

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

**Strategic Prevention Framework - Partnerships for Success
(SPF-PFS)**

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. SP-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 April 12, 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.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) is accepting applications for fiscal year (FY) 2016 Strategic Prevention Framework - Partnerships for Success (SPF-PFS) grants. The purpose of this grant program is to address two of the nation's top substance abuse prevention priorities: 1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse among persons aged 12 to 25. At their discretion, states/tribes may also use grant funds to target an additional, data-driven substance abuse prevention priority (marijuana, heroin, etc.) in their state/tribe. The SPF-PFS grant program is intended to prevent the onset and reduce the progression of substance misuse and its related problems while strengthening prevention capacity and infrastructure at the state, tribal, and community levels.

Funding Opportunity Title:	Strategic Prevention Framework - Partnerships for Success (SPF-PFS)
Funding Opportunity Number:	SP-16-003
Due Date for Applications:	April 12, 2016
Anticipated Total Available Funding:	\$1,230,000
Estimated Number of Awards:	Up to three
Estimated Award Amount:	From \$318,543 to \$1,230,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 5 years
Eligible Applicants:	States and tribal entities that have completed a SPF SIG and are not currently receiving funds through SAMHSA's SPF-PFS grants. All eligible SPF-PFS and SPF SIG grantees that are in a No Cost Extension may still apply for this grant. [See Section II, Table 2 for eligible applicants and their award amounts.] [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 (SAMHSA), Center for Substance Abuse Prevention (CSAP) is accepting applications for fiscal year (FY) 2016 Strategic Prevention Framework - Partnerships for Success (SPF-PFS) grants. The purpose of this grant program is to address two of the nation's top substance abuse prevention priorities: 1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse among persons aged 12 to 25. At their discretion, states/tribes may also use grant funds to target an additional, data-driven substance abuse prevention priority (marijuana, heroin, etc.) in their state/tribe. The SPF-PFS grant program is intended to prevent the onset and reduce the progression of substance misuse and its related problems while strengthening prevention capacity and infrastructure at the state, tribal, and community levels.

These awards provide an opportunity for states and tribal entities that have completed a Strategic Prevention Framework State Incentive Grant (SPF SIG) and are not currently receiving funding through SAMHSA's SPF-PFS grants to acquire additional resources to implement the SPF process at the state/tribal and community levels. The SPF-PFS grant program builds upon the experience and established SPF-based prevention infrastructure of states/tribes to address two of the nation's top substance abuse prevention priorities in communities of high need. (See Section I-2.1 for SAMHSA's requirements for selecting communities of high need.) The grant program is based on the premise that changes at the community level will, over time, lead to measurable changes at the state/tribal level. By working collaboratively, states/tribes and their SPF-PFS funded communities of high need can more effectively begin to overcome the challenges underlying their substance abuse prevention priorities and achieve the goals of the SPF-PFS grant program.

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

The SPF-PFS grant program supports SAMHSA's Strategic Initiative: Prevention of Substance Abuse and Mental Illness.

SPF-PFS grants are authorized under Section 516 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

To meet the goals of the SPF-PFS grant program, SAMHSA expects grantees to use the SPF process at both the state/tribal and community levels. The SPF represents a five-step, data-driven process used to: assess needs (Step 1); build capacity (Step 2); engage in a strategic planning process (Step 3); implement a comprehensive, evidence-based prevention approach (Step 4); and, evaluate implementation and related outcomes (Step 5). The guiding principles of cultural competence and sustainability are included in each of the five steps. The use of the SPF process is critical to ensuring that states/tribes and their communities work together to use data-driven decision making processes to develop effective prevention strategies and sustainable prevention infrastructures. States/tribes must use a data-driven approach to identify which of the substance abuse prevention priorities listed above –1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse among persons aged 12 to 25 –they propose to address using SPF-PFS funds. **States/tribes must use SPF-PFS funds to address one or both of these priorities. At their discretion, states/tribes may also use SPF-PFS funds to target an additional, data-driven prevention priority such as marijuana, heroin, etc., in their state/tribe.**

States/tribes must develop an approach to funding communities of high need (subrecipients) that ensures all funded communities will receive ongoing guidance and support from the state/tribe, including technical assistance (TA) and training, for the duration of the SPF-PFS project.

It is expected that key staff will contribute to the programmatic development or execution of the project in a substantive, measurable way. The key staff for this grant program will be the Project Director, the Lead Evaluator, the Lead Epidemiologist, and the State/Tribal Epidemiological Outcome Workgroup (SEOW) Lead Analyst.

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 and other populations) 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.)

If the focus of the proposed project is on the misuse of prescription drugs or opioids, applicants are encouraged to use SAMHSA's *Opioid Overdose Prevention Toolkit: Facts for Community Members* to educate members of your community(ies) about opioid use and opioid-related overdoses and death: <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742>. The *Opioid Overdose Prevention Toolkit* educates community members, first responders, opioid prescribers, patients, family members, and overdose survivors on ways to prevent and intervene in an opioid overdose situation.

