [IF PE01a = 1 OR PE01b = 12 - 18] **During the past 12 months**, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?

- 1 0 times
- 2 1 to 2 times
- 3 A few times
- 4 Many times
- DK/REF

NATIONAL OUTCOME MEASURES (NOMS) YOUTH TOOL

A. Demographics

A. DEMOGRAPHICS (N=4)

1. Gender

2. Are you Hispanic or Latino?

3. What is your race? (Select one or more)

4. What is your date of birth? |__|_| / |__|_| / |__|_|_|_|_|

B. DOMAIN/MEASURE/ITEMS

Domain: Abstinence

Measure 30 day use (N=5)

TOBACCO (N=2)

CG07 [IF CG05 = 1] during the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?

OF DAYS: [RANGE: 1 - 30]

DK/REF

NEWVAR 1 During the past 30 days, that is, since [DATEFILL], on how many days did you use other tobacco products?

OF DAYS: [RANGE: 1 - 30]

DK/REF

ALCOHOL (N=1)

ALCC29a [IF ALCC28 = 2 OR 3 AND ALC30DAY NE (BLANK OR DK/REF)] Please answer this question again. Think specifically about the past 30 days, that is from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

OF DAYS: [RANGE: 0 -30]

DK/REF

MARIJUANA (N=1)

MJ06 [IF MJLAST3=1 OR MJRECDK = 1 OR MJRECRE = 1] Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?

NUMBER OF DAYS: [RANGE: 0 - 30]

DK/REF

OTHER ILLEGAL DRUGS (N=1)

NEWVAR 2 [IF MJLAST3=1 OR MJRECDK = 1 OR MJRECRE = 1] Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use any other illegal drug?

NUMBER OF DAYS: [RANGE: 0 - 30]

DK/REF

Domain Abstinence

Measure: Age of First Use (N=5)

TOBACCO (n=2)

CG04 [IF CG01 = 1 OR CGREF1 = 1] How old were you the **first time** you smoked part or all of a cigarette?

AGE: [RANGE: 1 - 110]

DK/REF

NEWVAR 3 How old were you the **first time** you used any other tobacco product?

AGE: [RANGE: 1 - 110]

DK/REF

ALCOHOL (n=1)

AL02 [IF AL01 = 1 OR ALREF = 1] Think about the **first time** you had a drink of an alcoholic beverage. How old were you the **first time** you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

AGE: [RANGE: 1 - 110]

DK/REF

MARIJUANA (n=1)

MJ02 [IF MJ01 = 1 OR MJREF = 1] How old were you the **first time** you used marijuana or hashish?

AGE: [RANGE: 1 - 110]

DK/REF

OTHER ILLEGAL DRUGS (n=1)

NEWVAR0 4] How old were you the **first time** you used any other illegal drug?

AGE: [RANGE: 1 - 110]

DK/REF

Domain: Abstinence

Measure: Perception of Disapproval/Attitude (N=5)

TOBACCO (n=2)

YE19a [IF CURNTAGE = 12 - 17] How do you feel about someone your age smoking one or more packs of cigarettes a day?

1 Neither approve nor disapprove

2 Somewhat disapprove

3 Strongly disapprove

DK/REF

YE20a [IF CURNTAGE = 12 - 17] How do you think your close friends would feel about **you** smoking one or more packs of cigarettes a day?

1 Neither approve nor disapprove

2 Somewhat disapprove

3 Strongly disapprove

DK/REF

MARIJUANA (n=2)

YE19b [IF CURNTAGE = 12 - 17] How do you feel about someone your age trying marijuana or hashish once or twice?

1 Neither approve nor disapprove

2 Somewhat disapprove

3 Strongly disapprove

DK/REF

YE19b1 [IF CURNTAGE = 12 - 17] How do you feel about someone your age using marijuana once a month or more?

- 1 Neither approve nor disapprove
- 2 Somewhat disapprove
- 3 Strongly disapprove
- DK/REF

ALCOHOL (n=1)

YE19c [IF CURNTAGE = 12 - 17] How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

- 1 Neither approve nor disapprove
- 2 Somewhat disapprove
- 3 Strongly disapprove
- DK/REF

Domain: Abstinence

Measure: Perceived Risk/Harm of Use (N=3)

TOBACCO (n=1)

RK01a How much do people risk harming themselves physically and in other ways when they smoke **one or more packs of cigarettes per day**?

- 1 No risk
- 2 Slight risk
- 3 Moderate risk
- 4 Great risk
- DK/REF

MARIJUANA (n=1)

RK01c How much do people risk harming themselves physically and in other ways when they smoke **marijuana once or twice a week**?

- 1 No risk
- 2 Slight risk
- 3 Moderate risk
- 4 Great risk
- DK/REF

ALCOHOL (n=1)

RK01k How much do people risk harming themselves physically and in other ways when they have **five or more drinks of an alcoholic beverage once or twice a week**?

- 1 No risk
- 2 Slight risk
- 3 Moderate risk
- 4 Great risk
- DK/REF

Domain: Employment/ Education

Measure: Perception of Workplace Policy (Adult) (N=1)

QD53 [IF QD52 = 1 - 3 OR DK/REF] Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?

- 1 MORE LIKELY
- 2 LESS LIKELY
- 3 WOULD MAKE NO DIFFERENCE
- DK/REF

Domain: Crime and Criminal Justice

Measure: Alcohol Related Car Crashes and Injuries (N=1)

SP06b [IF SP06a = BLANK AND (ALLAST3 = 1 OR 2 OR ALRECDK = 1 OR 2 OR ALRECRE = 1 OR 2) **During the past 12 months**, have you driven a vehicle while you were under the influence of alcohol?

[IF SP06a NE BLANK] **During the past 12 months**, have you driven a vehicle while you were under the influence of alcohol only?

- 1 Yes
- 2 No
- DK/REF

Domain: Social Support/Social Connectedness

Measure: Family Communications around Drug Use (N=1)

YE08 [IF CURNTAGE = 12 - 17] Now think about the past 12 months, that is, from [DATEFILL] through today. **During the past 12 months**, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By **parents**, we mean either your biological parents, adoptive parents, stepparents, or adult guardians – whether or not they live with you.

- 1 Yes
- 2 No
- DK/REF

Domain: Retention

Measure: Percentage of youth seeing, watching, or listening to a prevention message (N=1)

During the past 12 months, do you recall hearing, or watching an advertisement about the prevention of substance use?

- 1 Yes
- 2 No
- DK/REF