



# Developing a Competitive SAMHSA Grant Application

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[www.samhsa.gov](http://www.samhsa.gov)

## Table of Contents

INTRODUCTION .....	3
CHAPTER 1 – SAMHSA’s Structure .....	4
CHAPTER 2 – Review Current Organizational Documents and Processes .....	6
CHAPTER 3 – The Notice of Funding Opportunity .....	11
CHAPTER 4 – Understanding the Registration and Application Process .....	13
CHAPTER 5 – Completing and Submitting Your Grant Application.....	16
CHAPTER 6 – The Project Narrative – Responding to the Evaluation Criteria .....	21
CHAPTER 7 – Developing Goals and Measurable Objectives.....	36
CHAPTER 8 – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines.....	41
CHAPTER 9 –Preparing the Budget .....	45
APPENDIX A: Acronyms and Glossary of Terms .....	50
APPENDIX B: Sample Timeline/Completing the Timeline .....	55
APPENDIX C: Sample Templates -Memorandum of Understanding/Letters of Commitment .....	57
APPENDIX D: Sample Work Plan .....	59
APPENDIX E: Presenting Demographic Data .....	61
APPENDIX F: Developing the Plan for Data Collection, Performance Measurement, and Quality Improvement .....	64
APPENDIX G: Sample Template for Displaying Personnel Information .....	67
APPENDIX H: Resources .....	68

## INTRODUCTION

The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services (HHS), was established by an act of Congress in 1992 under Public Law 102-321. SAMHSA was created to focus attention, programs, and funding on improving the lives of people with or at risk for mental health and substance use disorders. SAMHSA supports many activities that focus on substance use/misuse prevention, substance use disorder treatment, and mental health services through its discretionary grant programs.

### ***Purpose of This Manual***

The “Developing a Competitive SAMHSA Grant Application” manual is designed to provide applicants with information about how to prepare competitive, well-developed SAMHSA grant applications.

### ***Objectives***

This manual will provide you with information on how to:

- Review current organizational materials and processes and determine which materials/documents need to be updated;
- Review SAMHSA funding opportunities to determine whether you meet the eligibility criteria for a particular announcement;
- Decide if you can realistically implement a project;
- Assemble data to justify the need for funding;
- Identify your resources and individuals to participate on the writing team; and
- Write an application that effectively responds to the evaluation criteria.

## CHAPTER 1 – SAMHSA’s Structure

### ***Overview***

The purpose of this chapter is to discuss SAMHSA’s mission, priorities, and organization and to acquaint you with the three centers in SAMHSA that provide funding opportunities, specifically the Center for Mental Health Services (CMHS), the Center for Substance Abuse Prevention (CSAP), and the Center for Substance Abuse Treatment (CSAT).

### ***SAMHSA’s Structure and Mission***

SAMHSA is the agency within HHS that leads public health efforts to advance the behavioral health of the nation and improve the lives of individuals living with mental and substance use disorders and their families. Its mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes. More information on SAMHSA is available at [SAMHSA.gov](https://www.samhsa.gov).

### ***SAMHSA’s Centers and Offices***

Grant funds are available from the Center for Mental Health Services (CMHS), the Center for Substance Abuse Prevention (CSAP), the Center for Substance Abuse Treatment (CSAT), the 988 & Behavioral Health Crisis Coordinating Office (BHCCO), and the Office of Behavioral Health Equity (OBHE). SAMHSA’s grant programs focus on improving the quality and availability of substance use/misuse prevention, substance use disorder treatment, and mental health services nationwide. Some SAMHSA grant programs enable states to build or enhance substance use disorder and mental health services, while other programs give states and local communities the resources to better identify and address emerging substance use disorder and mental health service needs. SAMHSA grant-supported projects implement evidence-based approaches to prevention and treatment.

### ***Center for Mental Health Services (CMHS)***

CMHS leads federal efforts in expanding the availability and accessibility of high-quality, community-based services for adults with serious mental illnesses and children with serious emotional disturbances. CMHS administers the Mental Health Services Block Grant Program (MHBG) as well as a portfolio of discretionary grant programs that include efforts to help prevent and treat mental health disorders. The Center collects, analyzes, and disseminates national data on mental health services.

### ***Center for Substance Abuse Prevention (CSAP)***

CSAP's mission is to improve behavioral health through evidence-based prevention approaches. CSAP works with federal, state, public, and private organizations to develop comprehensive prevention systems by:

- Providing national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse and abuse, and underage alcohol and tobacco use; and
- Promoting effective substance abuse prevention practices that enable states, communities, and other organizations to effectively apply prevention knowledge.

As a result of its efforts, CSAP's work creates:

- Supportive workplaces, schools, and communities;
- Drug-free and crime-free neighborhoods; and
- Positive connections with friends and family.

### ***Center for Substance Abuse Treatment (CSAT)***

CSAT promotes community-based substance use disorder treatment services for individuals and families. CSAT works with States and community-based organizations to improve and expand existing substance use disorder treatment and recovery services through its discretionary grant programs and the Substance Abuse Prevention and Treatment Block Grant Program (SABG). It also supports SAMHSA's free treatment referral service to link individuals and families with the community-based substance use disorder treatment services they need.

### ***988 & Behavioral Health Crisis Coordinating Office (BHCCO)***

The 988 & Behavioral Health Crisis Coordinating Office's mission is to transform America's behavioral health crisis care system to one that saves lives by serving anyone, at any time, in a seamless way, from anywhere across the nation. The BHCCO:

- Provides leadership on behavioral crisis services at the federal, state, local, territory, and tribal levels;
- Facilitates coordination, communication, and partnerships with the goal of creating a transformative and equitable behavioral health crisis system; and
- Manages the 988 Suicide & Crisis Lifeline grant program and operations.

### ***Office of Behavioral Health Equity (OBHE)***

The Office of Behavioral Health Equity advances behavioral health equity by reducing disparities in racial, ethnic, LGBTQIA+, and other under-resourced communities across the country by improving access to quality services and supports that enables all to thrive, participate, and contribute to healthier communities.

## CHAPTER 2 – Review Current Organizational Documents and Processes

### *Overview*

This chapter will help you identify internal organizational documents and processes that may be useful in writing your grant application. It discusses the importance of identifying, compiling, and updating needed program and community information. You should complete this step well in advance of applying for a grant award as the time frame for grant application development is usually limited to 60 days. With advanced planning and organizing, the process of writing your application will be easier.

### *Review and Update your Program/Organizational Materials*

The information that is submitted in your grant application must be current. In preparation for starting the grant application process, make sure your program/organizational information is up-to-date and that you have compiled statistics on the characteristics of your population(s) of focus and the current substance use and/or mental health issues in your community or geographic catchment area. You may need to include the following information in your grant application:

#### *Program/Organizational Information*

- Certifications/Licensure
- Key community partnerships
- Referral sources
- Consent forms
- Cultural competence materials/trainings conducted

#### *Evidence-Based Practices (EBPs)*

- Description of EBPs being used
- Research justifying use of the EBPs with your population of focus
- How staff are trained to implement the EBPs
- How fidelity of the EBPs is monitored
- Justification of any modifications that have been made to the EBPs

#### *Staff and Organizational Experience*

- Job descriptions of staff
- Resumes of key management personnel and staff providing services
- Experience of your organization managing grants and providing services

## **Data**

- Data specific to your population(s) of focus – numbers served, demographic characteristics, number/type of services delivered
- Local statistics and census data
- Outcome data
- Data collection instruments and procedures
- Information on service gaps

## ***Understand the Reasons for Partnerships and Networks***

While reviewing and updating your organizational documents and processes, you should also devote time to developing and nurturing partnerships and networks. Partnerships are composed of community organizations and/or groups that you collaborate with to provide services. Notices of funding opportunities often ask you to discuss these relationships to demonstrate your involvement with other organizations within the community.

Partnerships can allow for increased opportunities for alternative funding. Sharing information, resources, and data will give you much-needed background and support for your project ideas. Partnerships and networks can serve as forums to share and receive information. It is also important to consider how partnerships may factor into your sustainability plan and assist you in maintaining the project when Federal funding ends.

Some reasons for building partnerships and networks can include:

- Building project support and improving prospects for sustainability;
- Sharing information about your community;
- Sharing resources and data;
- Obtaining buy-in and validation;
- Developing solid public relations;
- Enhancing cultural competence; and
- Encouraging community dialogue at all levels for project design and service delivery.

Partnerships and networks can provide you with data, lessons learned, and feedback to help you design effective services.

## ***Recognize the Importance of Building Coalitions***

Building coalitions is important because they allow an organization to develop relationships with people, programs, and processes that strengthen community resources and move the whole community toward positive social change. One program cannot solve all the problems in a community. Coalition building helps bring together all the programs in your community, such as health, religious, school, social services, and housing programs, to identify how to work

together to meet community goals. Your program should contribute to coalition building in your area. Your relationships with other organizations can also demonstrate a “continuum of care”.

### ***Work with a Local Advisory Committee***

Does your program have an advisory committee? Is it a local committee? If your agency has a *national* advisory committee, it is definitely a useful tool. However, a *local* advisory committee can greatly assist your organization with specific tasks that match community needs. It is important that local advisory committee members are residents and are familiar with the community.

A local advisory committee may help with:

- Increasing program status in the community;
- Identifying individuals in the community with expertise in program evaluation;
- Project planning;
- Obtaining information on past experience with grant projects and input on a variety of fields, such as accounting, medicine, research, fundraising, and marketing; and
- Recruiting focus group participants and encouraging consumer/client involvement.

When working with a local advisory committee, ask the following questions:

- Does the committee represent the diversity that exists within your community?
- Does the committee have representation from the population(s) of focus?
- Do committee members have access to resources, expertise, information, and/or funding sources?
- Does the committee meet on a regular basis?
- Can the organization take advantage of and learn from the expertise of committee members?

### ***Identify Potential Funding Opportunities and Conduct a Literature Search***

Review the grants on the SAMHSA website that have been announced in the past several years. This can give you an idea of the types of grants that may be announced in future years. If you find a potential funding opportunity of interest, it is worthwhile to begin collecting information about strategies that might be pursued to address the problem area within your community or population(s) of focus. It is recommended that you conduct a literature search as the information you collect will be useful for completing several sections of the grant application, including the Population of Focus and Statement of Need, Proposed Implementation Approach, and Proposed Evidence-Based Service/Practice.



A literature search can be overwhelming. The trick to conducting a good literature search is to be as specific as possible. Try to list words or phrases that specifically focus on your project service area, population(s) of focus, methodology, and project performance assessment plan. The SAMHSA website also contains a wealth of information and resources that are available from other sources.

It is also important to become familiar with the [Evidence-Based Practices Resource Center](#) on the SAMHSA website.

### ***Plan a Community Needs Assessment***

A Community Needs Assessment can be an important element in planning a project. Information gathered from conducting a Community Needs Assessment will help you develop sections of the application, such as the Population of Focus and Statement of Need. The Statement of Need should include a clearly established baseline for the project; that is, it must provide an accurate appraisal of the current situation that you seek to change.

Documentation of need may come from a variety of qualitative and quantitative sources. You can obtain qualitative and quantitative data by:

- (1) Compiling existing data – this involves gathering and comparing national, State, and local information and/or data already collected by individual agencies, State and county public agencies, school systems, health systems, and court systems (e.g., alcohol, tobacco, drug abuse, and mental health data from SAMHSA at the [Center for Behavioral Health Statistics and Quality \(CBHSQ\)](#), SAMHSA's [National Survey on Drug Use and Health](#), and the National Center for Health Statistics/Centers for Disease Control reports at [CDC Reports](#));
- (2) Conducting surveys that gather information from a representative sample of your population(s) of focus;
- (3) Using the key informant approach – identifying and interviewing community leaders, stakeholders, and decision-makers who are knowledgeable about the community and can accurately identify priority needs and concerns; and
- 4) Using a community forum approach - conducting public meetings to obtain information from community members about the needs facing the community and to identify the needs that should be prioritized.