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).

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 encourages its grantees to utilize and provide TA regarding locally-customized web portals that assist veterans and their families with finding behavioral health treatment and support.

Tribal Project-Related Considerations

All tribal grantees are expected to carefully consider the merits of the following activities and strategies as they undertake each phase of their proposed project:

- Using a comprehensive, community-based process that is culturally appropriate and actively engages a wide range of community members, key stakeholders, youth, family members, elders, spiritual advisors, and tribal leaders in all aspects of grant activities, including assessment, planning, capacity building, implementation, and evaluation tasks.
- Conducting network development and collaboration activities, including ongoing training for child and youth service providers, paraprofessionals, and other informal support providers such as traditional healers, community natural helpers, youth peer leaders, and family members.
- Using a community-based participatory research approach.
- Applying local traditional healing/helping practices (practice-based evidence) in supporting children, youth, and families, as they may apply to the proposed project.
- Emphasizing the concept of “wellness” when working through each phase of the SPF-PFS project. “Wellness” may be broadly defined as being in balance and taking care of physical, emotional, mental, and spiritual needs of individuals and families. Achieving “wellness” includes developing and integrating programs, supports, and systems (both formal and informal) that promote positive mental

health, prevent substance misuse, improve physical health, strengthen spiritual and cultural connections, and address environmental and social factors.

- Exploring how key project activities will also serve to support elements of the Tribal Action Plan (TAP) that is encouraged for federally recognized tribes under the Tribal Law and Order Act (Public Law 111-211, as amended, July 29, 2010), since the TAP may be related to planning for the behavioral health needs of children and their families.

Addressing SAMHSA's Prevention Goals

States/tribes must address SAMHSA's goals for prevention with respect to each set of requirements discussed below. The SPF-PFS grant program directly supports four goals of SAMHSA's Strategic Initiative: Prevention of Substance Abuse and Mental Illness. Accordingly, grantees must ensure that their proposed approach for addressing their selected prevention priority(ies) is aligned with these goals, as well as with the specific goals and requirements of the SPF-PFS grant program identified in Section I-2 of this FOA.

Goal 1.1: Promote emotional health and wellness, prevent or delay the onset of and complications from substance abuse and mental illness, and identify and respond to emerging behavioral health issues.

Goal 1.2: Prevent and reduce underage drinking and young adult problem drinking.

Goal 1.3: Prevent and reduce attempted suicides and deaths by suicide among populations at high risk.

Goal 1.4: Prevent and reduce prescription drug and illicit opioid misuse and abuse.

These requirements are intended to strengthen the SPF process, align priorities, and leverage resources at the federal, state, tribal, and community levels. Expectations for applicants, and required and allowable activities for grantees, are provided below.

Expectations for SPF-PFS Applicants

- Applicants are expected to work with their SEOW to identify their selected subrecipient communities, document their identified needs and prevention priority(ies), and identify why these communities were selected over other high-need communities in the state/tribe in Section B of the Project Narrative.
- In Section B of the Project Narrative, applicants are expected to explain how they propose to work with their existing or revitalized Advisory Councils, Evidence-based Program (EBP) Workgroups, and SEOWs to: 1) assist funded

communities in building their capacity to address their needs and prevention priority(ies); and 2) select, implement, and evaluate evidence-based prevention programs, policies, and practices that best address the selected prevention priority(ies).

- Applicants are expected to explain in Section B of the Project Narrative how they propose to leverage prevention funds and other resources (including, for states, the prevention set-aside of the Substance Abuse Prevention and Treatment Block Grant [SABG]) at the state, tribal, and community levels to support SPF-PFS project goals.

2.1 Required Activities

SPF-PFS grant funds must be used primarily to support infrastructure development, including the following types of activities:

The SPF-PFS grant program is designed to build upon the experience and established SPF-based prevention infrastructure of states/tribes to address national substance abuse prevention priorities in communities of high need.

Grantees and their subrecipient communities must use the SPF to identify and select comprehensive, data-driven substance abuse prevention strategies to continue to accomplish the following goals:

- 1) prevent the onset and reduce the progression of substance misuse;
- 2) reduce substance misuse-related problems;
- 3) strengthen prevention capacity/infrastructure at the state, tribal, and community levels; and
- 4) leverage state/tribal-wide funding streams and resources for prevention.

Grantees are expected to build capacity in communities of high need to address one or both of two national priorities: 1) underage drinking among persons aged 12 to 20; and/or 2) prescription drug misuse among persons aged 12 to 25.

SPF-PFS states must use at least \$150,000 per year of their total annual awards to support their current SEOW efforts or to develop new SEOW efforts. SPF-PFS tribal entities must use at least \$50,000 per year of their total annual awards to support their current SEOW efforts or to develop new SEOW efforts. [Note: SEOW funds are not intended to replace allocating funds for comprehensive state/tribal evaluations and SAMHSA's Cross Site Evaluation.]

