

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

**National Child Traumatic Stress Initiative
National Center for Child Traumatic Stress**

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. SM-16-003

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

PART 1: Programmatic Guidance

[Note to Applicants: This document must be used in conjunction with SAMHSA’s “Funding Opportunity Announcement (FOA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements”. PART I is individually tailored for each FOA. PART II includes requirements that are common to all SAMHSA FOAs. You must use both documents in preparing your application.]

Key Dates:

Application Deadline	Applications are due by January 20, 2016.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for the fiscal year (FY) 2016 National Center for Child Traumatic Stress (NCCTS) grant. The purpose of the NCCTS is to develop and maintain a collaborative network structure, support resource and policy development and dissemination, and coordinate the network's national child trauma education and training efforts.

Funding Opportunity Title:	National Child Traumatic Stress Initiative - National Center for Child Traumatic Stress
Funding Opportunity Number:	SM-16-003
Due Date for Applications:	January 20, 2016
Anticipated Total Available Funding:	Up to \$6.0 million per year: \$5.0 million for the National Center for Child Traumatic Stress and \$1.0 million for the National Child Traumatic Stress Initiative Core Data Set Reporting and Analysis
Estimated Number of Awards:	One
Estimated Award Amount:	Up to \$6.0 million
Cost Sharing/Match Required	No
Length of Project Period:	Up to 5 years
Eligible Applicants:	Domestic public and private non-profit entities. [See Section III-1 of this FOA for complete eligibility information.]

Be sure to check the SAMHSA website periodically for any updates on this program.

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for the fiscal year (FY) 2016 National Center for Child Traumatic Stress (NCCTS) grant. The purpose of the NCCTS is to develop and maintain a collaborative network structure, support resource and policy development and dissemination, and coordinate the network's national child trauma education and training efforts.

The NCCTS is part of the National Child Traumatic Stress Initiative (NCTSI). The purpose of NCTSI is to improve the quality of trauma treatment and services in communities for children, adolescents, and their families who experience or witness traumatic events, and to increase access to effective trauma-focused treatment and services for children and adolescents throughout the nation. The initiative is designed to address child trauma issues by creating a national network of grantees—the National Child Traumatic Stress Network (NCTSN) or Network—that works collaboratively to develop and promote effective trauma treatment and services for children, adolescents, and their families exposed to a wide array of traumatic events.

The NCTSN is composed of three types of centers:

- The National Center for Child Traumatic Stress (NCCTS) - (Category I) develops and maintains the collaborative network structure, supports resource development and dissemination, and coordinates the Network's national child trauma education and training efforts.
- The Treatment and Service Adaptation Centers - (Category II) provide national expertise and assume responsibility in the Network for specific areas of trauma, such as specific types of traumatic events, population groups, and service systems, and support the development and adaptation of effective trauma treatments and services for children, adolescents, and their families that can be implemented throughout the nation.
- The Community Treatment and Services Centers - (Category III) are primarily service programs that implement and evaluate effective treatment and services in community settings and youth-serving service systems and collaborate with other NCTSN centers on clinical issues, service approaches, and policy, financing, and training issues.

The NCCTS program seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served. (See PART II: Appendix F – Addressing Behavioral Health Disparities.)

Children of deployed military personnel have more school, family, and peer-related emotional difficulties in comparison to national samples. Therefore, SAMHSA has identified military families as a priority population under this funding opportunity.

The NCCTS is authorized under Section 582 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

2. EXPECTATIONS

The NCCTS provides leadership, infrastructure, and support for the Network to achieve its goals of raising the standard of care and increasing access for traumatized children, adolescents, and their families. The NCCTS promotes Network collaboration and support for Network committee and workgroup functioning. It also provides planning and logistics support for Network meetings, promotes communication in the Network, supervises the development of Network products and intervention dissemination, training, and evaluation efforts.

The NCCTS will be expected to strengthen the development and dissemination of network products and provide expanded training in “virtual” settings targeted to clinicians and providers in each of SAMHSA’s ten regions. This enhanced emphasis on training and dissemination will greatly increase the availability of effective trauma treatment and services, and support the sustained implementation and delivery of NCTSN clinical services. This enables more children, youth, and families’ access to NCTSN interventions.