Any technique you choose must reflect an understanding and appreciation of the cultural characteristics of your community and population(s) of focus.

Reading and reviewing current materials written by leaders in the field can help you determine the most effective strategy for implementing the project in your area. Community assessments focus on local assets, resources, and activities as well as gaps, barriers, or emerging needs. Understanding your community will help you tailor selected strategies and activities for your specific project and population(s) of focus.

### ***Develop an Understanding of the Processes That Are Involved in the Financial Management of a Grant***

It is important to gain an understanding of the financial processes that are involved in managing a grant. SAMHSA recipients must follow standards for financial management of grant awards which are outlined in [45 CFR Part 75](#). Your existing accounting and personnel policies and procedures must include necessary management controls. For specific information about these necessary controls, go to [Financial Management Requirements](#).

## CHAPTER 3 – The Notice of Funding Opportunity

### *Overview*

This chapter provides information about SAMHSA grant announcements and application documents. You will learn how to search for funding opportunities, determine basic grant eligibility requirements, review specific requirements of the grant, and identify individuals who can provide assistance before you submit an application.

### *Notice of Funding Opportunity (NOFO)*

To announce the availability of grant funds, SAMHSA releases NOFOs. The information in a NOFO includes a description of the project, activities that must be implemented, review criteria, directions on how to apply, due dates, and eligibility requirements. These announcements can be found at [SAMHSA grant announcements](#). The Grants.gov website is the vehicle that is used to apply for these grants. All applications must be submitted online through Grants.gov to SAMHSA using eRA ASSIST, Grants.gov Workspace, or another system-to-system provider. SAMHSA strongly encourages you to sign up for Grants.gov email notifications about the grant you are interested in applying for. If the NOFO is cancelled or changed, individuals who sign up with Grants.gov for updates will be automatically notified.

### *Carefully Review the NOFO*

#### ***1. Determine if your organization meets the eligibility requirements***

Each NOFO clearly specifies the entities that are eligible to apply. Carefully review the Eligibility Section of the NOFO to ensure that you meet the requirements. Some NOFOs limit applications to States while others are open to any domestic public or private non-profit organization. In addition, NOFOs often state that entities that received funding under previous grant announcements are not eligible to apply.

#### ***2. Determine whether your organization has the capability to implement the grant project***

Carefully review the Purpose section of the NOFO. You will find specific information about the intent of the grant program, the population of focus, the activities you must implement, and the performance data that must be collected and reported to SAMHSA. It is important to determine whether your program/organization has the infrastructure, resources, and expertise to carry out the requirements of the grant. It is also important to evaluate whether your organization has the fiscal infrastructure to meet the financial management requirements and related tasks.

### ***3. Review the evaluation criteria (Project Narrative)***

It is important to examine the evaluation criteria to understand what information you must compile to respond to the criteria. A panel of peer reviewers will assess the quality of the information you present in the Project Narrative.

### ***4. Take note of screen-out criteria***

In addition to eligibility criteria, some NOFOs have other requirements which you must meet to be considered for review. The requirements are referred to as screen-out criteria. For example, the NOFO may state that you must provide a Memorandum of Understanding (MOU) with a required partner and if you do not submit this MOU in your application package, it will be screened out.

### ***5. Communicate with resource people and potential partners***

If you decide to apply for a SAMHSA grant, you will benefit from communicating with resource people and potential partners at the local and State levels:

- **State Point of Contact (SPOC)** – Applicants must notify the State that they are requesting Federal dollars if their state has a designated State Point of Contact. If your state has a SPOC, be sure to let them know that you are applying for a Federal grant. Remember to ask about free training and technical assistance that may be available to you from other sources. (This requirement does not apply to applications submitted by States and American Indian/Alaska Native tribes or tribal organizations).
- **Single State Agency (SSA)** – The SSA for drug and alcohol abuse and for mental health often provides technical assistance and may assist you with identifying opportunities for funding, training, and networking. See [Application Forms and Resources](#) for a directory of SSAs for substance abuse and mental health.
- **Program and Grants Management/Budget Issues** – Every NOFO identifies SAMHSA staff that you can contact to obtain information about the NOFO.
- **Project Partnerships and Community Groups** – Relationships developed with coalition groups and advocates will be helpful with your project design and performance assessment plan. You can organize a meeting to present ideas or set up a focus group to test your project plans and obtain feedback.
- **Consumers, Clients, and Families** – Individuals and families who access your services are excellent sources of information about improvements that would enhance the services provided by your organization. Set up meetings and focus groups with these individuals to obtain needs assessment information.

## CHAPTER 4 – Understanding the Registration and Application Process

### *Overview*

Grants.gov is the source for finding federal grant opportunities, accessing most of the required forms, and submitting applications. Other forms available only on SAMHSA’s website also may be required. Read the NOFO carefully to determine which forms you must include in your application.

### *Getting Started*

#### *Complete the registration process*

It is important to carefully read the application and registration requirements outlined in the NOFO. For new applicants, take note of the fact that you must complete **three (3) registration processes** that are all distinct, one-time registrations in order to submit an application:

1. System for Award Management (SAM);
2. Grants.gov; and
3. eRA Commons Registration.

If you have already completed registrations for SAM and Grants.gov, you need to ensure that your accounts are still active, and then register in **eRA Commons**. If you have not registered in Grants.gov, the registration for Grants.gov and eRA Commons can be done at the same time. You must register in eRA Commons and receive a Commons Username in order to have access to electronic submission, receive notifications on the status of your application, and retrieve grant information.

#### **1. System for Award Management (SAM)**

You must register with the System for Award Management (SAM). You will be assigned a Unique Entity Identifier (UEI) as part of the registration process. SAM validates applicant information and electronically shares the secure and encrypted data with the federal agencies’ finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). Applicants must maintain an active SAM registration with current information at all times during which it has an active federal award or an application under consideration by an agency. To create a SAM user account, Register/Update entity, and/or Search Records, go to [SAM.gov](https://sam.gov).

If you already have a SAM account, it is highly recommended that you renew your account prior to the expiration date. **SAM information must be active and up-to-date and should be updated at least every 12 months to remain active (for both recipients and sub-recipients).** Once you update your record in SAM, it will take **48 to 72 hours** to complete the validation

processes. Grants.gov will reject electronic submissions from applicants with expired registrations. If your SAM account expires, the renewal process can take 7-10 business days.

## 2. Grants.gov

You can register to obtain a Grants.gov username and password at [Grants.gov](https://www.grants.gov). Grants.gov requires a one-time registration to submit applications. Registration information can be found on the Grants.gov “Applicants” tab. Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific UEI number cited on the SF-424 (first page). See the Organization Registration User Guide for details at [Grants.gov organization registration](#).

## 3. eRA Commons Registration

eRA Commons is an online data platform that allows applicants, award recipients, and federal staff to securely share, manage, and process award-related information. You must have a valid UEI number to complete the eRA Commons registration. This is a one-time registration. For organizations registering with eRA Commons for the first time, a Signing Official (SO) must complete the online [Register Institution](#) form. Instructions on how to complete the form are on the [Register in eRA Commons](#) page.

After the SO completes the online Institution Registration Form and receives an email that the registration has been approved, the organization will be active in eRA Commons. The SO will receive an email with an eRA Commons User ID for the SO account role. The SO can create additional accounts for the organization. Organizations can have multiple user accounts with the SO role. Any user with the SO role will be able to create and maintain additional accounts for the organization’s staff, including the required account for the Principal Investigator/Project Director (PI/PD). SAMHSA designates the person with this eRA role as the Project Director or PD.

**Important:** Organizations must identify at least one SO to submit an application. This individual should be listed in the Authorized Representative section on page 3 of the SF-424. The PD is listed as the person to contact regarding the application on page 1 of the SF-424 (section f) and must have an account with the ‘PI’ role in eRA Commons. The PD’s eRA Commons Username must be entered in Line 4 (Applicant Identifier) of the SF-424. The individual that has the SO account cannot also be the PI/PD.

### *Download the required application components*

Applicants **must** go to both Grants.gov ([Grants.gov](https://www.grants.gov)) and the SAMHSA website ([SAMHSA.gov](https://www.samhsa.gov)) to download the required documents needed to apply for a grant.

On [Grants.gov](https://www.grants.gov), select the ‘How to Apply for Grants’ option from the ‘Applicants’ Tab at the top of the screen. Click on the Search. On the Search Grants webpage, enter the Opportunity

Number (i.e., SM-23-001). You can find the funding opportunity number on the cover page of the NOFO.

Download both the Application Instruction and Application Package. You can view, print, or save all the forms in the Application Package and then complete them for electronic submission to Grants.gov. You can save completed forms and printed them for your records.

**Additional documents for submission (SAMHSA Website)**

You will find other materials you will need to complete your application on the SAMHSA website at [Application Forms and Resources](#).

## CHAPTER 5 – Completing and Submitting Your Grant Application

### *Overview*

In this chapter valuable tips are provided to guide you as you complete and submit your grant application.

### *Tips on Completing and Submitting Your Application*

#### **1. Learn how to effectively navigate Grants.gov Workspace or eRA ASSIST**

SAMHSA requires applicants to **electronically submit** their application using eRA ASSIST, Grants.gov Workspace, or another system-to-system provider. Below is information on eRA ASSIST and Grants.gov Workspace:

- 1) **eRA ASSIST** – The Application Submission System and Interface for Submission Tracking (ASSIST) is an NIH sponsored online interface used to prepare applications using the SF-424 form set, submit electronically through Grants.gov to SAMHSA and other participating agencies, and track grant applications. [Note: ASSIST requires an eRA Commons ID to access the system]
- 2) **Grants.gov Workspace** – You can use the shared, online environment of the Grants.gov Workspace to collaboratively work on different forms within the application package.

The specific actions you need to take to submit your application will vary by the submission method as listed above. Information on how to submit your application through eRA ASSIST or Grants.gov Workspace can be found at:

- To submit to Grants.gov using ASSIST: [eRA Modules, User Guides, and Documentation | Electronic Research Administration \(eRA\)](#)
- To submit to Grants.gov using the Grants.gov Workspace: [Grants.gov Workspace](#)

Regardless of the option you use, your application will be subject to the same registration requirements, completed with the same data items, routed through Grants.gov, validated against the same agency business rules, assembled in a consistent format for review consideration, and tracked in eRA Commons. All applications that are successfully submitted must be validated by Grants.gov before proceeding to the eRA Commons system and validations.

#### **2. Begin the necessary groundwork before the NOFO is announced.**

Ensure that you have the three registrations completed so you can respond to a SAMHSA grant announcement. You should give yourself as much lead time as possible to write your



application. Keep your program materials up-to-date and be aware of current and emerging SAMHSA projects that match your interests and needs.

Prior to the start of the new fiscal year which begins on October 1, SAMHSA will post a forecast for grants it plans to post in the upcoming fiscal year. The forecast is on the [SAMHSA Grant Announcements](#) webpage. In addition, many professional organizations and national associations highlight Federal grant programs in their newsletters to constituents well in advance of the official notice. Take advantage of lead time to develop ideas and to begin the necessary groundwork before the grant project is officially announced.

Develop a network of contacts that can help, such as State and local government entities, university staff, and individuals and other organizations that may provide support to the project. Develop a committee and get key participants in place to assist with the application development.