After subtracting \$150,000 (states) or \$50,000 (tribes) per year from their total annual awards, grantees must use their remaining funds as follows:

- **State Grantees** are required to use a minimum of 85 percent of their remaining funds to fund subrecipient communities that demonstrate a need for prevention programming in their selected prevention priority(ies).
- **Tribal Grantees** are required to use a minimum of 70 percent of their remaining funds to fund subrecipient communities that demonstrate a need for prevention programming in their selected prevention priority(ies).

All grantees are required to support their SPF-PFS prevention activities by leveraging funds and other resources from other sources (including, for states, the prevention set-aside of the SABG).

All grantees are required to collect and report annual state/tribal and community-level data to determine progress toward addressing SPF-PFS prevention priority(ies).

Grantees must include in their data collection and reporting activities the following tasks related to their current or developing SEOW efforts: 1) continue to support SEOWs as they collaborate with agencies, organizations, and individuals to use data, skills, and/or decision-making authority in guiding and promoting positive behavioral health; and 2) preserve what works, including developing capacities for sustaining the SEOW, developing useful products, disseminating such information to key decision makers, and continuously evaluating data and systems for effectiveness.

Grantees are expected to work with their subrecipient communities to: 1) build capacity and enhance their community-level infrastructures using the SPF process; 2) leverage funds and other resources for prevention activities; 3) implement a comprehensive prevention approach, including a mix of evidence-based programs, policies, and/or practices that best addresses the selected prevention priority(ies); 4) identify TA and training needs and develop responsive activities; and 5) collect and report community level data in accordance with federal reporting requirements.

Grantees whose state or tribal entity includes SAMHSA Tribal Behavioral Health and/or State-Sponsored Youth Suicide Prevention and Early Intervention grantees must work with them and SPF-PFS funded community(ies) to collaborate and coordinate, as appropriate, with local level prevention and clinical service providers trained to assess, manage, and treat youth at risk for suicide. These providers include those working in health, mental health, and substance abuse. Working within this collaborative framework, grantees are required to carefully consider the effects of substance misuse and its potential linkages to suicide as they: 1) assess the demographics and problems in their communities of high need; and 2) plan together with these communities to implement effective strategies to address their problems. This type of collaborative approach will help ensure that substance abuse prevention and suicide prevention efforts are more closely aligned and better coordinated. Grantees will be able to obtain further guidance on this collaborative process from their Government Project Officer (GPO) once their SPF-PFS grants are underway.

SAMHSA's Requirements for Selecting Communities of High Need

In identifying and selecting communities of high need to be funded with SPF-PFS funds, states/tribes, in conjunction with their SEOWs, must be able to describe a population that is:

1. A specific geographically defined area; or
2. A specifically defined population based on a culture, federally recognized tribe, ethnicity, language, occupation, gender, or other specifically described identity, within a specific geographic area; or
3. A specific population defined by a school, military base, campus, or other institutional setting;

where the population described has or is at risk of having a higher than average prevalence rate of underage drinking and/or prescription drug misuse; or a higher than average prevalence rate of the additional, data-driven prevention priority the state/tribe is proposing to address, if any;

AND

where the population or area has limited resources or has had fewer opportunities or less success in identifying and bringing to bear resources to address the identified priority(ies).

NOTE TO TRIBAL APPLICANTS: It is up to each eligible applicant tribe or tribal organization to define for themselves, within the framework of the definition and its criteria provided above, what constitutes their particular community or communities of high need—ranging from a single community tribe of high need to multiple communities within a tribe, tribal entity, or tribal organization.

SAMHSA's Requirements for Using Evidence-Based Programs, Policies, and Practices

Grantees are expected to use the successful prevention systems and structures put in place through their completed SPF SIG grants. All grantees must therefore use a SPF-based, comprehensive prevention approach, including a mix of evidence-based programs, policies, and practices, that best addresses their selected prevention priority(ies) at the state, tribal, and community levels. (For further guidance on evidence-based approaches, click on <http://store.samhsa.gov/product/SMA09-4205>.)

2.2 Other Allowable Activities

SAMHSA's SPF-PFS grants will also support the following types of activities:

At their discretion, states/tribes may use grant funds to target a data-driven prevention priority (marijuana, heroin, etc.) in their state/tribe in addition to one or both of the two

national priorities (i.e., underage drinking among persons aged 12 to 20, and prescription drug misuse among persons aged 12 to 25).

After subtracting \$150,000 per year from their total annual awards for SEOW activities, **State Grantees** may use up to 15 percent of their remaining funds for state level administrative costs and state level performance activities, including building capacity or providing training and TA at the state level to fill gaps in their current prevention infrastructure and systems.

After subtracting \$50,000 per year from their total annual awards for SEOW activities, **Tribal Grantees** may use up to 30 percent of their remaining funds for tribal level administrative costs and tribal level performance activities, including building capacity or providing training and TA at the tribal level to fill gaps in their current prevention infrastructure and systems.