The NCCTS grantee will assist the Network members in incorporating implementation science into their training and intervention implementation efforts. A total of \$1M is for data analysis and reporting activities that improve evidence-based practices and raise the standard of trauma care.

A major responsibility of the NCCTS is to lead Network efforts to develop effective trauma-informed treatment and services that can be implemented in child-serving systems where traumatized children/adolescents typically receive services. This work is aligned with the broader objective of supporting the development of trauma-informed child-serving systems. The NCCTS is expected to support Network efforts to further develop, provide training in, and evaluate, screening, assessment, and intervention activities and programs that are adapted to fit child-serving systems. Activities supported by this grant should build on prior Network activities in developing trauma-informed awareness and practices for child trauma.

It is expected that the key staff will contribute to the programmatic development or execution of your project in a substantive, measurable way. The key staff for this program will be the Project Director(s) and Project Manager(s).

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after receiving your award. In this statement, you must propose: (1) the number of individuals to be reached/trained during the grant period and identify subpopulations (i.e., racial, ethnic, sexual, and gender minority groups) vulnerable to behavioral health disparities; (2) a quality improvement plan for the use of program data on access, use, and outcomes to support efforts to decrease the differences in access to, use, and outcomes of grant activities; and (3) methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. **(See PART II: Appendix F – Addressing Behavioral Health Disparities)**

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

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition is intended to advance recovery opportunities for all Americans, particularly in the context of health reform, and to help clarify these concepts for peers/persons in recovery, families, funders, providers, and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible.

SAMHSA encourages all grantees to address the behavioral health needs of returning veterans and their families in designing and developing their programs and to consider

prioritizing this population for services, where appropriate. SAMHSA will encourage its grantees to utilize and provide technical assistance regarding locally-customized web portals that assist veterans and their families with finding behavioral health treatment and support.

2.1 Required Activities

The grantee will provide the leadership and overall organization and coordination of the Network toward achieving its goals. The National Child Traumatic Stress Initiative, National Center for Child Traumatic Stress (NCCTS) grant funds must be used primarily to support infrastructure development. Required activities to be carried out by the NCCTS are as follows:

- **Identify National Unmet Needs and Emerging issues in Child Trauma**

The NCCTS collaborates with SAMHSA, the Treatment and Services Adaptation Centers (Category II Grantees), and the Community Treatment and Services Centers (Category III Grantees) in identifying emerging issues or unmet needs related to child trauma.

The NCCTS will further develop and support the Network's collaborative approach to identifying, improving, developing, disseminating, and/or evaluating effective child trauma treatments and services.

- **Develop and Maintain Collaborative Network Structure**

The NCCTS will continue to develop and maintain a framework and organizational procedures for collaborative NCTSN functioning. This framework will include procedures to coordinate and integrate new centers into the Network. The NCCTS will identify and use existing resources of former and current NCTSN centers in all areas of Network activities. The NCTSN will promote increased participation of centers in Network activities, communication, and collaboration among centers.

- **Expand the National Reach of the Network**

The NCCTS will collaborate with SAMHSA staff in developing plans to expand the reach and impact of the NCTSN. This effort will include expanded participation in Network activities of individuals and programs that are not supported by SAMHSA grants, such as alumni members; community partners; professional organizations; representatives of state, local, and national child-serving service systems, such as child welfare and juvenile justice systems; and other federal and foundation grantees with an interest in child trauma issues. As part of this expanded vision, the NCCTS will support "affiliate" membership, which may be available to a wide array of potential individual and organizational partners. Affiliate membership may entitle organizations that do not currently receive SAMHSA grant support to participate in workgroups and training, as well as product development and dissemination. Through this process, new

stakeholders can be engaged in the process of transforming child trauma services, and current grantees that do not receive federal funds in future years may still participate in collaborative activities of the Network. Affiliate members that contribute productively to Network activities may potentially receive logistical support from the NCCTS to attend workgroup meetings and events.

