

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

**Cooperative Agreements for State Adolescent
Treatment Enhancement and Dissemination**

(Short Title: SAT-ED)

Request for Applications (RFA) No. TI-12-006

Catalogue of Federal Domestic Assistance (CFDA) No. 93.243

Key Dates:

Application Deadline	Applications are due by July 11, 2012
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Table of Contents

EXECUTIVE SUMMARY	4
I. FUNDING OPPORTUNITY DESCRIPTION.....	6
1. PURPOSE.....	6
2. EXPECTATIONS	8
II. AWARD INFORMATION.....	18
III. ELIGIBILITY INFORMATION	19
1. ELIGIBLE APPLICANTS.....	19
2. COST SHARING and MATCH REQUIREMENTS	20
3. OTHER.....	20
IV. APPLICATION AND SUBMISSION INFORMATION	22
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	22
2. CONTENT AND GRANT APPLICATION SUBMISSION.....	22
3. APPLICATION SUBMISSION REQUIREMENTS	26
4. FUNDING LIMITATIONS/RESTRICTIONS.....	27
V. APPLICATION REVIEW INFORMATION	28
1. EVALUATION CRITERIA.....	28
2. REVIEW AND SELECTION PROCESS.....	34
VI. ADMINISTRATION INFORMATION.....	34
1. AWARD NOTICES.....	34
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	35
3. REPORTING REQUIREMENTS	36
VII. AGENCY CONTACTS	36
Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications	37
Appendix B – Guidance for Electronic Submission of Applications	40
Appendix C – Using Evidence Practices (EBPs)	43

Appendix D – Statement of Assurance 45

Appendix E – Funding Restrictions..... 47

Appendix F – Biographical Sketches and Job Descriptions..... 50

Appendix G – Sample Budget and Justification (no match required)..... 51

Appendix H – Confidentiality and SAMHSA Participant Protection/Human Subjects
Guidelines 60

EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2012 for Cooperative Agreements for State Adolescent Treatment Enhancement and Dissemination. The purpose of this program is to provide funding to States/Territories/Tribes to improve treatment for adolescents through the development of a learning laboratory with collaborating local community-based treatment provider sites. Through the shared experience between the State/Territory/Tribe and the local community-based treatment provider sites, an evidence-based practice (EBP) will be implemented, youth and families will be provided services, and a feedback loop will be developed to enable the State/Territory/Tribe and the sites to identify barriers and test solutions through a services component operating in real time. The outcomes will include: needed changes to State/Territory/Tribe policies and procedures; development of financing structures that work in the current environment; and a blueprint for States/Territories/Tribes and providers that can be used throughout the State/Territory/Tribe to widen the use of effective EBPs. Additionally, youth (ages 12-18) and their families/primary caregivers will be provided services from the grant funds that will inform the process to improve systems issues.

Funding Opportunity Title:	Cooperative Agreements for State Adolescent Treatment Enhancement and Dissemination
Funding Opportunity Number:	TI-12-006
Due Date for Applications:	July 11, 2012
Anticipated Total Available Funding:	\$10 million
Estimated Number of Awards:	Up to 10
Estimated Award Amount:	Up to \$1 million per year
Cost Sharing/Match Required	No [See Section III-2 of this RFA for cost sharing/match requirements.]
Length of Project Period:	Up to 3 years

Eligible Applicants:	Eligible applicants are the Single-State Substance Abuse Agencies (SSAs) in the State/Territory/Tribe, Territories, and the District of Columbia; and the highest ranking official and/or the duly authorized official of a federally recognized American Indian/Alaska Native Tribe or Tribal organization. [See Section III-1 of this RFA for complete eligibility information.]
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I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2012 for Cooperative Agreements for State Adolescent Treatment Enhancement and Dissemination. The purpose of this program is to provide funding to States/Territories/Tribes to improve treatment for adolescents through the development of a learning laboratory with collaborating local community-based treatment provider sites. Through the shared experience between the State/Territory/Tribe and the local community-based treatment provider sites, an evidence-based practice (EBP) will be implemented, youth and families will be provided services, and a feedback loop will be developed to enable the State/Territory/Tribe and the sites to identify barriers and test solutions through a services component operating in real time. The outcomes will include: needed changes to State/Territory/Tribe policies and procedures; development of financing structures that work in the current environment; and a blueprint for States/Territories/Tribes and providers that can be used throughout the State/Territory/Tribe to widen the use of effective EBPs. Additionally, youth (ages 12-18) and their families/primary caregivers will be provided services from the grant funds that will inform the process to improve systems issues.

The expected outcomes of the program include: increased rates of abstinence; enrollment in education, vocational training, and/or employment; social connectedness; and decreased juvenile justice involvement for adolescents provided services through this cooperative agreement.

To accomplish this purpose, SAMHSA is requiring States/Territories/Tribes to use grant funds for the following:

1. Develop and improve State/Territory/Tribe capacity to increase access to and quality of treatment for adolescents with substance use or co-occurring substance use and mental disorders and their families through:
 - involving families and youth at the State/Territory/Tribe and local levels to inform policy, program and effective practice;
 - expanding the qualified workforce;
 - disseminating evidence-based practices;
 - developing funding and payment strategies that are practical and doable in the State/Territory/Tribe given the current funding environment; and

- improving interagency collaboration.
2. Enhance and improve the quality of treatment and recovery services provided to adolescents (ages 12 –18) for the treatment of substance use or co-occurring substance use and mental disorders, and their families/primary caregivers (e.g., foster care parents, extended family members).
 3. Through a State/Territory/Tribe planning and selection process, States/Territories/Tribes will partner with two local community-based treatment provider sites to:
 - select a family-centered/family-inclusive evidence-based treatment intervention for the amelioration of substance use and co-occurring substance use and mental disorders for adolescents and their families;
 - ensure certification/licensure of the sites and/or clinicians(as prescribed in the manual/documentation of the chosen evidence-based treatment intervention) with a “train-the-trainers” model included to ensure sustainability; and
 - begin the process of dissemination of the intervention to providers throughout the State/Territory/Tribe (this is to be understood as the training and licensure/certification as required by the developers of the intervention and not merely exposure training) to equip an increasing number of sites and clinicians to be trained/trainers in the intervention.