Grantees are encouraged to use grant funds to adopt and/or enhance their computer system, data infrastructure/management information systems (MIS), electronic health records (EHRs)¹, and related activities. States/tribes that choose to support these activities using SPF-PFS funds may utilize SEOW funding and/or funds from the maximum 15/30 percent of remaining SPF-PFS funds set aside for state/tribal level administrative costs, respectively.

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 and their subrecipient communities will be required to report on the following types of performance measures: process measures at the state/tribal level; process measures at the community level; and outcome measures at the state/tribal and community levels.

The required performance measures include, but are not limited to the following:

Process Measures at the Grantee (State/Tribal) Level (all are required)

- Number of training and technical assistance activities per funded community provided by the grantee to support communities;
- Reach of training and technical assistance activities (numbers served) provided by the grantee;
- Percentage of subrecipient communities that have increased the number and percent of evidence-based programs, policies, and/or practices;
- Percentage of subrecipient communities that report an increase in prevention activities supported by leveraging of resources; and
- Percentage of subrecipient communities that submit data to the grantee data system.

Process Measures at the Community (Subrecipient) Level (all are required)

- Number of active partners supporting the local PFS initiative;
- Number of people reached by each Institute of Medicine prevention category (i.e., universal, selective, indicated);
- Number of people reached by demographic category (see Community-Level Instrument-Revised described below);
- Number of people reached by each of the six prevention strategies (i.e., prevention education, problem identification and referral, information; dissemination, environmental strategies, alternative activities, community-based processes);
- Number and percentage of evidence-based programs, policies, and practices (EBPPP) implemented by subrecipient communities;
- Number, type, and duration of evidence-based interventions implemented, by the six prevention strategies described above; and
- Number of prevention interventions that are supported by collaboration and leveraging of funding streams.

Table 1 describes the outcome data requirements for grantees. These outcome measures are vital for tracking and monitoring changes at the grantee and community levels. **States/tribes and communities must report on all measures in Table 1. In addition, states/tribes and communities must select at least one of the outcome measures in the table below that are relevant to their priority(ies) to assess their progress in reducing underage drinking and/or prescription drug misuse.** For example, if underage drinking is the selected priority, states/tribes and communities may choose binge drinking as the outcome measure to assess their progress. Other measures may also be chosen that are related to the state's/tribe's identified priorities. Additionally, cross-site evaluation requirements may include other measures. **Note to tribal entities: please indicate if the grantee represents one community and will therefore report only one level of data.**

As shown in Table 1, a large part of state-level outcome data will use NSDUH state estimates, which will be pre-populated by SAMHSA, or CSAP approved substitute state level data, which must be reported by the grantee. Community level data sources must be used to report baseline and annual estimates for measures appropriate to the selected prevention priority(ies) and target populations at the local level.

Note: SAMHSA will provide grantees with the appropriate wording of items to reflect a specific focus on prescription drug misuse, rather than on general drug use.

Table 1: Required State and Community Level Outcome Data

OUTCOME MEASURES	GRANTEE-LEVEL DATA SOURCE	COMMUNITY-LEVEL DATA SOURCE
30-day alcohol use or prescription drug misuse and abuse	NSDUH State estimates* <i>*note: or CSAP approved State level data</i>	Community Survey Poison Control Data
Binge drinking	NSDUH State estimates* (see note)	Community Survey
Perception of parental or peer disapproval/attitude	NSDUH State estimates* (see note)	Community Survey
Perceived risk/harm use	NSDUH State estimates* (see note)	Community Survey
Alcohol and/or drug-related car crashes, fatalities and injuries	Dept. of Transportation (NHTSA)	Local Transportation
Alcohol- and drug-related crime	Uniform Crime Reports	Local Law Enforcement
Family communication around drug use	NSDUH State estimate	Community/ Survey
Alcohol and prescription drug-related emergency room visits	CSAP-approved state level data	Local Hospital Data Source
(Optional) Alcohol and drug related suspensions and expulsions	Department of Education (DoEd)	Local Department of Education (DoEd)

SAMHSA requires that six community-level outcome measures be reported for each of the grantee’s subrecipients:

- Three measures related to underage drinking among persons aged 12 to 20 (one consumption, one consequence, and one intervening variable), one of which must be an annual exact or approved substitute required outcome measure, regardless of whether underage drinking is a selected priority; and

- Three measures related to prescription drug misuse among persons aged 12 to 25 (one consumption, one consequence, and one intervening variable), one of which must be an annual exact or approved substitute required outcome measure, regardless of whether prescription drug misuse is a selected priority.

Grantees that target an additional, data-driven substance abuse prevention priority (marijuana, heroin, etc.) in their state/tribe must report one required annual exact or approved substitute community-level outcome measure for each additional priority.

SAMHSA requires that process and outcome data be reported each year. SAMHSA also understands that not all community-level data are available annually. However, data from transportation, law enforcement, hospitals, and annual surveys (which are all available annually) must be reported annually.

Accordingly, grantees must specify in Section D of the Project Narrative the data sources they plan to use for meeting federal data requirements described in this section.