- **Facilitate Network Communication**

The NCCTS will develop Network communication systems to promote effective routine and emergency linkage among Network members and make available Network information and resources to public, consumer, and professional audiences. This should provide all grantees electronic access to up-to-date information on collaborative activities within the Network. Well-developed electronic platforms, such as websites, webinars, e-newsletters, listservs, and use of social and e-meeting media, should be used and maintained by the NCCTS. The NCCTS will maintain a leadership role in mobilizing Network resources to assist SAMHSA and its federal, state, and local partners as requested and during times of disasters and other crises.

- **Support Network Training Efforts in Trauma-Focused Interventions and Information**

The NCCTS will promote and support the Network's capacity to train large numbers of practitioners in effective trauma interventions. The NCCTS will provide expertise and technical support in effective training approaches that develop competence in and ensure implementation of trauma-focused clinical and service system interventions. The NCCTS will support training platforms, such as Learning Collaboratives and Learning Communities, for training practitioners in NCTSN-developed clinical and service interventions, online training courses available for introductory training in trauma interventions, and webinars and speaker series addressing important child trauma issues available electronically to a wide variety of professional, consumer, and public audiences.

The NCCTS will implement a virtual training program targeting clinicians and child-serving experts in each of the 10 SAMHSA/HHS regions to ensure that sufficient personnel are trained and available to serve children, youth, and their families who are in need of trauma treatment services. The NCCTS will also work to ensure the further development of the Network's capacity for training network and non-network providers in the implementation of evidence-based treatment and service delivery approaches.

- **Strengthen the Process for Developing and Disseminating Network Products**

The NCCTS will establish and monitor a process to prioritize and support the development and dissemination of a range of effective clinical and services intervention products for the public, consumers, service providers, service

systems, and policymakers. This will include supporting SAMHSA-created products and collaborative development of Network products from conception to prototype development to piloting and evaluation and through to final production of sufficient products to support wide-scale dissemination of these valuable Network products. This will include well-developed products providing information on effective practices, policy proposals, educational materials, and other information on child and adolescent traumatic stress vital to professionals, policymakers, and the public. As part of this effort, the NCCTS will lead and support Network activities to assess the effectiveness and applicability of Network-developed intervention products in community and service settings. In addition, the NCCTS will develop and use alternative approaches for promoting the dissemination of Network intervention products that will have positive effects in raising the standard of care for child traumatic stress. The responsibility for production and dissemination of these products will largely rest with the grantee and therefore electronic means and other low cost or no cost replicating processes should be utilized.

- **Analysis and Reporting of the Core Data Set**

The NCCTS will support analytic efforts to improve evidence-based practices and raise the standard of trauma care by:

- Coordinating the data analysis and reporting activities across the multiple data sets that have been collected for use in improving the development of evidence-based child trauma practices.
- Collaborating with federal staff and Network grantees on all analyses and reports.
- Hosting monthly conference calls with a team of representatives from SAMHSA and interested Network grantees to discuss proposed analysis and reports.
- Submitting a copy of all data collected, or data used for analysis and reporting activities of this grant, to SAMHSA.
- Providing NCTSI grantees access to the Core Data Set (CDS) for analysis and ensure their involvement in analytic decisions of the NCCTS and reporting of data.
- Planning, coordinating, and budgeting for a two-day meeting in the Washington D.C. area to promote Network data analysis and reporting activities that will improve evidence-based child trauma practices and raise the standard of child trauma care.
- Producing at least four brief analytic reports on topics proposed by the grantee and approved by SAMHSA per year.

- Developing internal performance monitoring systems, to complement data collected by the TRAC, and offering analysis and interpretation of Network local evaluation data and feedback to the Network on the results of these analyses.

Any data collected and used for data analysis and reporting using funds provided under this program shall be submitted to SAMHSA.