In accordance with SAMHSA’s Strategic Initiative on Health Reform, this program aims to assist States/Territories/Tribes in the development of a process to be used to expand and enhance treatment and recovery systems for adolescents and their families with substance use or co-occurring substance use and mental disorders. This initiative supports the Trauma and Justice, Recovery Support, and Health Reform SAMHSA Strategic Initiatives.

In addition, State Adolescent Treatment Enhancement and Dissemination grantees will be expected to identify and decrease differences in access, service use, and outcomes of services among the adolescent populations vulnerable to health disparities.

The State Adolescent Treatment Enhancement and Dissemination cooperative agreements are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

State Adolescent Treatment Enhancement and Dissemination cooperative agreements involve both State/Territory/Tribe infrastructure development/improvement and direct service delivery components. All activities share a common goal of building a solid foundation for sustaining an effective, integrated adolescent treatment and recovery support services system.

The population of focus for this program is adolescents (ages 12-18) and their families.

These cooperative agreements are designed to bring together stakeholders across the child-serving system to develop and/or enhance a coordinated network that will develop policies, expand workforce capacity, disseminate evidence-based practices, and implement financial mechanisms and other reforms to improve the integration and efficiency of the adolescent substance use, co-occurring substance use and mental disorders treatment, and recovery support system. Concurrently, two local community-based treatment provider sites will be funded to enhance and expand the delivery of evidence-based practices for adolescents with substance use and co-occurring substance use and mental disorders and their families/primary caregivers. The development of a coordinated system to improve adolescent substance use and co-occurring substance use and mental disorders treatment and recovery support services, and the implementation of family informed/family-centered evidence-based practices at the local level will serve as a model throughout the State/Territory/Tribe to be replicated in other jurisdictions.

Applicants must: identify how collaboration and integration of child-serving systems across the State/Territory/Tribe will be accomplished; how the adolescent treatment evidence-based practice will be implemented and disseminated; how the two local community-based treatment provider sites will be selected; and how these efforts contribute to a more integrated and efficient adolescent substance use and co-occurring substance use and mental disorders treatment and recovery system State/Territory/Tribe-wide.

Under this program, grantees (State/Territory/Tribe) may use **up to 30% (i.e., \$300,000) of the award** for infrastructure development/improvements at the State/Territory/Tribe level; **up to 15% (i.e., \$45,000) of this amount** may be used for Data Collection and Performance Measurement, and Performance Assessment (see Section I-2.4 and 2.5).

Grantees must also devote **not less than 70% (i.e., \$700,000; \$350,000/site) of their total award** to expand and enhance treatment and recovery services for adolescents with substance use and co-occurring substance use and mental disorders through sub-awards to two local community-based treatment provider sites that will provide treatment and recovery support services to adolescents and their families/primary

caregivers; each local community-based treatment provider site may use **up to 20% (i.e., \$70,000/site) of their award** for Data Collection and Performance Measurement, and Performance Assessment (see Section I-2.4 and 2.5).

2.1 State/Territory/Tribe Infrastructure Development

Grantees may use **up to 30% (i.e., \$300,000)** of this award to increase/improve their capacity to provide effective, accessible substance abuse treatment and recovery support services for adolescents and their families State/Territory/Tribe-wide and to create a more integrated and collaborative system of care for adolescents and their families. Applicants are required to address the following areas of infrastructure development/improvements at the State/Territory/Tribe level.

Required Activities:

- Develop at least one full-time staff position dedicated to managing this program. For the purpose of this cooperative agreement, this position should be under the supervision of a State/Territory/Tribe position vested with the authority to convene and coordinate all child-serving agencies that may provide funding and other support for adolescents and their families needing substance use or co-occurring substance use and mental disorders treatment services. It is incumbent upon the grantee to hire an individual who has the necessary skills and experience appropriate for the position, including an understanding of the correlation between co-occurring substance use and mental disorders. [NOTE: Where the State/Territory/Tribe has an existing State Adolescent Treatment/Youth Coordinator, Federal funds must not be used to support an existing position, but funds may be used to support a .5 FTE to complement this position in a supportive role and/or to support consultants with needed expertise to fulfill the requirements of this program].
- Link and coordinate with other child-serving systems through establishing a council or adding to an existing one. The purpose is to promote comprehensive, integrated services for youth with substance use or co-occurring substance use and mental disorders. Such service systems include but are not limited to: mental health, education, health, child welfare, juvenile justice, and Medicaid. Youth and family members must be key members of this council. Grantees will be required to develop memoranda of agreement (MOAs) with youth-serving agencies. The MOA must describe the specific roles and responsibilities of each of the partners. These responsibilities include but are not limited to: identifying service gaps, developing and implementing a State/Territory/Tribe-wide work plan, participating in infrastructure reform, policy development, youth and family involvement at the policy and practice level.

- Create a State/Territory/Tribe wide multi-year workforce training implementation plan to provide training in the specialty adolescent behavioral health (substance use disorder/co-occurring substance use and mental disorder) treatment/recovery sector and in other child-serving agencies.
- Link and coordinate with financing mechanisms which include but are not limited to: SAPT Block grant, Medicaid/CHIP, private insurance, and other funding streams that provide substance use treatment and recovery support services to adolescents and their families.
- Develop a cross-agency State/Territory/Tribe-wide financial map of Federal and State/Territory/Tribe financial resources which include but are not limited to Medicaid/CHIP, SAPT Block Grant, and other funding streams available to deliver evidence-informed substance use and co-occurring substance use and mental disorders treatment and recovery support services to adolescents and their families. [Note: States/Territories/Tribes will use the financial map to track the increase of public insurance (Medicaid/CHIP) resources used to provide treatment/recovery services for adolescents with substance use and co-occurring substance use and mental disorders and the redeployment of other public financial resources to expand the continuum of treatment/recovery services and supports].