This information will be gathered using SAMHSA's data-entry reporting system. Access to the system will be provided upon award. **Grantees are required to report process data and outcome data through SAMHSA's online reporting platform as follows: progress report data (i.e., grantee-specific process data) must be updated quarterly; community level process data must be updated semi-annually (in May and November); outcome data at the grantee and community levels must be updated annually, unless otherwise instructed.**

Since the SPF-PFS is based on the premise that changes at the community-level will, over time, lead to measurable changes at the state/tribal level, grantees are responsible for ensuring that their subrecipient communities have the capacity to collect the appropriate data and report on both process and outcome measures in accordance with federal reporting requirements. SAMHSA will offer TA to grantees, as necessary, to address challenges experienced with data collection and performance measure reporting.

The collection of these data will enable SAMHSA to report on key outcome measures relating to substance use. In addition, 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 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above), assess their progress and use this information to improve

management of their grant projects. The assessment should be designed to help grantees determine whether or not they are achieving their goals, objectives, and intended outcomes and whether or not adjustments need to be made to the project. Performance assessments should be used also to determine whether the project is having/will have the intended impact on behavioral health disparities. Grantees will be required to report on progress achieved, barriers encountered, and efforts to overcome these barriers in a grantee project evaluation at the end of the grant period and in quarterly progress reports. The GPO will review and provide feedback on the grantee project evaluation and quarterly reports.

Grantee Project Evaluations

All project evaluations should summarize interventions and activities implemented to address the selected prevention priority(ies), and preliminary findings from state/tribal and/or community level evaluations. At a minimum, the project evaluation should include the required performance measures identified above in Section 2.3. Grantees may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of the interventions on key outcome goals?
- What program/contextual/cultural factors were associated with outcomes?
- What demographic or geographic factors were associated with outcomes? How durable were the effects?
- Were the outcomes cost beneficial?

Process Questions:

- How has the grantee progressed through the SPF steps?
- How closely did implementation match the plan?
- How was fidelity of implementation ensured?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What types of changes were made to address behavioral health disparities, including the use of CLAS standards?
- What effect did the changes have on the planned intervention and performance assessment?

- Which EBPPPs were implemented?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

After subtracting \$150,000 (states) or \$50,000 (tribes) per year from the total annual awards for SEOW activities, no more than 20 percent of the remaining total grant award may be used by grantees or subrecipients for data collection, performance measurement, and performance assessment, i.e., activities required in Sections I-2.3 and 2.4 above. Be sure to include these costs in your proposed budget (see Appendix II). Grantees are responsible for ensuring that their subrecipient communities use no more than a total of 20 percent of the grantee's remaining SPF-PFS funds for subrecipient-level data collection, performance measurement, and performance assessment (i.e., activities required in Sections I-2.3 and I-2.4).

SPF-PFS grantees are encouraged to set aside adequate grant funds to allow for the required data collection and reporting needed to ensure both a comprehensive state/tribal evaluation and SAMHSA's cross-site evaluation. Grantees may elect to leverage these funds from multiple sources, including: 1) grant administration funds; and 2) community-based funds. If using community-based funds, grantees must work closely with their subrecipient communities to reach consensus on using a portion of community funds for evaluation. They must also obtain approval from the GPO to use such community funds for evaluation purposes.

Cross-Site Evaluation

SAMHSA/CSAP's SPF-PFS cross-site evaluation is intended to promote understanding of the precursors: environmental, family, and community contextual factors; and characteristics of interventions (alone and in combination) that are most or least effective in contributing to: 1) preventing underage drinking and prescription drug misuse; and 2) reducing the prevalence of underage drinking and prescription drug misuse in states/tribes and their communities of high need. In this context, the cross-site evaluation is designed to assist both SAMHSA/CSAP and SPF-PFS grantees in: 1) collecting consistent, complete, and commonly defined data; 2) providing findings related to the SPF-PFS evaluation questions and to CSAP's federal reporting requirements; 3) reporting on SPF-PFS activities and findings; 4) identifying best practices; and 5) contributing to the formulation of future SPF-PFS program and policy directions. **All SPF-PFS grantees will be required to comply with the data collection and reporting requirements set forth under the terms of SAMHSA/CSAP's cross-site evaluation. After the SPF-PFS awards are made, SAMHSA will identify additional required measures for the cross-site evaluation.**

Table 1a summarizes the projected data reporting schedule for the cross-site evaluation across the funding years of the SPF-PFS.