2.2 Allowable Activities

SAMHSA's National Child Traumatic Stress Initiative—National Center for Child Traumatic Stress grant will also support the following types of allowable activities:

- Oversight and coordination of National Child Traumatic Stress Network structure.
- Coordination of a Steering Committee for the Network consisting of grantee representatives from all levels of the Network.
- Coordination of an Advisory Committee for the Network consisting of selected experts in child trauma, consumer and family involvement, and related areas.
- Collaboration with the Network grantees to promote effective trauma services for children and adolescents across the country and ensure that implementation science is built into all training and service delivery efforts.
- Provide technical assistance to the Network grantees on the development and implementation of strategies for disseminating promising practices in child and adolescent trauma treatment using findings from implementation science.
- Provide consultation and technical assistance on clinical issues, including consultation on instruments for the assessment of clinical and behavioral issues, related to child traumatic stress.
- Promote the development and implementation of resources for implementing trauma-focused services in major child-serving systems, such as child welfare (including foster care), juvenile justice, schools, and medical settings.
- Ensure that activities used to support the development and dissemination of a range of effective clinical and service intervention products are available for the public, consumers/peers, youth, family members, service providers, service systems, and policymakers.
- Implementation of a virtual training program targeting clinicians and child-serving providers in each of the 10 SAMHSA regions. The training program should be designed to increase the number of:

- Personnel in each region who are trained and available to serve children, youth, and their families who are in need of trauma treatment service; and
- Network and non-Network providers trained in the implementation of evidence based treatment and services delivery approaches.
- Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, development/revision of credentialing, licensure, or accreditation requirements).
- Quality improvement efforts in the area of clinical care of child trauma.
- Workforce development (e.g., training, support for licensure, credentialing, or accreditation).
- Organization and support of child trauma treatment training events.
- Communication and marketing of Network activities and products through the use of multiple media, including web-based technology.
- Consultation and liaison activities to foster opportunities for grantee sites to partner with state/local mental health systems, major child-serving agencies, such as child welfare and juvenile justice, and other local stakeholders to address community needs related to transforming systems to address the challenges of child and adolescent trauma.
- Support the development, implementation, and evaluation of interventions for “secondary trauma” in professionals and support those who interact with traumatized children and adolescents.

2.3 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 (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in [Section D: Data Collection and Performance Measurement](#) of your application. Grantees will be required to report performance on the following performance measures:

- The number of organizations or communities collaborating, coordinating, and sharing resources with other organizations because of the grant.
- The number of people in the mental health and related workforce trained in specific mental health-related practices and activities consistent with the goals of the grant.

- The number and percentage of work group/advisory group/council members who are consumers/family members.
- The number of people who have received training in prevention or mental health promotion.
- The number of individuals exposed to mental health awareness messages.
- The number of organizations or communities that demonstrate improved readiness to change their systems in order to implement mental health-related practices that are consistent with the goals of the grant.

This information will be gathered using SAMHSA’s data-entry reporting system; access will be provided upon award. More information on the data collection requirements can be accessed at: <https://www.cmhs-gpra.samhsa.gov/>. Data are to be entered by the grantee into the data collection system quarterly after entry of annual goals. Data are to be entered into the web-based system supported by quarterly written fiscal reports and written annual reports. Technical assistance for the web-based data entry, fiscal, and annual report generation will be provided.

The collection of these data will enable CMHS to report on key outcome measures relating to mental health. In addition to these outcomes, data collected by grantees will be used to demonstrate how SAMHSA’s grant programs are reducing behavioral health disparities nationwide.

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

2.4 Performance Assessment

The NCCTS must evaluate its project, and applicants are required to describe a proposed evaluation plan in their applications. The evaluation should be designed to provide regular feedback to the project to improve program operations and, ultimately, the outcomes that will result from implementation of the project. As the lead grantee working in partnership with SAMHSA to coordinate the activities of the NCTSN, the NCCTS plays a pivotal role in ensuring that the Network meets the overall goals of this initiative. Therefore, the NCCTS must address the following in its evaluation:

Outcome Questions:

- Demonstrating effectiveness and leadership for managing activities that require coordination and integration across funded Centers;
- How effective are NCCTS efforts to expand the national reach of the Network to military families, alumni members, state and national child-serving systems, and

other relevant federal efforts? How has Network training that you have conducted been received by service providers?

- How effective has the NCCTS been in strengthening the process for developing and disseminating network products, including the effectiveness and applicability of intervention products in child welfare and juvenile justice settings?
- How effective has the NCCTS been in promoting virtual training programs targeting non-Network clinicians and child-serving providers in each of the 10 SAMHSA/HHS regions?
- What program/contextual/cultural/linguistic factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual orientation/gender identity?