Allowable Activities:

States/Territories/Tribes may choose to implement additional infrastructure activities which include but are not limited to the following:

- Workforce Mapping – This may include knowledge, skills, and abilities, of the workforce in providing evidence-based substance use and co-occurring substance use and mental disorders treatment to adolescents and their families. Types of data collected may include: Positions within the adolescent substance use and co-occurring mental disorders treatment and recovery services and supports structure (e.g. supervisor, clinician, case manager, recovery support worker). Variables may include but are not limited to: education level, number of continuing education and college level credits in youth-family related areas, certification/endorsement to work with an adolescent population, certification in evidence-based practices, and types of eligibility for insurance reimbursement.
- Recruit and prepare a qualified adolescent substance use and co-occurring substance use and mental disorders treatment workforce through:
 - Cross-agency training for staff of other child-serving agencies including primary care;

- Preparing faculty in appropriate college and education settings to deliver curricula that focus on adolescent-specific evidence-informed practices;
- Develop and make accessible continuing education events throughout the State/Territory/Tribe that enhance the knowledge and skills of program directors, supervisors, direct treatment staff, and allied health professionals;
- Develop/improve State/Tribal/Territory standards for licensure/certification/accreditation of programs that provide substance use and co-occurring mental disorders services for adolescents and their families;
- Develop/improve State/Tribal/Territory standards for licensure/certification/credentialing of adolescent and family substance use and co-occurring mental disorders treatment counselors;
- Identify, disseminate, and support training and technical assistance resources that expand the capacity and quality of adolescent and family substance use and co-occurring substance use and mental disorders treatment throughout the State/Tribal/Territory system including cross-training for adolescent treatment providers; and
- Promote coordination and collaboration with family support organizations to strengthen services for youth with or at risk of substance use disorders and or/co-occurring problems.

2.2 Local Community-Based Treatment Sites

Grantees must use **70%** (i.e., \$700,000; \$350,000/site) of award funds for the provision of direct treatment for substance use and co-occurring substance use and mental disorders and recovery support services for adolescents and their families. Applicants must identify a means to select **two** local community-based treatment sites that provide treatment for adolescent substance use and co-occurring substance use and mental disorders and recovery services and supports. These providers may be, but are not limited to the following: adolescent substance use treatment provider agencies, school-based health centers, entities in juvenile justice, primary care, or other adolescent serving agencies that can meet the requirements of a treatment program as specified in this RFA. **Note: These sites must be selected within 45 days of the grant award.**

Applicants must explain how the local community-based treatment provider sites will be selected, the rationale for the choice of these sites, how the applicant plans to partner with the local community-based treatment providers, how services will be delivered, how services will be evaluated, and a plan for process improvement.

Applicants must ensure that sites will have the capacity to serve adolescents and their families with a diagnosis of adolescent substance use or co-occurring mental and

substance use disorders as a primary population of focus. The applicant is responsible to ensure GPRA data are collected and entered within the prescribed time periods.

The State/Territory/Tribe, in consultation with the selected provider sites, will determine the evidence-based assessment and treatment intervention to be used with adolescents in need of substance use and co-occurring substance use and mental disorders treatment and recovery support services. [Note: The grantee is responsible to oversee all aspects of the EBP implementation including but not limited to: training, certification, monitoring, use of required assessment tools, etc.]

Required Activities:

Grantees must ensure that local community-based treatment sites address each of the following required activities:

- Provide the evidence-based assessment and treatment intervention, selected in consultation with the State/Territory/Tribe, for adolescents in need of substance use or co-occurring mental and substance use disorders treatment and recovery support services;
- Provide outreach and other engagement strategies to increase participation in, and provide access to, treatment for adolescents and their families;
- Offer recovery services and supports (e.g., peer-to-peer support, parent/family/caregiver support, youth and caregiver respite care, technology support services, therapeutic mentors, behavioral health consultation, vocational, educational and transportation services) designed to improve longer-term recovery and post-treatment outcomes and to re-engage youth in treatment as necessary;
- Screen and assess clients for the presence of co-occurring mental and substance use disorders, using an assessment instrument from the list provided in this RFA, and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders. [For more information on the process of selecting screening instruments to identify co-occurring mental and substance use disorders, go to www.samhsa.gov/co-occurring/].
- Utilize 3rd party and other revenue realized from the provision of substance abuse treatment services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public health insurance programs; individuals for whom coverage has been formally determined to be unaffordable; or for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds). Local treatment providers sites are also expected to facilitate

the health insurance application and enrollment process for eligible uninsured clients. **In addition, grantees are required to include a “payer of last resort” stipulation in all contracts with partnering provider organizations.**

Service delivery should begin by the 4th month of the project at the latest.

SAMHSA strongly encourages all grantees to assist local community-based treatment provider sites in providing a smoke-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

2.1 Using Evidence-Based Practices

SAMHSA’s services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In Section B of your project narrative, you will need to:

- Identify the evidence-based practice(s) you propose to implement for the specific population(s) of focus.
- Identify and discuss the evidence that shows that the practice(s) is (are) effective for the specific population(s) of focus.
- If you are proposing to use more than one evidence-based practice, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.
- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus.