Table 1a: Projected Cross Site Evaluation Data Reporting Schedule

Data Collection Type	Frequency	Grant Year				
		Year 1	Year 2	Year 3	Year 4	Year 5*
Quarterly Progress Report	Quarterly <i>-One month following the end of each quarter</i>	January 31 April 30 July 31	October 31 January 31 April 30 July 31			
Grantee-Level Instrument-Revised	Twice over grant period <i>-April of first funding year -June of final funding year</i>	April				June
Project Director Interview	Three times over grant period <i>-February of first funding year -February of third funding year -June of final funding year</i>	February		February		June
Community-Level Instrument-Revised	Twice each year <i>-Year 1: May 1 -Years 2-4: November 1 and May 1 of each year -Year 5: November 1,</i>	May 1	November 1 May 1	November 1 May 1	November 1 May 1	November 1 May 1 And prior to close-out (September 30)

	<i>May 1, and prior to close-out</i>					
Community-Level Outcome Data	<p>Annually</p> <p>-Baseline data: <i>November 1 of second funding year</i></p> <p>-Subsequent data submission: <i>November 1 of each year and prior to closeout</i></p>		November 1	November 1	November 1	November 1 September 30 (prior to close-out)
Grantee-Level Outcome Data	<p>Annually</p> <p>- Pre-populated by SAMHSA for grantees with NSDUH data</p> <p>- Encouraged for grantees without NSDUH data</p>		November 1	November 1	November 1	November 1 September 30 (prior to close-out)

2.5 Grantee Meetings

SAMHSA/CSAP may elect to convene one new grantee meeting after awards are made. Grantees must plan to send at least two key staff (including the Project Director, and either the Lead Evaluator or Lead Epidemiologist) to at least one grantee meeting in each year of the grant, including the new grantee meeting. You must include a detailed budget and narrative for this travel in your application budget. At the new grantees meeting, states/tribes will share the details of their projects and federal staff

will provide TA. The two-day meeting is held in the Washington, D.C., area, and grantee attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: \$1,230,000

Estimated Number of Awards: Up to three

Estimated Award Amount: From \$318,543 to \$1,230,000 per year

Length of Project Period: Up to 5 years

Proposed budgets cannot exceed \$1,230,000 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.

Awards for the SPF-PFS grant program will be tiered and are based on a set of standard criteria that account for the following with respect to eligible states: a) prevalence rates of underage drinking among persons aged 12 to 20; b) prevalence rates of nonmedical use of pain relievers among persons aged 12 to 25; and c) average costs of delivering alcohol and other drug prevention and treatment services. Tiered award amounts for eligible tribal entities are based on population size. [[See Table 2 below.](#)]

Prevalence data are based on state level estimates from the 2011-2012 National Survey on Drug Use and Health (NSDUH). Average costs of delivering services are equivalent to the Cost of Service Index used for the SABG.

Table 2 identifies the award tiers, the award amounts, and the states and tribal entities eligible to apply for each tier.

Table 2: Award Tiers for Eligible 2016 SPF–PFS Applicants		
Award Tier	Maximum Award Amount	Eligible Applicants
Tier 1	1,230,000	California Florida

Tier 2	318,543	Oglala Sioux Tribal Council Leech Lake Band of Ojibwe Northern Arapaho Tribe The Confederated Salish and Kootenai Tribes Grand Traverse Band of Ottawa and Chippewa Pueblo of Acoma
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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:

Grantees are expected to participate and collaborate fully with CSAP staff in the conduct and evaluation of this five-year cooperative agreement. Grantees’ responsibilities include the following: compliance with all aspects of the terms and conditions of the cooperative agreement; collaboration with CSAP staff in assessment, capacity building, and strategic planning activities; ongoing monitoring, quality improvement, and evaluation tasks; documentation of all system-wide changes stemming from this grant program; and responding to requests for all appropriate program-related data. Grantees are also expected to leverage prevention funds and other resources from other sources (including, for states, SABG primary prevention set-aside funds) to support project goals.

Role of SAMHSA Staff:

The GPO will serve as an active participant in the implementation of the grantee’s project to provide guidance and TA to help grantees achieve their goals. The GPO’s roles and responsibilities include the following: monitoring and reviewing progress of projects; monitoring development and collection of process and outcome data from grantees; ensuring compliance with data/performance measurement requirements; ensuring the grantee’s collaboration with the SEOW; consultation on and participation in the redesign or modification of infrastructure or systems changes; providing guidance in defining new strategic directions; providing support services for training, evaluation, and data collection; arrangement of meetings designed to support key grantee activities; review of key documents central to the project’s success, including review and approval of the state’s/tribe’s approach and methodology to identify and select communities of

high need; participation as a non-voting member on policy, steering, advisory, or other workgroups; and assuring that projects are responsive to SAMHSA's mission and that they implement the SPF process with fidelity.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility is limited to states and tribal entities that have completed a SPF SIG grant and are not currently receiving funds through SAMHSA's SPF-PFS grant. SAMHSA is limiting eligibility to these entities because they have the greatest likelihood of achieving success through the SPF-PFS grant program. Only these entities have the requisite experience and background critical to the success of the SPF-PFS grant program: 1) an established state/tribal infrastructure and system in place—rooted in both the SABG and the SPF prevention model—that allows them to quickly build capacity in communities of need, mobilize those communities, and ensure accurate data collection and reporting at the community level; 2) integration of the SPF-based process into their overall state and tribal prevention systems, ensuring a strong, data-driven focus on identifying, selecting, and implementing effective, evidence-based prevention programs, policies, and practices; 3) experience in working collaboratively with communities to achieve substance abuse prevention goals; 4) familiarity and experience with the alignment of behavioral health with primary prevention; and 5) a history of building comprehensive, state- and tribal-level prevention systems over time. Current SPF-PFS and SPF SIG grantees (with the exception of eligible SPF-PFS and SPF SIG grantees that are in a No Cost Extension) are excluded from applying for the SPF-PFS grant because they already have the resources in place to support the SPF infrastructure and address their areas of highest need, which can include underage drinking or prescription drug misuse. **All eligible SPF-PFS and SPF SIG grantees that are in a No Cost Extension may still apply for this grant. See Section II, Table 2 for eligible applicants and their award amounts.**

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this grant 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 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information of this document.