### ***3. Establish a timetable to develop your grant application when the NOFO is announced***

Establish a plan for what needs to be completed, by whom, and when. Developing a grant application requires the same diligent planning and scheduling as does any other labor-intensive, priority project. For example, it is recommended that you identify individuals (called your grant writing team) who can complete certain necessary tasks:

- **A person responsible for writing the application**—Although several individuals may write specific sections of the application, one person should pull the entire application together to make sure it flows and that nothing is omitted or repeated.
- **A person or small committee removed from the process to critique the first draft and identify questions or gaps**—In particular, this individual or committee should carefully review the Project Narrative to make sure that thorough responses have been provided for the evaluation criteria.
- **A person to request and coordinate receipt of Letters of Commitment** — This individual might help the organization by writing a draft letter of commitment outlining how the potential partners or organizations will contribute to the proposed project. Many partners/organizations may be willing to commit to becoming involved in the project but may not have time to draft a letter. The letters must be recent and specific about the roles and responsibilities of these entities. The Letter of Commitment should include four items:
  - How long and in what capacity has the organization been working with your organization?
  - What are the specific responsibilities the organization is going to assume during the proposed grant award period for the project?

- Why does the organization support the project?
- How does the project better the community/clients?

A template for a Letter of Commitment is included in [Appendix C](#). A Letter of Commitment is different from a Letter of Support. A Letter of Support describes general support of the grant project while a Letter of Commitment outlines the specific contributions an organization will make in the project. SAMHSA's NOFOs specify that Letters of Support should not be included in the application. A Letter of Commitment is also different from a Memorandum of Agreement (MOA). A MOA is a formal and contracted partnership that allows sharing of services between organizations according to agreed-upon terms. A template for an MOU is also in [Appendix C](#).

A sample work plan is in [Appendix D](#).

#### ***4. Make sure your proposed project matches the intent of the NOFO***

It is critical that the project you are proposing fully aligns with the parameters for the grant project outlined in the NOFO. Carefully review the grant project goals, description, and evaluation criteria to ensure that your proposed project approach can fulfill the actual project requirements.

#### ***5. Lay out a master plan***

A good application should provide a master plan, a vision of where the project is going and the expected results. The master plan should cover key questions of who, what, where, when, and why. The application should include realistic goals, measurable objectives, tasks required to accomplish the objectives, and a methodology to evaluate accomplishments.

Within the required page limits, describe how you will implement the project. Do not provide unnecessary detail. Be sure to provide evidence-based justification for your goals and a convincing description of how and why you think you will be able to accomplish them.

#### ***6. Take advantage of SAMHSA resources for technical assistance***

SAMHSA staff is available to answer questions as you prepare your application. You can seek information about grants management, budget issues, and project requirements. Each NOFO identifies a staff member from the Division of Grants Management and a staff member from the Center/Office to help answer your questions.

For some NOFOs, a pre-application webinar may be held. Webinars are announced on the SAMHSA website in the box labeled Application Materials. In addition, some NOFOs include Frequently Asked Questions (FAQs) about the grant. The FAQs will also be posted in the Application Materials box. Therefore, it is critical to periodically check the website to see whether any other information about the grant has been posted.

## ***7. Follow instructions about formatting your application***

Carefully review the formatting requirements for your application. An application that does not follow the required format may not be forwarded for review. In particular, pay attention to directions about **page limits** and font size. In addition, all attachments must be in PDF format. One strategy to make sure you stay within the page limitations is to put a header at the top of each page of the Project Narrative that shows how many pages have been used, such as Page 1 of 10, Page 2 of 10. You would start the headers at the top of Section A of the Project Narrative. It is possible to save some space by putting all of the citations in an Attachment but note where reviewers can locate the citations. SAMHSA does not require that you use a specific style for formatting citations.

## ***8. Make a reasonable funding request and match the budget to the scope of work.***

It is important that the budget request clearly reflects the project scope. Be specific and justify each item for all years of support you are requesting. The funds requested per year may not exceed the dollar limit noted in the NOFO. Applicants are encouraged to apply only for the grant amount which they can reasonably spend based on the activities that will be implemented, including the number of clients they propose to serve annually. ([See Chapter 10](#)).

## ***9. If applicable, thoroughly address all participant protection elements***

Unless otherwise indicated, all applicants for SAMHSA funding must address confidentiality and participant protection guidelines. You must address all of the participant protection elements. Take note of the fact that most of the elements have multiple components. You must address all components. If any of these components are not applicable to your project, explain why. It is not acceptable to just include a statement that you will obtain approval of the project through your organization's Institutional Review Board (IRB), to just insert a copy of your Policy and Procedure Manual, or to not address the elements. Even if an IRB will review your application, you **must** thoroughly address all of the components of participant protection in your application ([See Chapter 9](#)).

## ***10. Do not wait until the last minute to submit your application***

SAMHSA recommends that you submit your application at least **24-48 hours** prior to the deadline. Too often applicants try to submit their application an hour or two before the deadline and encounter technical problems or receive error messages which results in not getting their application in before the deadline. You need to allow time to resolve any issues that may arise.

You will receive three emails after you submit your application:

- 1) An email confirming receipt of your application;
- 2) An email notifying you if the application was successfully validated or has errors;

- 3) An email notifying you that the application has been received by SAMHSA.

It is important to monitor your application through Grants.gov and eRA as both systems can reject the application. The NOFO includes information about how to contact the Grants.gov helpdesk and the eRA Commons service desk if you experience any technical difficulties in the submission process. You are responsible for viewing and tracking your applications in eRA Commons after submission through Grants.gov to ensure successful submission.

### ***11. Complete the abstract***

Do not forget to include an abstract in your application submission. The abstract is a summary of the grant proposal and highlights the most important components of the proposed project. It must not be longer than 35 lines. It should include the project name, population(s) to be served, strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the project period. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reports to Congress, or press releases.

## CHAPTER 6 – The Project Narrative – Responding to the Evaluation Criteria

### *Overview*

The Project Narrative describes what you intend to do in your project and is your response to the evaluation criteria. In this chapter you will learn about what information you will likely need to include for each section of the Project Narrative. In addition, important points are raised for you to consider as you respond to the evaluation criteria. Finally, critiques are provided of actual responses to evaluation criteria.

### *Sections of the Project Narrative*

In the Project Narrative, you will describe how you intend to implement the project. The Project Narrative generally has four or five sections with each section assigned a point value. The total point value is 100. It is critical to take note of the page limits for the Project Narrative specified in the NOFO. Peer reviewers evaluate the technical merits and assign a score for each section. Your application will be reviewed and scored according to the quality of your response to the requirements in the Project Narrative.

Sections of the Project Narrative that are often in NOFOs are:

#### *Population of Focus and Statement of Need*

In this section, you are expected to describe the unmet need(s) or emerging problem(s) to be addressed by the project in your catchment area.

You may need to include the following information in this section:

- The specific geographic catchment area where you will implement the project;
- The population(s) of focus;
- The demographics characteristics of the population(s) of focus;
- The nature of the problem within the geographic catchment area, including the extent of need, barriers to care, and gaps in service for the population(s) of focus;
- Health disparities in the population(s) of focus;
- The need for greater capacity in your organization to address the identified need; and
- Resources that may be available to the project.

You will be expected to use current quantitative data to describe your population(s) of focus and the geographic catchment area. Additionally, to the extent available, use local data to

describe the need and service gaps, supplemented with state and/or national data. It is important for you to remember to cite your sources of data.

Sources of local data may include:

- State and county public agencies;
- School systems;
- Court systems;
- HIV/AIDS planning councils;
- Community health assessments;
- Arrest data;
- United Way organizations; and
- Hospitals.

Sources of national data may include:

- U.S. Census Bureau;
- SAMHSA; and
- Other federal agencies, e.g., the Centers for Disease Control and Prevention (CDC), the Health Resources Services Administration (HRSA).

Links to websites for quantitative data can be found in [Appendix I](#).

In addition to quantitative data, it is also recommended that you compile qualitative data about the need in the catchment area, such as data obtained through focus groups with consumers, clients, family members of consumers, and/or other key constituents or informants.

### ***Proposed Implementation Approach***

This section requires you to outline the goals and measurable objectives of the project and how you plan to implement the required activities.

You may need to include the following information in this section:

- The purpose of the proposed project;
- Realistic goals and measurable objectives and how they align with the Statement of Need;
- The unduplicated number of individuals that will receive services or training in the project;
- A timeline for the entire project period; and
- How you will implement all of the required activities.

### ***Proposed Evidence-Based Service/Practice***

This section requires you to identify the Evidence-Based Practices (EBPs) that you will implement and to justify their use with the population (s) of focus.

You may need to include the following information in this section:

- A description of the EBPs you plan to implement. This description should reference why each EBP is appropriate for the problem area you plan to address and your population(s) of focus;
- Specific information about any modifications you plan to make to the EBPs and a justification for making these modifications; and
- How you plan to monitor the implementation of the EBPs to ensure they are implemented according to EBP guidelines.

If you plan to implement services or practices that are not evidence-based, you must show that these services/practices are effective. You will need to cite sources, such as articles from research journals, to document the effectiveness of these services or practices. If this type of information is unavailable, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

You may want to provide services that you can show have been successful, but you want to implement the services with another population of focus or in a different community. This plan is acceptable as long as you thoroughly explain what you are trying to do, your expected outcomes, what you will do to modify the project if needed, and why you believe these modifications will improve the project. This supporting material must be based on evidence from the field and included as part of your documentation.

### ***Staff and Organizational Experience***

In this section, you are expected to describe the capability and experience of your program/organization to implement the project, your history in providing services to the population(s) of focus, and your experience with similar projects.

You may need to include the following information in this section:

- The linkages of your organization to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of this population;
- The capability and experience of other organizations/partners that will be involved in the project;
- Key staff that will be involved in the project, including their roles, level of effort and qualifications as well as their experience providing services to the population(s) of focus and their familiarity with its culture(s) and language(s).

## ***Data Collection and Performance Measurement***

All Federal programs require that performance data is collected and reported. In this section, you will need to document your ability to collect and report on the required performance measures and describe your performance assessment plan. To document your ability to collect and report on the required performance measures, you may describe your experience collecting and reporting data for other grant awards.

You may need to include the following information in this section:

- What data collection instruments you will use;
- How data will be collected and what staff member(s) will oversee this component;
- How you will use the data collected to manage, monitor, and enhance the program;
- How you plan to conduct the performance assessment; and
- The quality improvement process you will implement.

You will need to determine what tools you will use to collect the required performance data and to take note of how frequently the data needs to be reported to SAMHSA.

In considering the assessment of the project, some points to consider are:

- Your local university may offer help in providing experts in the performance assessment field;
- It may be worthwhile to have an evaluator involved in the project from the start to help you identify the tools and techniques that can be used in the project; and
- All performance assessment components must be integrated - goals and objectives, assessment questions, methodology, instruments, analysis, and Government Performance and Results Act (GPRA) requirements.

The Government Performance and Results Act was passed in 1993 as a data reporting mechanism for holding government programs accountable for the outcomes of their programs. GPRA requires regular reporting of performance data to the Office of Management and Budget in order to monitor the effectiveness of government programs. As part of the GPRA mandate, all SAMHSA grants must collect and report performance data. The GPRA measures for each program will be included in the NOFO and cannot be altered by recipients. The NOFO will also include instructions on how the data are to be collected and reported, what instruments are to be used, and how the data are to be submitted.

## ***Responding to the Evaluation Criteria***

As your response to the evaluation criteria is the most critical part of the application, extensive information is provided about how to effectively complete this part of the



application. In addition, examples are provided to illustrate some of the points that are raised.

### ***Key points to consider:***

- It is not necessary to type the criterion in the Project Narrative. However, you must indicate the section letter and number before your response to each criterion (A.1, B.2).
- It is important to note that many of the criteria have multiple components and you must address all components. For example, the following criterion has up to five components that you must be addressed:

*(1) Describe the experience of your organization with similar projects and/or (2) providing services to the population(s) of focus for this NOFO. (3) Identify other organization(s) that you will partner with in the proposed project. (4) Describe their experience providing services to the population(s) of focus, and their (5) specific roles and responsibilities for this project.*

Clearly delineate your response to each component so reviewers do not have to sort through several pages of narrative or paragraphs to find your responses.