The following are examples of family-centered/informed evidence-based practices.
Note: This is not an exhaustive list:

- Family Support Network (FSN);
- The Seven Challenges;
- Multidimensional Family Therapy (MDFT);
- Adolescent Community Reinforcement Approach (A-CRA);
- Brief Strategic Family Therapy;
- Family Behavior Therapy;
- Parenting with Love and Limits (PLL);
- Multisystemic Therapy (MST) for Juvenile Offenders;
- Chestnut Health Systems - Bloomington Adolescent Outpatient (OP); and

- Intensive Outpatient (IOP) Treatment Model.

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

This grant is focused on improving quality and services while implementing an evidence-based treatment intervention for adolescents and their families. This grant is also designed to provide States/Territories/Tribes with the knowledge and experience necessary to target an evidence-based practice for eventual State/Territory/Tribe-wide adoption. Therefore, only one intervention may be proposed.

Applicants must also demonstrate how local community-based treatment providers/sites will implement a full bio-psycho-social assessment instrument that is developmentally appropriate for the population of focus, and has been shown to be a reliable and validated instrument for youth. To assist in the process of choosing an assessment instrument that is within the limitations of the grant funding, SAMHSA will support any one of the following assessment instruments:

- Comprehensive Adolescent Severity Inventory (CASI),
- Teen-Addiction Severity Index (T-ASI),
- Global Appraisal of Individual Needs (GAIN).

These approved assessments have shown demonstrated reliability and validity with adolescent populations, are bio-psycho-social instruments, and meet all of SAMHSA's requirements. The selected clinical assessment must be implemented at the community-based treatment sites, at a minimum.

Applicants must sign the Statement of Assurance (See Appendix D) to certify that, if funded, they will provide a plan for training, certification, and ongoing support for the chosen instrument and a letter from the developer/trainer that indicates they can support the training, certification and ongoing monitoring requirements for each local community-based provider site to the GPO prior to implementation of the assessment. The Statement of Assurance must be included in Attachment 1 of your application.

Cost is an important element of sustainability. One goal of this program is to ensure sustainability and potential for expansion within the State/Territory/Tribe. Costs for these interventions vary and the most costly may not be the best intervention for the population(s) of focus. Further, there are ongoing costs associated with each intervention that fall within a wide range. **Applicants must sign the Statement of Assurance (See Appendix D) to certify that, if funded, they will contact the developer/trainer of the assessment instrument and treatment intervention and provide cost estimates to the GPO prior to implementation of the intervention.**

The Statement of Assurance must be included in Attachment 1 of your application.

Grantees may use funds to purchase technical assistance for implementation of the intervention and clinical assessment. The amount of grant funds that may be expended to fully implement an intervention and clinical assessment in the first year while training and certification are in process may not exceed \$40,000 per site. The cost to the grant for any on-going use, training, certification/licensure in the intervention in subsequent years may not exceed \$25,000 per year/site. These costs apply only to the training, coaching, certification, licensure, materials, site visits from the developer, and any other costs cited by the developer for certified/licensed use of the intervention. No grant funds may be expended on any site that is not in the process of reaching or maintaining certification/licensure and “train-the-trainer” capability in the intervention in accordance with available and published costs from the intervention developer/trainer. States/Territories/Tribes may choose to implement a program costing more per site but must bear these costs outside of grant funding. However, all costs for reaching and maintaining certification, licensure, and “train-the-trainer” capability (that is all costs related to the intervention which are not directly for staff salaries) may not be charged to the grant if they exceed the maximum allowed, as stated above.

2.4 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). You must document your ability to collect and report the required data in “[Section E: Performance Assessment and Data](#)” of your application. All data described below will be required of the local community-based treatment provider sites and be submitted to SAMHSA by the grantee. In addition to demographics (gender, age, race, and ethnicity) data on all clients served, grantees will be required to report performance on the following GPRA performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services and social connectedness. This information will be gathered using the Discretionary Services Client Level GPRA tool, which can be found at <http://www.samhsa-gpra.samhsa.gov> (click on ‘Data Collection Tools/Instructions’), along with instructions for completing it. Hard copies are available in the application kits available by calling SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

Data will be collected at baseline (i.e., the client’s entry into the project), discharge, and 6-months post-baseline. Grantees are expected to monitor and ensure that sub-awardees will obtain a 6-month follow-up rate of 80% (i.e., grantees will be expected to complete a face-to-face interview with 80% of all clients served at intake). Upon collection of the data, grantees will have 7 business days to submit the data to SAMHSA. All data will be submitted via the Services Accountability Improvement

System, CSAT's online data-entry and reporting repository. Grantees and sub-awardees will be provided extensive training on the system and its requirements post-award. The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use.

In addition to services GPRA measures, grantees will be required to report semi-annually on their progress and performance on infrastructure development (see Section I- 2.1- State/Territory/Tribe Infrastructure Development). These reports will assess each grantee's progress as compared to both the target outcomes established by the grantee and a common set of infrastructure measures (developed post-award) for the project. Applicants may also propose performance measures to be considered by SAMHSA for inclusion in the common set of measures.

Grantees will have the opportunity to participate in a policy planning conference call during which participants will work to build consensus around this common set of infrastructure development measures. Further data requirements will be mandated based on the common set of performance measures developed from the policy planning conference call. At any time, grantees may choose to begin collecting more specific data related to the common infrastructure development measures to assist in building local support for continued sustainability for their activities once the period of Federal funding ends. SAMHSA will work with grantees to assist them in their performance measurement.

If applicable, data must also be collected on overall satisfaction with event quality and application of event information (see Section I-2.1- State/Territory/Tribe Infrastructure Development- Allowable Activities). These data will be collected using a customer satisfaction tool provided by CSAT (available at www.samhsa-gpra.samhsa.gov Click on Data Collection Tools/Instructions and select "Best Practices"). Data will be collected at the end of each event and 30 days post-event from all participants. **Grantees will be expected to obtain an 80% follow-up rate.**

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

2.5 Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress in both infrastructure and services enhancement and expansion and use this information to improve management of their grant projects. The assessment should be designed to help determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Grantees will be required to report every six months on the progress achieved, barriers encountered, and efforts taken to

overcome these barriers. At a minimum, the performance assessment should include the required performance measures identified above.