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

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **April 12, 2016**.

3. FUNDING LIMITATIONS/RESTRICTIONS

After subtracting \$150,000 (states) or \$50,000 (tribes) per year from their total annual awards for SEOW activities:

- No more than 20 percent of the remaining grant award may be used for data collection, performance measurement, and performance assessment expenses. (For more on the SEOW, see Expectations for SPF-PFS Grantees under Section I of this document.)
- No more than 15/30 percent of the remaining grant award may be used for state/tribal administrative costs, respectively.
- State Grantees are required to use a minimum of 85 percent of their remaining funds to fund subrecipient communities that demonstrate a need for prevention programming in their selected prevention priority(ies).
- Tribal Grantees are required to use a minimum of 70 percent of their remaining funds to fund subrecipient communities that demonstrate a need for prevention programming in their selected prevention priority(ies).

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 grant program.
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. **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.

Section A: Statement of Need (15 points)

1. Identify the proposed catchment area and provide demographic information on the population(s) to engage in substance abuse prevention activities through the targeted systems or agencies in terms of race, ethnicity, federally recognized tribe, language, sex, gender identity, sexual orientation, age, and socioeconomic status.
2. Discuss the relationship of your population of focus to the overall population in your geographic catchment area and identify sub-population disparities, if any, related to access/use/outcomes of your provided substance abuse prevention activities, citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of the SPF-PFS grant program and intent of the FOA.
3. Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective substance abuse prevention activities in the proposed catchment area that is consistent with the purpose of the grant 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, NSDUH), and/or national data (e.g., from NSDUH). This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.
4. Document how the state/tribe will work with their SEOWs to carry out such tasks as developing a systematic, ongoing monitoring system to track progress in reducing underage drinking and/or prescription drug misuse in their community(ies) of high need, detect trends, and use such information to redirect resources toward the goals of the SPF-PFS grant program.

Section B: Proposed Approach (35 points)

1. Describe the purpose of the proposed project, including its goals and measureable objectives. These must relate to the intent of the FOA, SAMHSA's Strategic Initiative: Prevention of Substance Abuse and Mental Illness, and the performance measures identified in Section D: Data Collection and Performance Measurement.
2. Describe the proposed project activities, how they meet your infrastructure needs, and how achievement of goals will increase system capacity to support effective substance abuse prevention activities.
3. Describe the stakeholders and resources in the catchment area that can help implement the needed infrastructure development.
4. Identify the proposed prevention priority(ies) to be targeted using SPF-PFS funds, specifying whether the state/tribe proposes to target one or both of the selected substance abuse prevention priorities: 1) underage drinking among persons aged 12 to 20; and/or 2) prescription drug misuse among persons aged 12 to 25. Explain why you chose this priority(ies), including how prevalence data and other information support your choice.
5. If you are proposing to use SPF-PFS funds to target an additional, data-driven prevention priority (marijuana, heroin, etc.) in your state/tribe:
 - a) Identify the prevention priority and provide prevalence data and other information that support your choice of this priority.
 - b) Explain why you chose this priority over other prevention priorities in your state/tribe.
6. Provide a brief summary of the state's/tribe's proposed approach and level of effort to carry out the proposed project that addresses the following components:
 - a) A description of how the state/tribe proposes to address the priority(ies) through the work of its subrecipient community(ies), including its approach for building community infrastructure/capacity to implement effective community-level prevention activities according to the SPF process and your project goals.

For Tribal Applicants: Describe how you will increase the participation of youth, families, tribal leaders and spiritual advisors in planning and developing best and/or promising practices, based on the cultural values and practices of the tribal community(ies) to be funded through this grant.

- b) A description of your state's/tribe's approach and methodology to identify and select communities, including: 1) a list of your selected subrecipient communities (or single tribal community); 2) documentation of high need in each proposed community; 3) why these communities were selected over other high-need communities in the state/tribe; and 4) (for states) your state's approach for considering the needs of tribes and tribal entities as potential communities to receive SPF-PFS funds. Please refer to "SAMHSA's Guidelines for Selecting Communities of High Need" in Section I-2.1 of this RFA and the note to tribal applicants regarding how to define for themselves what constitutes their communities of high need.