Process Questions:

- How closely did required activities in the areas of intervention and product development support, training, Network collaboration and communication, and data collection and evaluation match the proposed goals and plan?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- How effective has your training plan been in developing and delivering child trauma training to address national needs?

The NCCTS grantee will be required to submit an evaluation report annually and at the end of the project period that documents the program outcomes as well as progress of the Center in meeting proposed goals and objectives.

The NCCTS grantee will be required to submit quarterly progress reports documenting progress in achieving project goals.

No more than 20 percent of the \$5 million may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.3 and 2.4 above. Be sure to include these costs in your proposed budget ([see Appendix II](#)).

2.5 Grantee Meetings

The grantee must plan to send a minimum of 10 people (including the Project Director) to at least one joint in-person grantee meeting in every other year of the grant. For this grant cohort, joint in-person All-Network grantee meetings will likely be held in 2017, 2019, and 2021. On alternate years, a virtual meeting may be held. You must include a detailed budget and a narrative for joint in-person travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to three days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory. In addition, there may be one two-day New Grantee meeting held in the first year of the grant in 2016; the NCCTS must support logistics for this meeting and send a minimum of five people to this meeting.

II. AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: \$6.0 million per year

Estimated Number of Awards: One

Estimated Award Amount: Up to \$6.0 million

Length of Project Period: Up to five years

Proposed budgets cannot exceed \$6 million in total costs (direct and indirect) in any year of the proposed project. Applicants must submit two separate budgets: one for the NCCTS (\$5 million) and one for the Core Data Set Reporting and Analysis (\$1 million). 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.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2016 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

Cooperative Agreement

This award is being made as a cooperative agreement because it requires 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 to:

Role of Grantee:

- Comply with the terms of the award and satisfactorily perform activities to achieve the approved goals of the project.
- Consult with and accept guidance from CMHS staff on performance of activities to achieve the goals of the project.
- Consult with SAMHSA staff and outside experts on evaluation plans.
- Support and participate in Network training and meetings on child trauma issues and on child trauma and child service system collaborations.
- Respond to requests for information from CMHS on activities supporting the development of trauma-focused interventions and trauma-informed child service systems.
- Agree to provide SAMHSA with data required under the GPRA Modernization Act of 2010.
- As appropriate, support and disseminate intervention products, training materials, and other publications developed by the Network for use by practitioners, consumers, and the public.
- Produce required quarterly and annual SAMHSA reports.

Role of SAMHSA Staff:

- Consult with the NCCTS Project Director(s) on all phases of the project to ensure accomplishment of the goals of the initiative.
- Review critical project activities for conformity to the goals of developing trauma-focused interventions and trauma-informed child-serving service systems.
- Assume responsibility for monitoring the conduct and progress of the NCCTS programs to promote effective trauma-focused treatment and services.
- Provide guidance on project design and components.
- Participate in policy and steering groups or related work groups.
- Review quarterly reports and conduct site visits, if warranted.
- Participate as requested in the design of evaluation methods and indicators to assess progress in developing trauma-informed service systems.
- Approve data collection plans and institute policies regarding data collection.

- Recommend outside consultants for training, site-specific evaluation, and data collection, if needed.
- Author or co-author publications on program findings.
- Provide technical assistance on ways to help disseminate and apply study results.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example:

- State and local governments
- Federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations
- Urban Indian organizations
- Public or private universities and colleges
- Community- and faith-based 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.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

IV. APPLICATION AND SUBMISSION INFORMATION

In addition to the application and submission language discussed in PART II: Section I, you must include the following in your application:

1. ADDITIONAL REQUIRED APPLICATION COMPONENTS

- **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 II](#) of this document. **It is highly recommended that you use the sample budget format in [Appendix II](#). This will expedite review of your application.**
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E and F. Additional instructions for completing these sections and page limitations for Biographical Sketches/Job Descriptions are included in PART II – IV: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Budget Justification and Narrative** – The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Appendix B – Guidance for Electronic Submission of Applications.)
- **Attachments 1 through 4** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
 - **Attachment 1:** Letters of Commitment from any organization(s) participating in the proposed project. **(Do not include any letters of support. Reviewers will not consider them if you do.)**
 - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.