You may also consider outcome and process questions, such as the following:

Process Questions:

- Have evidence-based practices been adopted and disseminated State/Territory/Tribe-wide?
- In what ways is the State/Territory/Tribe moving toward a more coordinated effort to serve adolescents and their families? What are the drivers?
- Is capacity being increased? What has been the impact on health disparities in the population served?

Outcome Questions:

- How has the array of publicly supported treatment and recovery services and supports for adolescents with substance use disorders expanded over the grant period?
 - What treatment/recovery services for adolescents with substance use disorders were reimbursed by Medicaid/CHIP at the outset and conclusion of the project? Was there an increase?
 - What treatment/recovery services for adolescents with substance use disorders were reimbursed by other Federal/State/Territory/Tribe funds (please specify) at the beginning and ending of the project? Was there an increase?
- To what degree has there been an increase in the number of clinicians trained, certified in evidence-based practices?
- How has the State/Territory/Tribe/provider partnership identified barriers/solutions to widen the use of effective evidence based practices for adolescents and their families?

States/Territories/Tribes may use no more than 15% of their portion of the award, and local treatment provider sites may use no more than 20% of their subawards for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-[2.4](#) and [2.5](#) above.

2.6 Grantee Meetings

Grantees must plan to send between 4-6 people to at least one grantee meeting in each year of the grant with representatives from both the State and local sites. You must include a detailed budget and narrative for this travel in your budget. Each meeting will be 3 days. These meetings are usually held in the Washington D.C. area and attendance is mandatory.

II. AWARD INFORMATION

Proposed budgets cannot exceed \$1 million in total costs (direct and indirect) 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, timely submission of required data and reports, and compliance with all terms and conditions of award.

Cooperative Agreement

These awards are being made as cooperative agreements because they require substantial post-award Federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

Role of Grantee:

- Comply with the terms and conditions of the cooperative agreement award;
- Monitor and ensure that sub-awardees collect and report GPRA data; and agree to provide SAMHSA with the data required for GPRA;
- Collaborate with CSAT staff and SAMHSA Contractor(s) in project design, implementation, and monitoring;
- Demonstrate links to and coordination with child-serving agencies at the State/Territory/Tribe level through MOA, MOU, etc.;
- Collect, evaluate, and report grantee infrastructure process and outcome data;
- Respond to requests for program-related data;

- Document intended and actual systemic changes resulting from the project's activities; and
- Preparation of SAMHSA/CSAT required reports.

Role of SAMHSA Staff:

- Provide guidance and technical assistance to grantees in implementing project activities throughout the course of the project;
- Review and approve each stage of project activities;
- Work collaboratively and methodically with the grantee on the activity involved with the infrastructure, process, and outcome evaluation development and implementation; oversee with grantee on the maintenance of the sub-awardees GPRA data activity;
- Conduct site visits to monitor the development and implementation of adolescent services infrastructure and substance use and co-occurring mental disorders treatment service provision at local community-based treatment provider sites (sub-awardees);
- Provide guidance on how to access resource allocation strategies; and
- Work cooperatively with the grantee to sustain the system changes achieved through the project.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are:

- SSA's within State/Tribal governments/Territories and the District of Columbia
- Federally recognized American Indian/Alaska Native (AI/AN) Tribes and tribal organizations.

Tribal organization means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and

which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of Tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval.

Eligibility is limited to the Single State Agency (SSA) in the State/Territory and the highest ranking official and/or the duly authorized official of a federally recognized American Indian/Alaska Native Tribe. In addition to providing evidence-based adolescent treatment services, this program is designed to bring together stakeholders across the child-serving system to develop and/or enhance a coordinated network that will develop policies, expand workforce capacity, bring evidence-based practices to scale Statewide, and implement financial mechanisms and other reforms to improve the integration and efficiency of the adolescent substance use, co-occurring substance use and mental disorders treatment, and recovery support system. SSAs are in the unique position to coordinate these efforts because they have authority to coordinate agencies across the State/Territory/Tribe, implement policy changes, and develop financing structures necessary for the program. Although community-based treatment providers play a pivotal supporting role in adolescent treatment and services, they are not the catalysts for cross-agency coordination, workforce development, or licensure/certification/credentialing at the State/Territory/Tribal level. Therefore, public and private non-profit entities and community-based treatment providers are not eligible to apply for this funding opportunity.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER

3.1 Additional Eligibility Requirements

You must comply with the following three requirements, or your application will be screened out and will not be reviewed:

1. use of the SF-424 application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
2. application submission requirements in [Section IV-3](#) of this document; and
3. formatting requirements provided in [Appendix A](#) of this document.

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide

required clinical services quickly and effectively. Therefore, local community-based treatment provider sub-awardees (i.e., the aforementioned minimum of two per State/Territory/Tribe) must meet two additional requirements related to the provision of services.

The two requirements are:

- Each substance abuse treatment provider organization must have at least two years' experience (as of the due date of the application) providing relevant adolescent substance use and co-occurring substance use and mental disorders services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and
- Each substance use treatment/recovery support services provider organization must comply with all applicable local (city, county) and State/Territory/Tribe licensing, accreditation, and certification requirements.

[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Eligible Tribes and tribal organization mental health/substance abuse treatment providers must comply with all applicable Tribal licensing, accreditation, and certification requirements. See [Appendix D](#), Statement of Assurance.]