- Define all acronyms before you use them.
- Provide **explicit detail** for all of your responses to the evaluation criteria. Do not simply re-state or “parrot” the information in the NOFO. The one comment that reviewers consistently make is that applicants do not provide sufficient detail in their responses to the evaluation criteria. If you provide a very general response to the criteria, it will be difficult for reviewers to get a clear understanding of whether your implementation plan will effectively address the identified problem in your community. However, make sure the detail that is provided directly relates to the criterion you are addressing. Consider the following criterion: *Describe how the required activities will be implemented.* Reviewers are looking for specific information about the activities you will be implementing. If a reviewer cannot answer “who” “what” “how” “when” and “why” after reading the response, there may not be enough detail for the reviewer to determine that you have a viable plan to implement the activity.
- It is important to be mindful of the page limits as well as the number of points allocated for each section. Within the specified page limits, you need to describe the project and how it is to be carried out. Do not provide extraneous information that is not pertinent to the criteria or unnecessary detail. For example, in some instances applicants provide extensive detail about research related to the EBPs they plan to implement and a step-by-step description of how they will be implemented. This level of detail is not required by the criterion. In addition, if one section is 30 points and another section is 10 points,

you should ensure that the number of pages of narrative allotted to each of these sections to some degree aligns with the point value. Information will be provided about the recommended number of pages to devote to each section.

- Be sure to put information under the appropriate criterion. Do not answer a criterion by referencing the information that was provided in another section. If you reference information in another criterion, it will not be considered by reviewers.
- Make sure you carefully read each criterion and provide a response to exactly what is asked for. For example, if one of the criteria in the section on Staffing and Organizational Experience asks you to discuss how **key staff members** have demonstrated experience and are qualified to serve the population(s) of focus, it is expected that you will discuss the qualifications of specific key staff members, **not** the experience of your organization in providing services to population(s) of focus.
- If possible, explain why requested information is not provided. If one of the evaluation criteria asks for information that is not available, it is important to explain why this information is not available and what your plan is to collect it.
- It is recommended that you do not use vague terminology, such as “ongoing” or “regular”. Provide specific time frames for processes that will be implemented.
- If you are confused and have questions about the evaluation criteria, contact the program staff identified in the NOFO.

### ***Population of Focus and Statement of Need***

- It is critical to **clearly** define the population(s) of focus.
- An important element that you need to consider in the design of your project is the size of the population of focus. For example, proposing to implement a project serving both undergraduate and graduate students on a large university campus that has over 40,000 students may not be realistic. Carefully evaluate how large a population you can realistically serve.
- **Clearly** define the geographic catchment area for the project. For example, if the statement is made that the project will be implemented in New York City, it would be critical to indicate whether the entire city would be the catchment area or specific boroughs as the scope of the project would be very different if the entire city was the catchment area as opposed to one or two boroughs.
- To help reviewers understand the need for the project, you should explain why the geographic catchment area was selected.
- In your description of the statement of need, make sure you reference **current** data. In addition, if you are describing the need in your community, use local

data to give reviewers a clear picture of the extent of need in this community rather than focusing on state or national data. If local data is not available, note this in your response and discuss how you plan to collect local data.

- If the purpose of a project is to provide services to a specific population, such as youth and young adults up to and including age 24, make sure the statement of need provides data specific to this population. For example, if your project will focus on suicide prevention, you may include documentation of suicide rates in the State but suicide rates for youth and young adults in your geographic catchment area should also be provided.
- Make sure you provide citations for data that is provided. You can place citations in an attachment. You do not need to include them in the Project Narrative.
- To display demographic information, sample tables are provided in [Appendix E](#).

### ***Proposed Implementation Approach***

- In developing your timeline, read the criterion carefully. For example, this criterion will indicate that the timeline must cover **the entire project period**, not just the first year. In addition, the criterion will stipulate the timeline must delineate responsible staff, **not** the organization that will be responsible but specific staff members. If there are important tasks described in the required activities section that must be completed by a specific date, such as the development of a Disparity Impact Statement, these tasks should be included in the timeline. Finally, make sure you present the activities in your timeline in a logical sequence and that you allow for sufficient time for certain tasks, such as hiring staff. (See [Appendix B](#) for a sample template.)
- Develop realistic goals and measurable objectives (see [Chapter 8](#)). The objectives must be linked to specific goals. In addition, in the section on data collection and performance measurement, make sure you discuss how you plan to collect data to evaluate whether the objectives have been achieved.
- The goals and **measurable** objectives should align with the statement of need outlined in the Statement of Need section of the Project Narrative.
- In describing the screening and assessment tools that you will use, include the following information:
  - Whether it is evidence-based;
  - The content of the instrument (i.e., a 10-item questionnaire);
  - Whether it evaluates substance use/misuse and/or mental health issues;
  - How it is administered (i.e., clinician-administered, self-administered); and

- Whether it has been validated for use with the population of focus.
- Concisely but thoroughly describe how you will implement all of the required activities in your project as well as any allowable activities you have selected.
- Develop a realistic plan to implement the project. Reviewers will be evaluating whether it is feasible to implement all of the components of the project. For example, do not assume that more is better. For example, if you propose to implement ten EBPs, the reviewers will expect you to specifically address how you will realistically train staff on all of the EBPs and how you will effectively monitor the delivery of all of the EBPs to ensure that they are delivered according to EBP guidelines.

### ***Evidence Based Practices***

- It is important to clearly describe **why** you chose specific EBPs for the project.
- Provide documentation of the evidence base for the use of the EBPs with the population(s) of focus and expected outcomes. If you make a statement that an EBP has been found to be effective with a specific population, literature citations must be included to support this statement.

### ***Staff and Organizational Experience***

- In describing your organization’s experience with similar projects, clearly describe your experience collecting data and reporting on performance measures in terms of past funders, types of evaluations conducted, and outcomes achieved. If you state that the performance assessment will be conducted by an evaluator outside of the organization, such as a professor from a local university, make sure you document this individual’s experience with federally funded projects to include the collection, analysis, and reporting of GPRA data and other performance measures.
- Make sure the level of effort for the Project Director or other management/supervisory staff is sufficient to effectively oversee the project. If the level of effort for the Project Director, for example, is relatively low it is important to identify which staff members will be responsible for managing the grant and explain this in the Project Narrative.
- If the NOFO indicates that Key Personnel, such as the Project Director, must have a specified level of effort (LOE), make sure the LOE for Key Personnel are met and are also reflected in the budget.
- In describing how staff members are familiar with the culture(s) and language(s) of the population(s) of focus, it is not sufficient to indicate that “he/she serves the population of focus and understands its culture”. It is also not sufficient to provide a general statement stating that all staff members have experience with the population of focus. Make sure you document each individual’s experience providing services to the population of focus and their familiarity with the cultures and languages of this population.

- If staff members are identified in this section, make sure they are included in the budget and narrative justification.
- If partners are identified that will participate in the project, make sure Letters of Commitment for all of the partners are included in the specified attachment. In addition, it is not sufficient to just describe the services provided by the partners. You must describe their roles and responsibilities in the project.
- Many applicants fail to include all the required information about project staff, such as qualifications, roles, and level of effort. To ensure that you provide all of the information, one option is to provide it in a table. See [Appendix G](#) for a sample table that shows how this information might be displayed.

### ***Data Collection and Performance Measurement***

- In responding to the criteria on performance assessment, it is recommended that you address the following points:
  - The data (i.e., performance indicators) that you will use for the performance assessment;
  - The plan for reviewing and reporting on progress achieved in meeting the goals and objectives, barriers encountered, and efforts to overcome these barriers; and
  - Who will be responsible for collecting, analyzing, and reporting on the data to be used in the performance assessment?
- If an evaluation team will be responsible for data analysis and reporting, the individuals that comprise this team must be specified.
- See [Appendix F](#) for more specific information about responding to this section.

## ***CRITIQUES of APPLICANT RESPONSES***

### **Weakness: Not specifically responding to the criteria**

**Evaluation Criterion:** Describe the Evidence-Based Practice(s) (EBPs) that will be used to help implement the program and justify its use for your population(s) of focus, program, and the intent of the NOFO.

**Applicant's Response:** The Community Recovery Project is a comprehensive approach to suicide elimination utilizing the public health model to fulfill the identified elements of the National Strategy for Suicide Prevention. Evidence-based interventions are proposed at all levels of the public health model in order to ensure the maximum number of intercepts in order to prevent deaths by suicide in the identified population and sub-populations. To be effective, comprehensive programming focused on strategies to address issues in the individual, the environment, and the means. Interventions that target individuals, such as immediate access to integrated medical and behavioral health services, combine with interventions targeting the

environment, such as seamless care coordination, effective sharing and uses of data, peer and family supports, and strong community-based prevention initiatives, that combine with interventions designed to disrupt the means of suicide and reduce access to lethal means from the architecture of this proposal.

**Critique:** *The applicant organization notes its understanding of the need for evidence-based practices and its plans for incorporating them in the project. However, it does not identify any specific EBPs it will implement in the project.*

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### **Weakness: Not specifically responding to the criteria**

**Evaluation Criterion:** Describe how you will identify, recruit, and retain the population of focus.

**Applicant's Response:** In alignment with best practices, individuals who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, physical or mental disability, religion or socioeconomic status must receive the same opportunities as other citizens to participate in substance abuse treatment programs. To support this fundamental belief, the program has developed eligibility criteria that are nondiscriminatory. It has developed a “no wrong door” entry policy with numerous referral sources and will ensure that all clients receive the same level of care and quality of treatment. The program has been adapted to better meet the needs of clients with co-occurring disorders and utilizes EBPs and practices to engage and retain clients. The program also keeps track of retention rates and reviews these retention rates to identify factors contributing to the rates as part of the quality improvement process.

**Critique:** *Although the applicant outlines its approach to the provision of services, it does not specifically address **how** it will identify, recruit, or retain clients.*

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### **Weakness: Not specifically responding to the criteria**

**Evaluation Criteria:** Describe how the community-based organization will change community norms to prevent and reduce substance abuse/HIV.

**Applicant's Response:** The Center has a rich history of addressing health disparities in disparate communities. In 2000, the Center received funding to establish a state-wide HIV Education Center to address the needs of African American and Latino young adults living with HIV/AIDS. The partnership was established with the local university and a prominent Latino serving organization. In that time, the Center conducted community assessments, held focus groups, and established a national research committee to address HIV/AIDS prevention in young adults. Data gathered from this intervention was used to develop strategies for the prevention of HIV/AIDS in young adults. As such, the Center will build upon this experience and its 15-year history of health disparities work to inform and educate the community on methods to prevent and reduce substance abuse and HIV/AIDS.

**Critique:** *The applicant organization provides information about how it has been involved in addressing health disparities, particularly relative to HIV. However, it does not specifically address **how** it **will** change community norms to prevent and reduce substance abuse/HIV. It mentions that it will work to inform and educate the community on methods to prevent and reduce substance abuse and HIV/AIDS but does not provide any specific information about **how** it will do this.*

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**Weakness: Lack of detail/specific information related to the criterion**

**Evaluation Criterion:** Describe how you will identify, recruit, and retain the population of focus

**Applicant's Response:** We are well-established as a resource in the health and human services community, with long and productive relationships with most referring agencies in our area, including the County Health Department, the University Health Center, and the Local Management Board. We play a key role in providing health information from the Health Department, the University, and others to women with substance abuse and mental health problems, including homeless women. We have credibility with the target population due to our long history of providing culturally sensitive and responsive services. We also do a considerable amount of outreach work centered around health education and HIV. We sponsor and/or attend multiple health fairs every year, conduct door-to-door activities, provide basic social services and assistance, and draw clients from our exercise classes, cooking classes, and other community wellness programs. These services also help us both recruit and retain participants.