- **Attachment 3:** Sample Consent Forms
- **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **January 20, 2016**.

3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 20 percent of the grant award (\$5 million) may be used for data collection, performance measurement, and performance assessment expenses.

Be sure to identify these expenses in your proposed budget.

SAMHSA grantees also must comply with SAMHSA’s standard funding restrictions, which are included in PART II: Appendix D – Funding Restrictions.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 30 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response or your application will be screened out, i.e., type “A-1”, “A-2”, etc., before your response to each question.** You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.7. Only information included in the appropriate numbered question will be considered by reviewers. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Although the budget and supporting documentation for the proposed project are not scored review criteria, the Review Group will consider their appropriateness after the merits of the application have been considered. (See PART II: Section IV and Appendix E.)

- 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.
- The applicant must propose meeting the requirements of this FOA within the existing framework of the National Child Traumatic Stress Network. The Network framework requires collaboration of Network centers in the development, implementation, dissemination, and evaluation of collaborative interventions, products, and resources. This framework also requires involvement of the NCCTS and Network centers in collaborative Network committees/workgroups for all phases of Network operations. Applicants must be familiar with or familiarize themselves with the current structure and operation of the Network and commit to operating within this collaborative framework. In addition, applicants must be able to build upon the Network's accomplishments in intervention development, training, resources, and data collection.

Section A: Statement of Need (20 points)

1. Briefly describe the important national issues related to child trauma services and treatment that need to be addressed by the NCTSI.
2. Identify major accomplishments of the NCTSI in improving access to services and treatment for children, adolescents, and their families who experience traumatic events.
3. Discuss major needs/gaps that should be addressed in the next five years to further the accomplishments of the NCTSI to create a more comprehensive and effective national approach to child trauma in the U.S.
4. Discuss the relationship of your population of focus to the overall national population and identify sub-population disparities, if any, relating to access/use/outcomes of your provided activities, citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the FOA.
5. Discuss the key issues and strategies for transforming child/adolescent service systems, such as schools, the child mental health service system, the child welfare system, and the juvenile justice system, into trauma-informed systems of care and services.
6. Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective mental health services and treatment nationally that is consistent with the purpose of the program and intent of the FOA. Include the service gaps and other problems related to the need for infrastructure development. Identify the source of the data. Documentation of

need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control and Prevention (CDC) reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.

Section B: Proposed Approach (40 points)

1. Describe the purpose of the proposed project, including its goals and measurable objectives. These must relate to the intent of the FOA and performance measures you identify in Section D: Data Collection and Performance Measurement.
2. Describe how achievement of goals will increase system capacity to support effective substance abuse and/or mental health services.
3. Describe the plan to incorporate implementation science into the efforts and training of the NCCTS.
4. Describe the plan to develop, promote, and disseminate in-person and virtual Network training activities.
5. Describe the proposed project activities, how they meet your infrastructure needs, and how they relate to your goals and objectives.
6. Describe the stakeholders and resources in the catchment area that can help implement the needed infrastructure development.
7. Provide a chart or graph depicting a realistic timeline for the entire five years of the project period showing dates, key activities, and responsible staff. These key activities should include the requirements outlined in [Section I-2: Expectations](#). [Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.]
8. Describe how the key activities in your timeline will be implemented.
9. Describe how the proposed activities will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (go to <http://ThinkCulturalHealth.hhs.gov>). Select one element of each of the CLAS Standards: 1) Governance, Leadership and Workforce; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement, and Accountability, and specifically describe how these activities will address each element you selected.

10. Describe the proposed plan to maintain and improve a framework and organizational procedures for collaborative functioning of the NCTSN.
11. Describe specific proposed activities to expand the reach of the NCCTS. Include enhancements and application of trauma knowledge, NCTSN interventions, and partnership engagement.
12. If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings.
13. Describe how the proposed project will address the following issues nationally:
 - Demographics – race, ethnicity, religion, sexual orientation, gender identity, age, geography, and socioeconomic status;
 - Language and literacy; and
 - Disability.