Prior to making sub-awards to community-based treatment provider sites, grantees must provide the following documentation to your GPO:

- A letter of commitment from the two community-based treatment provider organizations that have agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided;
- Official documentation that both community-based treatment provider organizations participating in the project have been providing relevant adolescent substance use and co-occurring mental disorders services for a minimum of 2 years prior to the date of the application in the area(s) in which the services are to be provided; and
- Official documentation that both participating community-based treatment provider organizations: 1) comply with all applicable local (city, county) and State/Territory/Tribe requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable

State/Territory/Tribe, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.¹

- For Tribes and tribal organizations only, official documentation that both participating substance abuse/co-occurring mental disorders treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the Tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

If the GPO does not receive this documentation within the time specified, sub-awards cannot be made.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

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

Additional materials available on this Web site include:

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

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Package

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

¹ Tribes and tribal organizations are exempt from these requirements

- The Face Page (SF-424); Budget Information form (SF-424A); Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist. **Applications that do not include the required forms will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (<http://www.samhsa.gov/grants/index.aspx>) and a synopsis of the RFA is available on the Federal grants Web site (<http://www.Grants.gov>).

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

2.2 Required Application Components

Applications must include the following 12 required application components:

- **Face Page** – SF-424 is the face page. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at <http://www.dunandbradstreet.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application. In addition, you must be registered in the Central Contractor Registration (CCR) prior to submitting an application and maintain an active CCR registration during the grant funding period. **REMINDER: CCR registration expires each year and must be updated annually. It can take 24 hours or more for updates to take effect, so check for active registration well before your grant deadline. Grants.gov will not accept your application if you do not have current CCR registration. If you do not have an active CCR registration prior to submitting your paper application, it will be screened out and returned to you without review. The DUNS number you use on your application must be registered and active in the CCR. You can view your CCR registration status at <http://www.bpn.gov/CCRSearch/Search.aspx> and search by your organization's DUNS number. Additional information on the Central Contractor Registration (CCR) is available at <https://www.bpn.gov/ccr/default.aspx>].**
- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and

clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in [Appendix G](#) of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

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

- **Attachments 1 through 3** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1 and 3 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
 - **Attachment 1:** (1) the Statement of Assurance (provided in [Appendix D](#) of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time.

- **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a Web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
- **Attachment 3:** Sample Consent Forms
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application package.
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site and check the box marked ‘I Agree’ before signing the face page (SF-424) of the application. 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 package.
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site and check the box marked ‘I Agree’ before signing the face page (SF-424) of the application.
- **Disclosure of Lobbying Activities** – 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. You must sign and submit this form, if applicable.
- **Checklist** – The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.
- **Documentation of nonprofit status** as required in the Checklist

2.3 Application Formatting Requirements

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

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

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **July 11, 2012**. SAMHSA provides two options for submission of grant applications: 1) electronic submission, **or** 2) paper submission. Hard copy applications are due by **5:00 PM** (Eastern Time). You are encouraged to apply electronically. Electronic applications are due by **11:59 PM** (Eastern Time).

Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS). You will be notified by postal mail that your application has been received.

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

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

Submission of Electronic Applications

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

Submission of Paper Applications

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

Send applications to the address below:

For United States Postal Service:

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

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

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "**SAT-ED**" and "**TI-12-006**" in item number 12 on the face page (SF-424) of

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

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

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

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

4. FUNDING LIMITATIONS/RESTRICTIONS

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

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

In addition, SAMHSA’s State Adolescent Treatment Enhancement and Dissemination grant recipients must comply with the following funding restrictions:

States/Territories/Tribes may use **up to 30% of their grant award** for infrastructure development/improvements at the State/Territory/Tribe level, and must also devote **not less than 70% of their total award** to expand and enhance treatment and recovery services for adolescents with substance use and co-occurring substance use and mental disorders through sub-awards to two local community-based treatment provider sites that will provide treatment and recovery support services to adolescents and their families/primary caregivers. States/Territories/Tribes may use **no more than 15%** of their portion of grant award, and local community-based treatment provider sites may use **no more than 20%** of their sub-awards, for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-E) together may be no longer than 30 pages.
- You must use the five sections/headings listed below in developing your Project Narrative. You must place the required information in the correct section, or it will not be considered. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA Web site at <http://www.samhsa.gov/grants/apply.aspx> at the bottom of the page under “Resources for Grant Writing.”
- The Supporting Documentation you provide in Sections F-I and Attachments 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 is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (10 points)

- With respect to the primary purpose and goals of the service enhancement and capacity component of the grant program:

- Describe the nature of the problem and document the extent of the need (e.g., current prevalence rates or incidence data) for the population(s) of focus based on data.
- The statement of need should include a clearly established baseline for the project. Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data. Documentation of need may come from a variety of qualitative and quantitative sources.
- Describe existing service gaps and how this project will help to eliminate health disparities in the population served.
- Describe and justify the geographic areas to be served.
- Describe the State/Territory/Tribe-wide needs in adolescent-specific substance use and co-occurring substance use and mental disorders treatment and recovery support service needs.

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

- Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section E, Performance Assessment and Data.
- Identify the process you will use to identify the evidence based intervention and assessment to be implemented. Discuss how it addresses the purpose, goal, and objectives of your proposed project.
- Identify ways in which the State/Territory/Tribe will work with their community-based providers in implementing a family-based assessment and intervention including training, certification, and monitoring. Provide a timeline with milestones of the proposed intervention.
 - Clearly describe how the provision of the evidence-based intervention by the sub-awardees will be monitored by the State/Territory/Tribe.
 - Describe how you will identify and justify any modifications or adaptations you may need to make to practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes.
- Describe how you will address the following issues in the population(s) of focus:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;

- Language and literacy;
- Sexual identity – sexual orientation and gender identity; and
- Disability.