**Critique:** *Although this applicant describes its collaborative relationship with other organizations and its provision of outreach and other services in the community, it does not provide **specific** information about **how** it will identify, recruit, and retain the population of focus. For example, within the larger group of individuals it provides services to, the applicant does not describe **how** it will identify the population of focus, **what** techniques/methods it will use to recruit the individuals to be involved in the project after it has identified them, and **what** specific strategies it will implement to retain these individuals in the project. In addition, the applicant states that the services it provides helps it recruit and retain participants but does not provide any documentation to support this assertion.*

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**Weakness: Lack of detail/specific information related to the criterion**

**Evaluation Criterion:** Explain how you will monitor the delivery of the EBPs to ensure that they are implemented according to the EBP guidelines.

**Applicant's Response:** As research demonstrates that poorly executed EBP programs are seldom successful in achieving positive outcomes, the agency will monitor program delivery by requiring partners to work in conjunction with the project staff to assess the needs and identify appropriate evidence-based interventions, provide training and technical assistance, and hone

current systems to improve adherence to fidelity of the EBPs to ensure that the EPBs are delivered according to EBP guidelines.

**Critique:** *The applicant organization provides a limited response. There is a lack of detail on **how** training and technical assistance will be provided (**who** will conduct the training/TA with partners, **how often** will it be conducted, the staff members that will be required to attend) and the monitoring processes will be implemented (**what** processes or tools will be used - onsite, self-assessment, focus groups, **who** will be responsible for overseeing the monitoring, and the **frequency** of monitoring). There is also no specific information about **what** changes would be made to the supervision of individuals delivering the EBPs based on the results of the monitoring that is conducted.*

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### **Weakness: Lack of detail/specific information related to the criterion**

**Evaluation Criterion:** Describe the quality improvement process that will be used to track whether your performance measures and objectives are being met, and how these data will inform the ongoing implementation of the project.

**Applicant's Response:** An overall goal of the evaluation is to provide feedback to inform and support implementation and improvement. Staff will deliver information summaries on a regular basis to encourage improvements in coordination and service delivery as the project unfolds. Regularly scheduled meetings between the Evaluator, Project Director, and sub-grantee staff will encourage data-driven dialogue about project successes, barriers, and potential solutions to those barriers. Sub-grantees may make adjustments to program implementation as needed based on evaluation reports.

**Critique:** *The applicant organization does not provide adequate specificity about the quality improvement process. For example, **what** information will be included in the information summaries? **What** monitoring tools will be used to collect this information? **How** will the information be collected? For example, will satisfaction survey be conducted or input obtained from consumer advisory boards? In addition, on a regular basis or regularly scheduled meetings needs to be more clearly defined. Finally, it is not fully evident **what** processes will be put into place to ensure that both the applicant and the sub-recipients implement the necessary adjustments, such as monthly quality improvement meetings or monthly trainings to address changes that need to be made to the clinical and/or administrative operations of the project.*

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### **Weakness: Lack of detail/specific information related to the criterion**

**Evaluation Criterion:** Describe how your staff will ensure the input of patients in assessing, planning, and implementing your project.

**Applicant's Response:** Patient engagement is critical to the development of the project. The organization is committed to outreach and active engagement of patients, partners, and stakeholders to ensure the best possible assessment, planning, and implementation of the



project. Patients will have the opportunity to engage with staff regarding the project in many ways, including but not limited to webinars, webpages, community events, and email distribution lists. Effective communication and feedback from patients regarding issues, concerns, and recommendations for the project will help assure that the Department is fully informed.

**Critique:** *The applicant organization does not provide **specific** information about the strategies that will be used to solicit input from patients, at what point in the process this input will be obtained (assessment, planning, or implementation) or **how** this input will be utilized.*

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### **Weakness: Lack of detail/specific information related to the criterion**

**Evaluation Criterion:** Discuss the capacity and experience of the applicant organization with similar projects and populations. Demonstrate that the applicant organization has linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and languages(s) of the population(s) of focus.

**Applicant's Response:** The applicant, the County Department of Behavioral Health (CDBH), provides care and treatment to adults, children, and adolescents with mental illness, substance use disorders, and intellectual disabilities, through county-operated programs and contracts with community agencies. Services include intensive short-term treatment as well as extended care of persons with serious mental illness. The partnership between CDBH and the Drug Court ensures that clients of the Drug Court have immediate access to the full gamut of treatment services for co-occurring disorders provided by the CDBH. CDBH has developed a vast network of treatment and recovery support service providers, including faith-based organizations. Connection to the population(s) of focus has increased due to the availability of faith-based and multicultural organizations that provide services that are responsive to gender, race, ethnicity, language, and sexual preference. These services are also provided in multiple languages.

**Critique:** *(The applicant was responding to a NOFO funding Drug Court projects). The applicant does not document any direct experience working with Drug Court programs, other than providing treatment services to Drug Court participants, or experience working with judicial staff. In addition, one of the primary populations of focus for the project is Veterans but this population was not mentioned in this response. Furthermore, the applicant does not describe experience managing similar projects. Finally, the applicant provides general information about the fact that its network includes faith-based and multicultural organizations. The response must provide examples of **specific** grassroots/community-based organization in its network that are responsive to the culture(s) and language(s) of the population(s) of focus.*

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### **Weakness: Directing reviewers to find the response in another numbered criterion and not providing an in-depth response to the criterion.**

**Evaluation Criteria:** Describe the Evidence-Based Practice(s) that will be used. Document how each EBP chosen is appropriate for the outcomes you want to achieve. Justify the use of each

EBP for your population of focus. Explain how the chosen EBP(s) meet SAMHSA's goals for this program.

**Applicant's Response:** Our choice for this project is the MISSION Model. The evidence for using this EBP is discussed in more detail below. In brief, we selected this approach because of the diverse and complex needs of individuals with a co-occurring disorder (COD) in the program which includes the need for timely care coordination, COD services, vocational support, trauma-informed care, and peer support, the latter of which assists with treatment initiation and ongoing engagement. Furthermore, MISSION offers ongoing monitoring of risk and need levels along with rapid treatment plan adjustments as needed to meet the diverse needs of clients served in the program. As described in Section B.4, MISSION has been employed in a wide range of populations and is effective in meeting client needs while working in collaboration with the courts.

**Critique:** *The applicant does not include the required information in the criterion but refers to information in B.4. In addition, insufficient detail is provided about **how** this EBP is appropriate for the outcomes it seeks to achieve or **how** it meets SAMHSA's goals for the program.*

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### **Weakness: Merely restating the information that is included in the NOFO**

**Evaluation Criteria:** Describe your specific plan for: data collection, management, analysis, and reporting. The data collection plan must specify the staff person (s) responsible for tracking the measurable objectives that are identified in your response to B.1.

**Applicant's Response:** Data collection will be completed by the Clinicians and Case Managers. Progress reports and performance assessments will be completed by the Evaluator. Data will be collected at baseline, discharge, and 6 months post-baseline for a minimum of 80% of all clients who receive a baseline interview. All data will be entered into SAMHSA's GPRA data entry and reporting system within 7 business days. GPRA performance data will be reported to the public, OMB, and Congress. The evaluation plan revolves around three fundamental questions (1) What are we trying to accomplish: 2) How will we know if a change has occurred: 3) What can be measured that will indicate improvement? The project will report on the SAMHSA client-level performance measures. This information will be gathered using the SAMHSA data collection tool. The collection of this data will enable SAMHSA to report on the NOMS which have been defined by SAMHSA as key priority areas relating to substance use.

**Critique:** *Other than identifying the staff members who will be involved in the data collection and reporting, the applicant provides no specific information about the processes that will be implemented for this project within the organization. For example, the applicant does not specifically address **what** processes will be implemented to collect data on the objectives it identifies in B.1, **what** tools will be used to collect this data, **how** it will collect data from partners, or identify the staff member who will be responsible for tracking these objectives. This presents a significant problem as many of the objectives are not measurable. Furthermore, the applicant does not provide substantive detail on **how** data will be managed or analyzed to include information about **how** data will be protected and the role of the Evaluator in the data*

*analysis process. Finally, information is not provided about **how** data will be reported to staff, stakeholders, and other partners.*

## CHAPTER 7 – Developing Goals and Measurable Objectives

### *Overview*

To be able to effectively evaluate your project, it is critical that you develop realistic goals and measurable objectives. This chapter will provide information on developing goals and measurable objectives. It will also provide examples of well-written goals and measurable objectives.

### *Developing Goals and Measurable Objectives*

The following information is provided to assist you in developing goals and measurable objectives.

### **GOALS**

**Definition** - a goal is a broad statement about the long-term expectation of what should happen as a result of your program (the desired result). It serves as the foundation for developing your program objectives. Goals should align with the statement of need that is described. Goals should only be one sentence.

The characteristics of effective goals include:

- Goals address outcomes, not how outcomes will be achieved;
- Goals describe the behavior or condition in the community expected to change;
- Goals describe who will be affected by the project;
- Goals lead clearly to one or more measurable results; and
- Goals are concise.

**Figure 1**

Unclear Goal	Critique	Improved Goal
Increase the substance use/misuse and HIV/AIDS prevention capacity of the local school district	This goal could be improved by <i>specifying an expected program effect in reducing a health problem</i>	Increase the capacity of the local school district to reduce high-risk behaviors of students that may contribute to substance use/misuse and/or HIV/AIDS
Decrease the prevalence of marijuana, alcohol, and prescription drug use among youth in the community by increasing the number of schools that implement effective policies, environmental change, intensive training of teachers, and educational approaches to address high risk behaviors, peer pressure, and tobacco use.	This goal is not concise	Decrease youth substance use in the community by implementing evidence-based programs within the school district that address behaviors that may lead to the initiation of use.

## OBJECTIVES

**Definition** – Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and accountability. It is recommended that you avoid verbs that may have vague meanings to describe the intended outcomes, like “understand” or “know” because it may prove difficult to measure them. Instead, use verbs that document action, such as: “By the end of 2022, 75% of program participants will be *placed* in permanent housing.”

In order to be effective, objectives should be clear and leave no room for interpretation.

**SMART** is a helpful acronym for developing objectives that are *specific, measurable, achievable, realistic, and time-bound*:

**Specific** – includes the “who” and “what” of program activities. Use only one action verb to avoid issues with measuring success. For example, “Outreach workers will administer the HIV risk assessment tool to at least 100 injection drug users in the population of focus” is a more specific objective than “Outreach workers will use their skills to reach out to drug users on the street.”

**Measurable** – how much change is expected. It must be possible to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for your program. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If you plan to use a specific measurement instrument, it is recommended that you incorporate its use into the objective. Example: By 9/22 increase by 10% the number of 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> grade students who disapprove of marijuana use as measured by the annual school youth survey.

**Achievable** – objectives should be attainable within a given time frame and with available program resources. For example, “The new part-time nutritionist will meet with seven teenage mothers each week to design a complete dietary plan” is a more achievable objective than “Teenage mothers will learn about proper nutrition.”

**Realistic** – objectives should be within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific time frame. For example, “Two ex-gang members will make one school presentation each week for two months to raise community awareness about the presence of gangs” is a more realistic objective than “Gang-related violence in the community will be eliminated.”

**Time-bound** – provide a time frame indicating when the objective will be measured or a time by when the objective will be met. For example, “Five new peer educators will be recruited by the second quarter of the first funding year” is a better objective than “New peer educators will be hired.”