Section C: Staff, Management, and Relevant Experience (20 points)

1. Discuss the capability and experience of the applicant organization with national multi-site projects with similar objectives and populations, including experience in supporting the provision of culturally appropriate/competent services.
2. Describe the experience of the proposed Center Director(s) in providing national leadership focused on child traumatic stress to the professional child trauma field, other professional organizations, governmental organizations, foundations, and child/adolescent service systems.
3. Provide a complete list of staff positions for the project, including the Project Director(s) and other key personnel, showing the role of each and their level of effort and qualifications. Determine successful project implementation for the level of effort budgeted for the Project Director(s) and key staff in such areas as child/adolescent trauma interventions and service delivery, training and adult learning expertise, policy and responsibilities for areas within the project and for providing coordination assistance to Category II grants awarded to develop the Dissemination/Training Enhancement.
4. Describe contributions of key staff in the following goals of the National Child Traumatic Stress Initiative: (1) improving treatment and services for children and adolescents who experience traumatic events, (2) increasing access to trauma treatment and services, and (3) providing training to service providers in trauma treatments and services.

5. Discuss how key staff have demonstrated experience and are qualified to develop the infrastructure for the population(s) to engage in activities and are familiar with their culture(s) and language(s).

Section D: Data Collection and Performance Measurement (20 points)

1. Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this FOA.
2. Describe your specific plan to assess and report on the performance of the National Center for Child Traumatic Stress in achieving the function and goals specified in the “Proposed Approach” above for:
 - data collection,
 - management,
 - analysis, and
 - reporting of data for the population served by your infrastructure program.

The data collection plan must specify the staff person(s) responsible for tracking the measureable objectives that are identified in your response to question B1.

3. Describe your plan for conducting the performance assessment as specified in Section I-2.4 of this FOA and document your ability to conduct the assessment.
4. Describe your plans to support collection, dataset accumulation, and storage of NCTSN data across NCTSN centers and potentially from partnering service organizations on the success of NCTSN training, intervention implementation, and trauma intervention outcomes.
5. Describe what consultation will be provided to individual centers on data collection procedures, scoring and interpretation of trauma screening, assessment, and outcome instruments and protocols. Describe strategies and procedures that will be used to summarize, analyze, and report results relevant to describing trauma experiences of the service populations, characteristics of trauma responses prevalent in the service population, and outcomes of trauma assessments and interventions.
6. Describe your plans to support data collection, analysis, and reporting to assess improvement in outcomes for traumatized children and adolescents as a result of the implementation of trauma-informed practices in service systems; particularly the use of outcome indicators that are important to targeted service systems and to collect, summarize, and report indicators of systems outcomes that indicate the extent to which these systems have become trauma-informed.
7. Describe how the NCCTS grant will use the “core data set” to refine our understanding of trauma interventions and other variables such as working in an array of child serving systems, the varied presentations of child trauma in clinical

settings, and how these findings will be used to inform and manage the project and benefit the field.

8. Describe the quality improvement process that will be used to track whether your performance measures and objectives are being met, and how any necessary adjustments to the implementation of the project will be made.

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.

Budget Justification, Existing Resources, Other Support (other federal and non-federal sources)

You must provide a narrative justification for 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. Other support is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

An illustration of a budget and narrative justification is included in [Appendix II- Sample Budget and Justification](#), of this document. **It is highly recommended that you use the Sample Budget format in [Appendix II](#). This will expedite review of your application.**

Be sure that your proposed budget reflects the funding limitations/restrictions specified in [Section IV-3](#). **Specifically identify the items associated with these costs in your budget.**

The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Appendix B – Guidance for Electronic Submission of Applications.)

SUPPORTING DOCUMENTATION

Section E: Biographical Sketches and Job Descriptions

See PART II: Appendix E – Biographical Sketches and Job Descriptions, for instructions on completing this section.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be two 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 one page each.

Section F: 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 F of your application. See [Appendix I](#) of this document 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 Mental Health Services National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural, and remote settings) and balance among populations of focus and program size.

VI. ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.3, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. The grantee must submit quarterly progress reports on progress in achieving project goals and an annual evaluation report.