Section C: Proposed Implementation Approach (30 points)

- Clearly describe the process the State/Territory/Tribe will use to select the local community-based treatment provider sites that will receive sub-awards. Applicants should provide a detailed description of the process that will be used including how need, experience and ability to deliver evidence-based interventions will be assessed.
- Describe how funds will be used at the State/Territory/Tribe-level to enhance the existing State/Territory/Tribe services provided to adolescents including the implementation of an evidence-based assessment and family centered/informed intervention. Provide a description of the feedback loop between the State/Territory/Tribe and local community-based treatment provider sites in all implementation stages of the EBPs.
- Describe how you will ensure the input of youth and families/caregivers in assessing, planning, and implementing the project.
- Address sub-population disparities, if any, in access/use/outcomes of your provided services and how they will be addressed.
- Describe how adolescents and families as a population of focus will be served.
- Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, outreach, treatment, and/or intervention) and support SAMHSA's goals for the program.
- Provide a chart or graph depicting a realistic time line for accomplishing the required activities outlined in Sections 2.1 and 2.2 showing a staged approach to key activities. Provide milestones and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
- Clearly state the unduplicated numbers of individuals you expect to train in addition to the number of training events you expect to hold. Also, clearly indicate the unduplicated number of individuals each of the local community-based treatment provider sites will serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided.

- Describe how you will ensure that sub-awardees will utilize 3rd party and other revenue realized from the provision of substance abuse treatment services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public health insurance programs; individuals for whom coverage has been formally determined to be unaffordable; or for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds). Also describe how you will ensure that sub-awardees facilitate the health insurance application and enrollment process for eligible uninsured clients.
- Describe how you will work across other State/Territory/Tribe child-serving systems to ensure that adolescent services are coordinated and considered by multiple levels and systems.
- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable.
- Describe plans for financial mapping and potential areas of leveraging funds at the State/Territory/Tribe level. Demonstrate how multiple funding streams may be utilized/leveraged for the provision of adolescent services at the Federal, State/Territory/Tribe and local levels.
- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe your plan to continue the project after the funding period ends. Also, describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.
- Provide a per-unit cost for this program. One approach might be to provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served. Another approach might be to calculate a per-person or unit cost based upon your organization's history of providing a particular service(s). This might entail dividing the

organization's annual expenditures on a particular service(s) by the total number of persons/families who received that service during the year. Another approach might be to deliver a cost per outcome achieved. Justify that this per-unit cost is providing high quality services that are cost effective. Describe your plan for maintaining and/or improving the provision of high quality services that are cost effective throughout the life of the grant.

Section D: Staff and Organizational Experience (15 points)

- Provide a complete list of staff positions for the project for both the applicant and sub-awardee sites (if identified), including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.
- Discuss how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).
- Demonstrate that the State/Territory/Tribe is able to hire a full-time position, or in States in which an Adolescent Treatment /Youth Coordinator position exists, a half- time position that may be added to complement the work of this program. Describe how this position will be utilized.
- Discuss the capability and experience of the applicant and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other child-serving agencies are committed to work together and that the local partner sites have linkages to the population(s) of focus and ties to community-based organizations that are rooted in the culture(s) and language(s) of the adolescent population and their families.
- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the population(s) of focus. If the ADA does not apply to your organization, please explain why.

Section E: Performance Assessment and Data (20 points)

- Document your ability to collect and report on the required infrastructure and client level performance measures as specified in Section I-2.4 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.

- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration, if any, of access/use/outcomes disparities of identified sub-populations. Describe how information related to process and outcomes will be routinely communicated to program staff.
- Describe your plan for conducting the performance assessment as specified in Section I-2.5 of this RFA and document your ability to conduct the assessment.

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

SUPPORTING DOCUMENTATION

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

Section G: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Under this program, grantees (State/Territory/Tribe) may use up to **30% (i.e., \$300,000) of the award** for infrastructure development/improvements at the State/Territory/Tribe level; **up to 15% (i.e., \$45,000)** of this amount may be used for Data Collection and Performance Measurement, and Performance Assessment (see Section I-2.4 and 2.5).

Grantees must also devote **not less than 70% (i.e., \$700,000; \$350,000/site) of their total award** to expand and enhance treatment and recovery services for adolescents with substance use and co-occurring substance use and mental disorders through sub-awards to two local community-based treatment provider sites who will provide treatment and recovery support services to adolescents and their families/primary caregivers; each local community-based treatment provider site may use **up to 20% (i.e., \$70,000/site) of their award** for Data Collection and Performance Measurement, and Performance Assessment (see Section I-2.4 and 2.5). **Specifically identify the items associated with these costs in your budget.** An illustration of a budget and narrative justification is included in [Appendix G](#) of this document.

Section H: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.

- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what you should include in your biographical sketches and job descriptions can be found in [Appendix F](#) of this document.

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

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the Center for Substance Abuse Treatment's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

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

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

If you are not funded, you will receive notification from SAMHSA.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation;
 - requirements to address problems identified in review of the application; or
 - revised budget and narrative justification.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a Federal grant.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application package for SAMHSA grants and is posted on the SAMHSA Web site at

<http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf>. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in [Section I-2.4](#), grantees must comply with the reporting requirements listed on the SAMHSA Web site at <http://www.samhsa.gov/Grants/apply.aspx>.

VII. AGENCY CONTACTS

For questions about program issues contact:

Melissa Rael, R.N.
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1100
Rockville, Maryland 20857
(240) 276-2903
Melissa.Rael@samsha.hhs.gov

For questions on grants management and budget issues contact:

Roger George
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1081
Rockville, Maryland 20857
(240) 276-1418
roger.george@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 SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
- Applications must be received by the application due date and time, as detailed in [Section IV-3](#) of this grant announcement.
- You must be registered in the Central Contractor Registration (CCR) prior to submitting your application. The DUNS number used on your application must be registered and active in the CCR prior to submitting your application.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in [Appendix B, "Guidance for Electronic Submission of Applications."](#))
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.