**Figure 2**

Non-SMART Objective	Critique	SMART Objective
Teachers will be trained on the selected evidence-based substance use/misuse prevention curriculum.	The objective is not SMART because it is not <i>specific, measurable, or time-bound</i> . It can be made SMART by <i>specifically</i> indicating who is responsible for training the teachers, how many will be trained, who they are, and by when the trainings will be conducted.	<b>By June 1, 2023, LEA supervisory staff will have trained 75% of health education teachers in the local school district</b> on the selected, evidence-based substance use/misuse prevention curriculum.
90% of youth will participate in classes on assertive communication skills.	This objective is not SMART because it is not <i>specific or time-bound</i> . It can be made SMART by indicating <i>who</i> will	By the <b>end of the 2023 school year, district health educators</b> will have conducted classes on assertive communication skills for 90% of youth

Non-SMART Objective	Critique	SMART Objective
	conduct the activity, <i>by when</i> , and <i>who</i> will participate in the lessons on assertive communication skills.	<b><i>in the middle school</i></b> receiving the <b><i>substance use/misuse and HIV prevention curriculum.</i></b>
Train individuals in the community on the prevention of prescription drug/opioid overdose-related deaths.	This objective is not SMART as it is not <i>specific, measurable</i> or <i>time-bound</i> . It can be made SMART by specifically indicating who is responsible for the training, how many people will be trained, who they are, and by when the training will be conducted.	<b><i>By end of year two of the project</i></b> , the <b><i>Health Department</i></b> will have trained <b><i>75% of EMS staff in the County Government</i></b> on the selected curriculum addressing the prevention of prescription drug/opioid overdose-related deaths.

The first step in developing your goals and objectives for a specific grant announcement is to review the specific purpose of the grant and the required activities. For example, the NOFO may state that the purpose of the grant is to prevent suicide in institutions of higher education and indicate that one of the required activities is increasing the amount of training to students, faculty, and staff on suicide prevention and mental health promotion. It would follow that a relevant goal could be:

***Increase the number of suicide prevention and mental health promotion trainings delivered to students, faculty, and staff at the State University.***

To assess whether the number of trainings has increased you would need to collect data on the number of trainings that have been conducted in the past within a specified time period. You could include this data into the statement of the problem to document the need for the grant at the university. Once you have the baseline data for the university, a determination would need to be made as to what a realistic objective would be in terms of the number of training events that could be accomplished during the grant period.

Once a goal has been established, the next step is to determine what objectives need to be developed to address this goal. The objectives that might be developed could include specifying how many individuals would need to become certified to conduct the trainings and by when this would need to be accomplished. It would also be relevant to determine how many university staff members are certified trainers and how many additional individuals would need to become certified. An objective might be:

***By 3/15/2023, ten staff members of the University Counseling Center will have become certified gatekeeper trainers.***

Another objective could address how many trainings will be conducted during a specified time frame, such as:

*By end of year three of the project, the staff of the University Counseling Center will have conducted 30 suicide prevention and mental health promotion trainings to students, faculty, and staff on the selected curriculum (name of EBP) addressing the prevention of suicide.*

An example of how the goals and measurable objectives could be presented in the Project Narrative (Proposed Implementation Approach section) is included in Figure 3. If your objectives reference increases or decreases in measures, make sure you have baseline data. By including the last column in the table (How Objectives Will Be Measured) you will clearly outline for reviewers what data will be collected to evaluate whether the objectives are achieved. It is important that you describe in the Data Collection and Performance Measurement section how you plan to collect the data and analyze this data.

**Figure 3**

Goals	Objectives	How Objective Will Be Measured
Goal 1.	1.A	
	1.B	
	1.C	
Goal 2.	2A.	
	2B.	
	2C	
Goal 3.	3A.	
	3B.	
	3C.	



## CHAPTER 8 – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

### *Overview*

This chapter will provide an overview of SAMHSA participant protection requirements and explain when IRB approval is needed.

### *SAMHSA Participant Protection Requirements*

The NOFO will describe SAMHSA requirements and Federal regulations about participant protection. Applicants and recipients are expected to develop and implement appropriate procedures to address confidentiality and other ethical issues pertinent to the protection of individuals in proposed projects. This part of the application is not optional unless otherwise noted.

Confidentiality is particularly important in SAMHSA grant projects because of the potential for stigmatization of participants receiving treatment or counseling for drug use, mental illness, HIV/AIDS, and related problems. If participants in the proposed project could be exposed to any risk of problems through any failure of the project to keep information about them confidential, the applicant must develop procedures to prevent these risks and describe them in the application.

It is important to note the following regarding confidentiality:

- Recipients who provide substance use/misuse diagnosis, treatment, or referral for treatment must maintain the confidentiality of any patient or client records for alcohol or drug abuse treatment. All recipients must act in accordance with [Title 42 of the Code of Federal Regulations, Part 2 \(42 CFR Part 2\)](#), Confidentiality of Alcohol and Drug Abuse Patient Records.
- Confidentiality regulations are applicable to any information obtained by a federally assisted project, as defined in regulations, about patients who use alcohol and other drugs.
- Projects that offer treatment for mental illness must maintain confidentiality in accordance with professional standards of practice and applicable law.

There are generally seven Participant Protection elements that you must address. It is important to read the information and directions in the NOFO carefully.

Standards for SAMHSA Participant Protection include:

- Protection of participants and staff from potential risks;
- Fair selection of participants;

- Absence of coercion;
- Data collection;
- Privacy and confidentiality;
- Adequate consent procedures; and
- Discussion of risks and benefits.

**As was noted in the discussion of the evaluation criteria, most of the elements of participant protection include multiple components. It is critical that you address all of the components.**

As there are no page limits in this section, you may want to consider inserting each bullet in your response and then writing the response to the bullet below. This will ensure that you address all the components and makes it easy for the peer reviewers to evaluate how you responded to each component.

***Common issues that reviewers identify in their assessment of the response of applicants to the Participant Protection elements:***

### ***General Issues***

- Making the statement that the project will undergo an IRB review and not addressing any of the criteria. Even if the project will undergo a review by an IRB, all of the Participant Protection elements must be addressed.
- Omitting this section in the submission of the application
- Stating the participant protection elements are not applicable to the project
- Inserting chapters of the organization’s Policy and Procedure Manual in this section but not specifically addressing the seven elements
- Indicating that the response to a specific element can be found in the Project Narrative

### ***Protection of Participants and Staff from Potential Risks***

- Responding that there are no risks to participants. If services are being delivered as part of the project, it is **very unlikely** that there will be **no** foreseeable physical, medical, psychological, social, or legal risks or potential adverse effects as a result of the project.
- Addressing potential risks to participants but not addressing risks to staff
- Neglecting to describe how the organization will provide guidance and assistance in the event there are adverse effects to participants and whether alternative treatments will be available to participants.

### ***Fair Selection of Participants***

- Not addressing how the participants will be recruited and selected and who will select them
- Not addressing how potential participants will be informed of the voluntary nature of participation
- Not explaining reasons for including or excluding participants

### ***Absence of Coercion***

- Indicating that you do not plan to compensate participants, such as through incentives, but including funding for incentives in the budget or describing the use of incentives in the Project Narrative
- Not specifying how participants will be told that they may receive services even if they choose not to participate in the data collection component of the project

### ***Data Collection***

- Describing the use of drug testing in the Project Narrative but not providing information about specimen collection
- Not including data collection instruments/interview protocols (or links to websites for the instruments) in the specified attachment

### ***Privacy and Confidentiality***

- Not providing detailed information about how data will be stored, who will or will not have access to the data, and how the identity of the participants will be kept private
- Not specifying that you 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

### ***Adequate Consent Procedures***

- Not providing copies of sample consent forms in the specified attachment

### ***Risk/Benefit Discussion***

- Indicating there are no risks to participants in the first element and noting that this element is therefore not applicable

### ***Protection of Human Subjects***

Depending on the performance assessment and data collection requirements of the particular funding opportunity or the performance assessment/evaluation design you propose in your application, you may have to comply with the human subjects provisions of **Title 45 of the Code of Federal Regulations, Part 46 (45 CFR 46)**,

**Protection of Human Subjects.** The only difference between the SAMHSA Participant Protection Requirements and the Protection of Human Subjects is that when the Protection of Human Subjects is required, an additional level of approval (Institutional Review Board (IRB) Approval) must be obtained.

You can obtain general information about Human Subjects Protections from the [HHS Office of Human Research Protections](#). SAMHSA-specific questions should be directed to the program contact identified in the NOFO.

## CHAPTER 9 –Preparing the Budget

### *Overview*

In this chapter, specific information will be presented about what factors must be taken into consideration as you develop the budget for the project.

### *Guidelines for Preparing Your Budget*

SAMHSA requires applicants to submit the SF-424A Budget Information Form. It is important to follow the instructions included with the SF-424A when preparing your budget. The budget is your projection of all costs for all years of the grant. You must stay within the funding limits for the grant. In addition, a narrative justification is required to support all of the proposed costs in your budget. This narrative explains how your organization will use the funds you are requesting. It should provide sufficient detail for the various line items where funds are being requested. Your plan must show that grant funds will be spent in compliance with grant provisions and Federal regulations. It is important to review the standard funding restrictions in the NOFO. SAMHSA reviews the proposed budget and budget narrative to ensure costs are reasonable, allocable, necessary, and allowable per the Code of Federal Regulations (CFR) and cost principles (See [Appendix A](#) for definitions of these terms).

You can find a sample budget and narrative justification template on the [SAMHSA Forms and Resources](#) webpage. Scroll down to the “**SAMHSA Budget Template**” section. You **must** first download the budget template PDF to your computer before opening it in Adobe Acrobat or Acrobat Reader (not your internet browser):

1. Right-click the link "**SAMHSA Budget Template (PDF)**"
2. Select "save link as" and save to a location on your computer
3. Go to the saved location and open the "SAMHSA Budget Template (PDF)" using Adobe Acrobat or Acrobat Reader.

### *Key points to take into consideration:*

- The total cost equals indirect plus direct costs.
- In the NOFO, there will be information about preparing the budget and the narrative justification. There will also be information about the indirect cost rate and how to apply for an indirect cost rate. If you have any questions about the indirect cost rate, you can contact the grants management staff member listed in the NOFO. For grants that only address the provision of training and/or technical assistance, the indirect rate cannot exceed 8%.
- Make sure your budget and the Project Narrative align. The activities, resources, staff, and other items described in the Project Narrative must be referenced in the budget. For example, all of the staff members who will be involved in the project must be

included in the Personnel or Contractual sections of the budget even if they will not receive a salary from the project.

- You must justify why resources, staff, and supplies are being included in the budget.
- If there are funding limitations specified in the NOFO, make sure you clearly document the funds that you are proposing to use for that part of the project, such as funds for data collection, performance measurement, and performance assessment.

The categories listed below are examples of some of the more common items found in project budgets.

### ***A. Personnel***

List all staff positions by title. Provide the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within your organization. In the NOFO, Key Personnel for the project will be identified. Make sure the job titles for the Key Personnel you list in the table for Personnel are identical to the job titles for Key Personnel noted in the NOFO. In addition, if there are specified levels of effort for Key Personnel, make sure the required level of effort is reflected in the budget.

As a general rule, non-profit organization salary rates of pay should not exceed an Executive Level II salary rate. You can find the Executive Level II salary in SAMHSA's [standard terms and conditions](#). This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to your organization. This salary limitation also applies to sub-awards/sub-contracts under a SAMHSA grant or cooperative agreement.

Individuals and/or companies involved in drafting or preparing the grant application cannot be paid as consultants or contractors on the grant (See 45 CFR § 75.328 – Competition).