The Duncan Hunter National Defense Authorization Act of 2009 (Public Law 110-417) was enacted on October 14, 2008. Section 872 of this Act required the development and maintenance of an information system that contains specific information on the integrity and performance of covered federal agency contractors and grantees. The Federal Awardee Performance and Integrity Information System (FAPIIS) was developed to address these requirements. FAPIIS provides users access to integrity and performance information from the FAPIIS reporting module in the Contractor Performance Assessment Reporting System (CPARS), proceedings information from

the Entity Management section of the SAM database, and suspension/debarment information from the Performance Information section of SAM. As of January 1, 2016, both recipients and federal agencies have new reporting requirements in FAPIIS. SAMHSA will provide additional information as it becomes available. Please refer to the FAPISS website for additional information at <https://www.fapiis.gov/fapiis/index.action>.

VII. AGENCY CONTACTS

For questions about program issues contact:

CAPT Maryann Robinson, Ph.D.
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 6-1087
Rockville, Maryland 20857
(240) 276-1883
maryann.robinson@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Gwendolyn Simpson
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857
(240) 276-1408
FOACMHS@samhsa.hhs.gov

Appendix I – 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 (including those who plan to obtain IRB approval) must address the seven elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled “Protection of Human Subjects Regulations” to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

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

2. Fair Selection of Participants

- Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, LGBT people 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 if an incentive paid for with SAMHSA discretionary grant funds exceed \$30.
- 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 (unless you are providing the web link to the instrument(s)/protocol(s)).

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.

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 (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in [Section VII](#) of this announcement.

Appendix II – 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. Applicants must use their own documented travel policies. If an organization does not have documented travel policies, the federal GSA rates must be used.

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). Organizations should follow their documented capitalization policy thresholds.

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 (federal definition) 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 arm's length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) are required for all projects allocating rent costs.**

(2) The monthly telephone costs reflect the percent 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: <https://rates.psc.gov/fms/dca/map1.html>. **Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, except for those non-federal entities described in Appendix VII part 75 (D)(1)(b), may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. If an organization has a federally approved rate of 10%, the approved rate would prevail.**

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

=====

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

TOTAL: (sum of 6i and 6j)

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

=====

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

BUDGET SUMMARY (should include future years and projected total)

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

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form 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.

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

Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see PART II: Appendix D, Funding Restrictions, regarding allowable costs.]

IN THIS SECTION, include a narrative and separate budget for each year of the grant that shows the percent of the total grant award that will be used for data collection, performance measurement and performance assessment. **Be sure the budget reflects the funding restrictions in Section IV-3 of the FOA Part I: Programmatic Guidance.**

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infrastructure Costs
Personnel	\$2,250	\$2,250	\$2,250	\$2,250	\$2,250	\$11,250
Fringe	\$558	\$558	\$558	\$558	\$558	\$2,790
Travel	0	0	0	0	0	0
Equipment	\$15,000	0	0	0	0	\$15,000
Supplies	\$1,575	\$1,575	\$1,575	\$1,575	\$1,575	\$7,875
Contractual	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000
Other	\$1,617	\$2,375	\$2,375	\$2,375	\$2,375	\$11,117
Total Direct Charges	\$6,000	\$11,758	\$11,758	\$11,758	\$11,758	\$53,072

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infrastructure Costs
Indirect Charges	\$750	\$750	\$750	\$750	\$750	\$3,750
Total Infrastructure Costs	\$6750	\$12,508	\$12,508	\$12,508	\$12,508	\$56,782

Data Collection & Performance Measurement	Year 1	Year 2	Year 3	Year 4	Year 5	Total Data Collection & Performance Measurement Costs
Personnel	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700	\$33,500
Fringe	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400	\$12,000
Travel	\$100	\$100	\$100	\$100	\$100	\$500
Equipment	0	0	0	0	0	0
Supplies	\$750	\$750	\$750	\$750	\$750	\$3,750
Contractual	\$24,950	\$24,950	\$24,950	\$24,950	\$24,950	\$124,750
Other	0	0	0	0	0	0
Total Direct Charges	\$34,300	\$34,300	\$34,300	\$34,300	\$34,300	\$171,500
Indirect Charges	\$698	\$698	\$698	\$698	\$698	\$3,490
Data Collection & Performance Measurement	\$34,900	\$34,900	\$34,900	\$34,900	\$34,900	\$174,500