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

- If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:
 - Face Page (SF-424)

- Abstract
- Table of Contents
- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)
- Checklist
- Documentation of nonprofit status as required in the Checklist
- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection specified in [Appendix H](#) of this announcement
 - Budgetary limitations as specified in [Sections I, II](#), and [IV-5](#) of this announcement
- Black ink should be used throughout your application, including charts and graphs. Pages should be typed single-spaced with one column per page. **Pages should not have printing on both sides. Pages with printing on both sides run the risk of an incomplete application going to peer reviewers, since scanning and copying may not duplicate the second side. Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of the SF-424 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Attachments stated in Section IV-2.2 of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in [Section IV-3](#) of this document. Please do not use staples, paper clips, and

fasteners. Nothing should be attached, stapled, folded, or pasted. You may use rubber bands. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

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

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

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

If this is the first time you have submitted an application through Grants.gov, you must complete three separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; and 3) Grants.gov registration (Get username and password.). REMINDER: CCR registration expires each year and must be updated annually. It can take 24 hours or more for updates to take effect, so check for active registration well before your grant deadline. **Grants.gov will not accept your application if you do not have active CCR registration.** The DUNS number you use on your application must be registered and active in the CCR. You can view your CCR registration status at <https://www.bpn.gov/CCRSearch/Search.aspx> and search by your organization's DUNS number. Additional information on the Central Contractor Registration (CCR) is available at <https://www.bpn.gov/ccr/default.aspx>. Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (face page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/applicants/get_registered.jsp.

Please allow sufficient time to enter your application into Grants.gov. When you submit your application you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov. within the next 24-48 hours. One will confirm receipt of the application in Grants.gov and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you

must contact Grants.gov directly. Please note that it is incumbent on the applicant to monitor their application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov it will not be forwarded to SAMHSA as the receiving institution.**

It is strongly recommended that you prepare your Project Narrative and other attached documents using Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). If you do not have access to Microsoft Office 2007 products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office 2007 or PDF may result in your file being unreadable by our staff.

The Abstract, Table of Contents, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into 4 separate files in the electronic submission. **If the number of files exceeds 4, the electronic application will not convey properly to SAMHSA.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-E) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections F-I) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-3) in this order and numbered consecutively.

Scanned images must be scanned at 75 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in a rejection of application.

Formatting requirements for SAMHSA grant applications are described in Appendix A of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- Text legibility: Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.

- Amount of space allowed for Project Narrative: The Project Narrative for an electronic submission may not exceed **15,450** words. If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

Be sure to scan all images at 75 dpi and save as a jpeg or pdf file. Also, be sure to label each file according to its contents, e.g., “Project Narrative”, “Budget Narrative”, “Other Attachment 1”, and “Other Attachment 2”. **If the number of files exceeds the 4 allowable files, the electronic application will not convey properly to SAMHSA.**

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

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

Appendix C – Using Evidence Practices (EBPs)

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

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

evidence-based practice will be quantified in the performance assessment of the project.

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

Resources for Evidence-Based Practices:

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

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

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

Appendix D – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*]
_____, I assure SAMHSA that each substance abuse treatment provider organization will meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is funded, prior to making sub-awards, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, sub-awards cannot be made.

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

² Tribes and tribal organizations are exempt from these requirements.

I further certify that, if funded, I will provide the following documentation to the GPO, in the specified timeframe, prior to implementation of the assessment and intervention:

- A plan for training, certification, and ongoing support for the chosen instrument and a letter from the developer/trainer that indicates they can support the training, certification and ongoing monitoring requirements for each local community-based provider site.
- Cost estimates from the developer/trainer of the assessment instrument and treatment intervention.

Signature of Authorized Representative

Date

Appendix E – Funding Restrictions

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

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

outcomes. A grantee or treatment or prevention provider may also provide up to \$20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

Appendix F – Biographical Sketches and Job Descriptions

Biographical Sketch

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether Federal, non-federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

Job Description

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Personal qualities
7. Amount of travel and any other special conditions or requirements
8. Salary range
9. Hours per day or week

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.

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

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

FEDERAL REQUEST (enter in Section B column 1 line 6a of form S-424A) **\$52,765**

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

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF-424A) **\$10,896**

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

FEDERAL REQUEST

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

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

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

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

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF-424A) **\$2,444**

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

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF-424A) **\$ 0**

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

FEDERAL REQUEST

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

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

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

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

for Project Director.

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

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF-424A) **\$ 3,796**

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

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

FEDERAL REQUEST

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

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

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

- (1) Certified trainers are necessary to carry out the purpose of the Statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.

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

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

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) **\$86,997**

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF-424A blank.

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

FEDERAL REQUEST

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

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

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

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

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

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

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

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) \$15,815

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to:

<http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)

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

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TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF-424A) \$172,713

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A) \$5,093

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A)
\$177,806

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

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

Proposed Project Period

a. Start Date:	09/30/2012	b. End Date:	09/29/2017
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BUDGET SUMMARY (should include future years and projected total)

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

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Indirect Charges	\$5,093	\$5,246	\$5,403	\$5,565	\$5,732	\$27,039
Total Project Costs	\$177,806	\$177,806	\$177,806	\$177,806	\$177,806	\$889,030

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A) **\$889,030**

***FOR REQUESTED FUTURE YEARS:**

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

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

Confidentiality and Participant Protection:

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

1. Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

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

- Explain the reasons for including or excluding participants.
 - Explain how you will recruit and select participants. Identify who will select participants.
3. Absence of Coercion
- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
 - If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.
 - State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.
4. Data Collection
- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
 - Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
 - Provide in **Attachment 2**, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

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

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

6. Adequate Consent Procedures

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

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent

forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

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

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

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

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

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

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project.

General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.