The salaries of facilities and administrative (F&A) administrative and clerical staff are normally treated as indirect costs (45 CFR §75.413c). Direct charging of these costs may be appropriate only if all of the following conditions are met: (1) Administrative or clerical services are directly integral to a project or activity; (2) Individuals involved can be specifically identified with the project or activity; and (3) The costs are not also claimed as indirect costs.

### ***B. Fringe Benefits***

Fringe benefits are for the personnel listed in budget Category A and only for the percentage of time devoted to the project. Fringe benefits include, but are not limited to, the cost of leave, employee health insurance, pensions, and unemployment benefit plans. The budget narrative should delineate your organization's fringe benefit rate.

Fringe benefits charged to an award must comply with HHS regulations at 45 CFR §75.431 ([ECFR- Compensation - fringe benefits](#)).

### *C. Travel*

You must include costs for travel required by the grant in this section. In addition, you must explain the need for all travel costs. Travel costs charged to an award must comply with HHS regulations at 45 CFR §75.474. If your organization does not have documented travel policies, the federal GSA rates must be used ([GSA rates](#)). If specific travel details are unknown, the basis for proposed costs should be explained (i.e., historical information).

Funds requested in the travel category should be only for project staff. Travel for consultants and contractors should be shown in Category F (Contracts) along with consultant/contractor fees. Travel for training participants, advisory committees, review panels, etc., should be itemized the same way as in this section but listed in Category H (Other).

### *D. Equipment*

This category includes items of equipment equal to or in excess of \$5,000 and having a useful life of more than one year. You must include relevant details, such as the type of equipment, cost, and a brief narrative on the intended use of the equipment for the project. The justification should include information about how the costs were estimated (i.e., fair market value, quotes, etc.). It should also include a lease versus purchase analysis, or a statement to the effect of whether it is feasible and/or more cost effective to lease versus purchase an item of equipment.

### *E. Supplies*

Supplies are materials costing less than \$5,000 and often having a one-time use. This category may include office supplies, educational materials, and office equipment, such as computers and printers. The justification you must include an explanation of the type of supplies to be purchased, how the supplies relate to achieving the project objectives, and the basis for the estimate of supplies, i.e., historical use on similar projects.

### *F. Contracts*

Contractual costs are those services carried out by an individual or organization, other than your organization, in the form of a procurement relationship. The arrangement may be in the form of a sub-award, contracts, consultants, or consortium agreements. The differences between sub-awards, contracts, consultants, and consortium agreements are as follows:

- **Sub-recipient** means a non-Federal entity that receives a sub-award from a pass-through entity to carry out part of a Federal award, including a portion of the scope of

work or objectives. Your organization is responsible ensuring sub-recipients comply with the terms and conditions of the award, per 45 CFR §75.101.

- **Contracts** are legal instruments by which your organization purchases good and services needed to carry out the project or program under a Federal award. Contracts include vendors (dealer, distributor, or other sellers) that provide, for example, supplies, expendable materials, or data processing services in support of the project activities. Your organization must establish written procurement policies and procedures that are consistently applied. All procurement transactions must be conducted in a manner to provide to the maximum extent practical, open, and free competition.
- **Consortium Agreements** are between entities (which may or may not include your organization) working collaboratively on an award supported project. They address the roles, responsibilities, implementation, and rights and responsibilities between entities collaborating on an award.
- **Consultants** are individuals retained to provide professional advice or services for a fee. Travel for consultants and contractors should be shown in this category along with consultant/contractor fees.

In this section, you should list the proposed contract activities and provide a brief description of the scope of work or services to be provided. It is important to justify the necessity of each sub-award or contract as it relates to the Project Narrative.

### ***G. Construction – NOT ALLOWED***

### ***H. Other***

This category includes expenses not covered in any of the other budget categories. These expenses may include:

- Minor alteration and renovation (define and obtain prior approval);
- Rent – information about determining rent costs can be found at: [SAMHSA.gov rent worksheet](https://www.samhsa.gov/rent-worksheet);
- Client incentives;
- Telephone and postage;
- Travel for training participants, advisory committees, etc.; and
- All costs associated with training activities (except costs for consultant and/or contracts).

### ***Indirect Costs***

Indirect costs are those incurred by your organization for a common or joint purpose that benefits more than one cost objective or project and are not readily assignable to specific costs objectives or projects as a direct cost. In order for indirect costs to be allowable, your organization must have a negotiated indirect cost rate. For information on applying for the



indirect rate go to: [PSC indirect rates](#). 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 your organization has a federally approved rate of 10%, the approved rate will prevail.

If the funding opportunity is for a training grant, the indirect cost rate is limited to **8 percent**. Refer to 45 CFR §75.414 at [ECFR - definitions](#) for more information about indirect costs and facilities and administrative costs.

### ***Completing a budget that requires cost-sharing/matching funds***

The terms "matching" and "cost sharing" are often used interchangeably. "Matching" usually refers to a statutorily specified percentage, whether specified as a fixed or minimum percentage of non-federal participation in allowable program costs, which must be contributed by a grant recipient to be eligible for federal funding. "Cost sharing" refers to any situation in which the grant recipient shares in the costs of a project other than as statutorily required matching. In-kind contributions are goods and services donated to the organization. These services/contributions can often be used as matching funds. Examples of in-kind contributions include:

- Corporate volunteers and pro-bono professional services;
- Use of a building and utilities;
- Advertising;
- Donation of computers or other technology resources; and
- Transportation.

Base the value of these services at their market value. For example, a volunteer working in an unskilled position would be calculated at minimum wage dollar value. To indicate this in a budget you might include a formula, such as five volunteers X hourly wage X hours per week for X number of weeks.

### ***Key Points in Preparing Your Budget***

- If you are submitting a budget for multiple years, remember to include a cost of living raise in staff salaries and allow for inflation for supplies, utilities, etc.
- In preparing the budget, be realistic about the amount of funds that can be spent during the first year of the project, particularly relative to salaries and contracts. For example, try to accurately determine the amount of time it will take to recruit and hire staff, particularly if many new staff members must be hired. If it is not realistic to have new staff on board until two months after the onset of the project, make sure your salary figures for the first year reflect only ten months of salary and fringe benefits.

## APPENDIX A: Acronyms and Glossary of Terms

<b>ACRONYMS</b>	
<b>AOR</b>	Authorized Organization Representative
<b>BO</b>	Business Official
<b>CBO</b>	Community-Based Organization
<b>CDC</b>	Centers for Disease Control
<b>CFDA</b>	Catalog of Federal Domestic Assistance
<b>CFR</b>	Code of Federal Regulations
<b>CLAS</b>	Culturally and Linguistic Appropriate Services
<b>DGM</b>	Division of Grants Management
<b>DGR</b>	Division of Grant Review
<b>DIS</b>	Disparity Impact Statement
<b>EBiz POC</b>	E-Business Point of Contact
<b>EBP</b>	Evidence-Based Practice
<b>EHR</b>	Electronic Health Record
<b>EIN</b>	Employer Identification Number
<b>eRA</b>	Electronic Research Administration
<b>F &amp; A</b>	Facilities and Administration
<b>FTE</b>	Full-time Equivalent
<b>FY</b>	Fiscal Year
<b>GAO</b>	Government Accountability Office
<b>GMO</b>	Grants Management Officer
<b>GMS</b>	Grants Management Specialist
<b>GPO</b>	Government Project Officer
<b>GPRA</b>	Government Performance and Results Act
<b>HHS</b>	Department of Health and Human Services
<b>HRSA</b>	Health Resources and Services Administration
<b>IRB</b>	Institutional Review Board
<b>LOC</b>	Letter of Commitment
<b>LOE</b>	Level of Effort
<b>MOU</b>	Memorandum of Understanding
<b>MTDC</b>	Modified Total Direct Cost
<b>NICRA</b>	Negotiated Indirect Cost Rate Agreement
<b>NoA</b>	Notice of Award
<b>NOFO</b>	Notice of Funding Opportunity
<b>NOMs</b>	National Outcome Measures
<b>OIG</b>	Office of the Inspector General
<b>PD</b>	Project/Program Director
<b>PHSIS</b>	Public Health System Impact Statement

<b>ACRONYMS</b>	
<b>PI</b>	Principal Investigator
<b>PL</b>	Public Law
<b>PMS</b>	Payment Management System
<b>POF</b>	Population of Focus
<b>SAM</b>	System for Award Management
<b>SF</b>	Standard Form
<b>SO</b>	Signing Official
<b>SOC</b>	System of Care
<b>SPARS</b>	SAMHSA's Performance Accountability and Reporting System
<b>SPOC</b>	State Point of Contact
<b>SSA</b>	Single State Agency
<b>TA</b>	Technical Assistance
<b>UEI</b>	Unique Entity Identifier

**Allocable Cost**

A cost is allocable to the extent the services and/or goods benefit the project.

**Allowable Cost**

A cost incurred by a recipient is allowable if it is:

- Necessary and reasonable for the performance of the grant;
- Allocable;
- In conformance with any limitations or exclusions in Federal cost principles;
- Consistent with the applicant organization's regulations, policies, and procedures that apply to both federally supported and other activities of the organization;
- Accorded consistent treatment as a direct or indirect cost;
- Determined in accordance with generally accepted accounting principles; and
- Not included as a cost in any other federally supported award (unless specifically authorized by statute).

**Authorized Organization Representative (AOR)**

In Grants.gov, a member of an organization who is approved by the EBiz Point of Contact to submit grant application in Grants.gov on behalf of the organization. Only an AOR has the authority to sign and submit grant applications.

**Baseline Data**

Basic information or data that is available or can be collected before a project begins. Such data is used to provide a starting point against which to compare data collected later in the project in order to determine if there has been a change in specific conditions over time.

### **Budget Period**

Budget periods are usually 12 months long. The Notice of Award will show the approved budget for the applicable budget period.

### **Contract**

A legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award.

### **Cooperative Agreement**

An alternative assistance instrument to be used in lieu of a grant whenever substantial federal involvement with the non-Federal entity during performance is anticipated. The difference between grants and cooperative agreements is the degree of federal programmatic involvement rather than the type of administrative requirements imposed.

### **Direct Cost**

Any cost that can be specifically identified with a particular project, program, or activity or that can be directly assigned to such activities relatively easily and with a high degree of accuracy. Direct costs include, but are not limited to, salaries, travel, equipment, and supplies directly benefitting the grant-supported project or activity.

### **E-Business Point of Contact (EBiz POC)**

In Grants.gov, a user registered as an organization applicant who is responsible for the administration and management of grant activities for his or her organization. The EBiz POC is likely to be an organization's chief financial officer or authorizing official. There can be only one EBiz POC per UEI number.

### **Grant Agreement**

Is used to enter into a relationship the principal purpose of which is to transfer anything of value from the Federal awarding agency to the non-Federal entity to carry out a public purpose authorized by Federal statute. It is distinguished from a cooperative agreement in that it does not provide for substantial involvement between the Federal awarding agency and the non-Federal entity in carrying out the activity

### **Indirect Costs**

Costs incurred for common or joint objectives that, therefore, cannot be readily identified with an individual project, program, or organizational activity. These costs generally include facilities operation and maintenance costs, depreciation, and administrative expenses. Organizations must have or negotiate an indirect cost rate to support a request for reimbursement of indirect costs.

### **Local Government**

Any unit of government within a state, including a: (a) County; (b) Borough; (c) Municipality; (d) City; (e) Town; (f) Township; (g) Parish; (h) Local public authority, including any public housing agency under the United States Housing Act of 1937; (i) Special district; (j) School district; (k) Intrastate district; (l) Council of governments, whether or not incorporated as a non-profit corporation under state law; and (m) Any other agency or instrumentality of a multi-, regional, or intra-state or local government.