For Tribal Applicants: In your description of the identified high need subrecipient community(ies) to be funded through this grant include, as appropriate, a description of any significant trauma in those tribal community(ies) and its impacts—including, for example, the uprooting of traditional tribal cultural practices and way of life, dismantling of the tribal family structure, and loss of tribal language.

7. Briefly summarize the state's/tribe's ability to provide adequate support and guidance to your subrecipient community(ies) to implement the proposed project, with respect to each of the following SPF-based components: assessment, capacity building, planning, implementation, and evaluation.
8. Provide a chart or graph depicting a realistic time line for the entire **5** 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 time line should be part of the Project Narrative. It should not be placed in an attachment.]
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 your project's Advisory Council, its membership, roles, functions, and frequency of meetings. Briefly describe how the state's/tribe's existing or proposed Advisory Council, SEOW (or other data-driven epidemiological workgroup), and Evidence-based Programs (EBP) Workgroup will work together to assist funded communities to achieve the goals of the proposed project, including how your EBP Workgroup will work with your subrecipient community(ies) to help them select and monitor their EBPs.

For Tribal Applicants: Describe the proposed tribal community advisory structure and its membership, roles and functions, frequency of meetings and how it will relate to existing governing bodies (e.g., tribal council or board of directors) and how it will include representation from youth, families, and other community members.

For Tribal Applicants: Explain how you plan to coordinate the efforts of your proposed project with any other related federal grants, including those from SAMHSA, Indian Health Service (IHS), Bureau of Indian Affairs (BIA), or Administration for Children and Families (ACF) that support services to children and families in the community.

11. Identify any SAMHSA grantees from Cooperative Agreements for Tribal Behavioral Health and/or State-Sponsored Youth Suicide Prevention and Early Intervention in your state or tribal entity. Describe their roles and responsibilities and demonstrate their commitment to the project. Describe how you will consider the effects of substance misuse and its potential linkages to suicide in the assessment, planning, and implementation tasks you propose in your project. Explain how your approach will help ensure that substance abuse prevention efforts and suicide prevention efforts are more closely aligned and better coordinated. Describe how you plan to collaborate and coordinate with these grantees and their local level prevention and clinical service providers (including those working in health, mental health, and substance abuse) trained to assess, manage, and treat youth at risk for suicide. Include letters of commitment from these organizations in Attachment 1 of your application. If there are no such grantees in your state/tribe, include a statement to that effect.
12. Describe how you intend to leverage prevention funds and other resources (including, for states, the prevention set-aside of the Substance Abuse Prevention and Treatment Block Grant [SABG]) at the state, tribal, and community levels to support SPF-PFS project goals.
13. Describe how the proposed project will address the following issues in your catchment area:
 - Demographics – race, ethnicity, tribe, religion, sexual orientation, gender identity, age, geography, and socioeconomic status;
 - Language and literacy;
 - Disability; and
 - The needs of veterans and military families, if applicable, in selected subrecipient communities. If veterans and/or military families are not part of your population of focus, indicate so in your response.

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

1. Discuss the capability and experience of the applicant organization with similar projects and populations, including experience in providing culturally appropriate/competent services.
2. Discuss the capability and experience of other partnering organizations with similar projects and populations, including experience in providing culturally appropriate/competent services. If you are not partnering with any other organizations, indicate so in your response.
3. Provide a complete list of staff positions for the project, including the Project Director, SEOW data analyst, and other key personnel, showing the role of each and their level of effort and qualifications. Demonstrate successful project implementation for the level of effort budgeted for the Project Director and key staff.
4. Discuss how key staff has 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 (30 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 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 local performance assessment as specified in Section I-2.4 of this FOA and document your ability to conduct the assessment.
4. 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.
5. Specify the data sources you plan to use for meeting federal data requirements.

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.

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 Substance Abuse Prevention's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural, and remote settings) and balance among populations 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>. Grantees are required to report process data and outcome data through SAMHSA's online reporting platform as follows: progress report data (i.e., grantee-specific process data) must be updated quarterly; community level process data must be updated semi-annually (in May and November); outcome data at the grantee and community level must be updated annually, unless otherwise instructed.

All grantees are required to collect and report annual state/tribal and community-level data to determine progress toward addressing SPF-PFS prevention priority(ies).

Grantees must include in their data collection and reporting activities the following tasks related to their current or developing SEOW efforts: 1) continue to support SEOWs as they collaborate with agencies, organizations, and individuals to use data, skills, and/or decision-making authority in guiding and promoting positive behavioral health; and 2) preserve what works, including developing capacities for sustaining the SEOW, developing useful products, disseminating such information to key decision makers, and continuously evaluating data and systems for effectiveness

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 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 FAPIIS website for additional information at <https://www.fapiis.gov/fapiis/index.action>.

VII. AGENCY CONTACTS

For questions about program issues contact:

Tonia F. Gray, MPH
Division of State Programs
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
240-276-2492 Phone
240-276-2560 Fax
tonia.gray@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
Rockville, Maryland 20857
(240) 276-1412
FOACSAP@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 of 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

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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

TOTAL: (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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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