### **Matching or Cost Sharing**

The terms “matching” and “cost sharing” are often used interchangeably. Matching usually refers to a statutorily specified percentage, whether specified as a fixed or minimum percentage of non-federal participation in allowable project costs, which must be contributed by a grant recipient to be eligible for federal funding. Cost sharing refers to any situation in which the grant shares in the costs of a project other than as statutorily required matching.

### **MPIN**

The Marketing Partner Identification Number (MPIN) is the access code/password that must be used by the EBiz POC to log into SAM.

### **Necessary Cost**

A cost is necessary if it is vital for the operations of the grant program.

### **Non-Federal Entity**

A state, local government, Indian tribe, institution of higher education (IHE), or nonprofit organization that carries out a Federal award as a recipient or sub-recipient.

### **Non-Profit Organization**

Any corporation, trust, association, cooperative, or other organization, not including institutes of higher education, that: (a) Is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; (b) Is not organized primarily for profit; and (c) Uses net proceeds to maintain, improve, or expand the operations of the organization.

### **Notice of Award (NoA)**

The Notice of Award is the official, legally binding document, signed by the Grants Management Officer (GMO). It notifies the grant recipient of the award of a grant; includes or reference the terms and conditions of the grant and federal funding limits and obligations; and provides the documentary basis for recording the financial and programmatic obligations.

### **Project Period**

The project period is the total time SAMHSA has programmatically approved a project for federal support. This does not constitute a commitment by the Federal Government to fund the entire project period. Each budget period within a project period is subject to the availability of funds and satisfactory progress of the project.

### **Reasonable Costs**

A cost is reasonable if it does not exceed what a prudent person would incur under similar circumstances.

### **Sub-Recipient**

A non-Federal entity that receives a sub-award from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A sub-recipient may also be a recipient of other Federal awards directly from a Federal awarding agency.

### **Third Party In-Kind Contributions**

Third-party in-kind contributions means the value of non-cash contributions (i.e., property or services) that- (a) Benefit a federally assisted project or program; and (b) Are contributed by non-Federal third parties, without charge, to a non-Federal entity under a Federal award.

## APPENDIX B: Sample Timeline/Completing the Timeline

To assist you in developing your timeline for the grant project, the following example is provided. *This example is not the only format you may use to complete the timeline but may give you an idea on displaying the information that must be included in the timeline.* Please note that only a few sample activities have been included in the figure. **The key activities should include the Required Activities outlined in the NOFO.**

*Figure 4 allows you to clearly show all of the activities that must be started in the first year of the project. The first year is the time period when the most detail needs to be provided.*

**Figure 4**

Key Activity & Responsible Staff	Year 1 (in Months)												Year 2		Year 3		Year 4	
	1	2	3	4	5	6	7	8	9	10	11	12	13-18 mo	19-24 mo	25-30 mo	31-36 mo	37-42 mo	43-48 mo
<b>START-UP</b>																		
Recruit new staff (PD)	X																	
Hire staff (PD)		X																
Organize Steering Committee (PD)	X																	
Finalize MOUs with partner organizations (PD)			X															
Train staff on EBPs (PC)			X						X				X					
Develop policies and procedures (PD)		X																
<b>IMPLEMENTATION</b>																		
Conduct community outreach (PC)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Screen referrals and conduct psychosocial assessments (PC)				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>EVALUATION/REPORTS</b>																		
Develop data collection plan (E)		X	X															
Collect project data (DM)				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Develop Disparities Impact Statement (SC)					X													

Key: PD – Project Director, PC – Project Coordinator, SC – Steering Committee, E – Evaluator, DM – Data Manager

### *Some suggestions:*

- It is fine to use abbreviations for Responsible Staff, such as PD for Project Director, but make sure you include a key to explain the abbreviations.
- Make a list of all of the required activities outlined in the NOFO and include them in the timeline. Don't forget to include the submission of required reports.
- Some activities may span several months and other activities may need to be repeated periodically. For example, staff training will need to occur at the beginning of the project but also at different times during the course of the project due to staff turnover or a need to strengthen staff skills and ensure fidelity to the model when implementing the EBPs.
- Keep the timeline simple. If you provide a very complex timeline, it is often difficult for reviewers to clearly understand when the activities will be implemented.
- Make sure you include activities related to data collection and performance measurement.
- For responsible staff, put the position title of the person who will oversee the completion of the activity not just their name.

### *Weaknesses often cited by reviewers:*

- Most NOFOs include a requirement that service delivery must started by the fourth month of the project. Many applicants include a table similar to Figure 4 but which breaks down the time frame for each year into quarters. If the table indicates that service delivery will begin in the 2<sup>nd</sup> quarter, it is not possible to determine if service delivery will begin in month 4 or not until month 6.
- Not including a timeline which covers all of the years of the project period
- Using a small font in the timeline, such as Times New Roman 8, which is not permitted
- For Responsible Staff, putting the name of an organization or "All" and not specific staff members.
- The timeline is not realistic, particularly not allowing for sufficient time to recruit, hire, and train staff before you will implement services. This issue is most evident when many of the project staff members have to be hired.



## APPENDIX C: Sample Templates -Memorandum of Understanding/Letters of Commitment

### MEMORANDUM OF UNDERSTANDING BETWEEN NON-PROFIT AGENCY AND COMMUNITY BASED ORGANIZATION

This Memorandum of Understanding (MOU), while not a legally binding document, does indicate a voluntary agreement to assist in the implementation of the plans described in the “Title of Project”, a substance use/misuse prevention demonstration grant targeting high-risk female adolescent populations. This grant is funded through the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention and is expected to have a three-year funding cycle.

**Overall Project Goals, Services and Outcomes:** *very brief program overview*

**Term One:** This MOU shall begin upon grant funding approval. The agreement is renewable from year to year, unless either party gives notice of intent to withdraw from the project.

**Term Two: Agency Provisions:** In addition to continuing the ongoing program planning and review process of “Title of Project”, the non-profit organization will provide the following services in specific support of this project:

- a. b.
- c. d.

**Term Three: Agency Provisions:** In addition to participating in the ongoing planning and review process of the above-mentioned project, the community-based organization will provide the following services in specific support of this project:

- a. b.
- c. d.

**Term Four: Termination:** This MOU may be terminated by either party, for any reason, by giving 30 days written notice.

\_\_\_\_\_  
Non-Profit Agency Signature

\_\_\_\_\_  
CBO Agency Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## SAMPLE TEMPLATE - LETTER OF COMMITMENT

*On Letterhead of Partnering Organization*

*Insert date*

*Project Director  
Applicant Organization  
City, State*

Dear *Project Director*,

*[Optional short introduction of the partnering organization].* Include information about how long and in what capacity the partnering organization has worked with the applicant organization.

We commit to participating in and supporting the 2023 application to SAMHSA entitled *Project Title*, for the time period of *[include dates of commitment within proposed project period]*.

We will provide the following services for the proposed project:

*Describe how the partnering organization will commit to being involved in the project, including its roles and responsibilities.*

The individuals and our organization agree to work collaboratively with *Name of Applicant Organization* to ensure our goals are in alignment with the goals of the proposed project, including efforts to track and report on outcomes. We believe that the proposed project will contribute to *how the proposed project will positively impact the state/community/clients.*

Sincerely,

*Signature of AR*

*Name of AR (Authorized Representative)*

*AR's Title (e.g., Executive Director)*

*Address and telephone number if that information is not on the letterhead*

## APPENDIX D: Sample Work Plan

The sample work plan below will give you some ideas about how to organize the various tasks that you need to complete as part of the application process, assign responsibility for completing each task, and ensure you complete the tasks in time to allow for submission of the application two or three days prior to the deadline.

**Figure 5**

<b>Name of Grant:</b>	Drug Court			
<b>Grant Release Date:</b>	January 2, 2023	<b>Grant Due Date:</b>	March 2, 2023	
<b>Proposal Component</b>	<b>Person(s) Responsible</b>	<b>Draft Due Date</b>	<b>Final Due Date</b>	<b>Complete (✓)</b>
<b>Registrations</b>				
SAM Registration				
Grants.gov Registration				
eRA Commons Registration				
<b>Project Narrative/Abstract</b>				
Statement of Need				
Implementation Plan				
Evidence-Based Practices				
Staff and Organizational Experience				
Data Collection/Performance Assessment				
Abstract				
<b>Budget</b>				
Budget Narrative				
Narrative Justification				
SF-424/SF-424A				
<b>Attachments/Required Forms</b>				
Participant Protection				
Letters of Commitment/MOUs				
Data Collection Instruments				

<b>Name of Grant:</b>	Drug Court			
Staff Qualifications				
Job Descriptions				
Consent Forms				
Copy of Letter to SSA				
Charitable Choice Form				
Documentation of Non-Profit Status				
<b>FINAL REVIEW</b>				
<b>Submit to Grants.gov</b>			<b>February 28, 2023</b>	

## APPENDIX E: Presenting Demographic Data

It is not necessary to present demographic data in a table but it is an option. Two samples are presented below.

Some NOFOs require applicants to compare the demographic characteristics of the population of focus with the population in the larger geographic area, which may be a county or state. Figure 6 provides an example of how this information might be displayed.

**Figure 6**

<b>Demographics</b>			
	<b>Population of Focus</b>	<b>County</b>	<b>State</b>
Male	Number/percentage		
Female			
Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex+ (LGBTQI+)			
White			
African American			
Hispanic/Latino			
Asian			
American Indian/Alaska Native (AI/AN)			
Native Hawaiian/Pacific Islander			
Other			
Non-English Speaking			
Unemployed (+16)			
0-18 years			
Over 18			
High School Diploma (+25)			
Bachelor's Degree (+25)			
Below Poverty Level			
Uninsured			
On Medicaid			
Median Household Income			

Figure 7 specifically highlights all of the demographic information that applicants may be required to submit. One of the weaknesses that reviewers often identify is that applicants do not provide information on all of the required elements outlined in Section A of the Project Narrative. Including all of the required components in a table will allow you to clearly document this information for reviewers and you can be confident that all of the elements were addressed.

**Figure 7**

	<b>County 1</b>	<b>County 2</b>	<b>County 3</b>
<b>Race/Ethnicity</b>			
White	Number/percentage		
African American			
Hispanic/Latino			
Asian			
AI/AN			
Native Hawaiian/Pacific Islander			
Other			
<b>Federally Recognized Tribe(s)</b>			
Name of Tribe(s)			
<b>Language</b>			
Non-English Speaking			
<b>Sex</b>			
Male			
Female			
<b>Sexual Orientation/ Gender Identity</b>			
LGBTQI+			
<b>Age</b>			
0-18			
18-64			
Over 65			
<b>Socioeconomic Status</b>			
High School Diploma (age 25+)			
Bachelor's Degree (age 25+)			
Below Poverty Level			
Uninsured			
On Medicaid			
Median Household Income			

**Points to keep in mind:**

- Thoroughly discuss the information in the table, particularly demographic information that is noteworthy and specifically ties into the focus of the NOFO. For example, if the table shows that there is a relatively high percentage of the population of focus that reside in non-English speaking families, it would be important to note this and also reference how this factor would be addressed in the section of the Project Narrative focusing on the implementation of the project.
- The data on age will depend on the age group that is the focus of the NOFO. For example, if the NOFO focuses on the provision of services to children, it would be important to provide a breakdown of age ranges below age 18.
- Additional categories may need to be added depending on the focus of the NOFO, such as percentage of homeless individuals or veterans.

- Explain what languages other than English are spoken in the geographic catchment area.
- Make sure the demographic information that is provided is for the population of focus not the general population in the geographic catchment area. For example, if the NOFO specifies that the project must provide services to youth and young adults aged 13-24, the demographic data that is provided must be for this age range.
- The demographic data should be relatively current. If current data is not available, it is important to explain why.
- Cite the source of the data.

## **APPENDIX F: Developing the Plan for Data Collection, Performance Measurement, and Quality Improvement**

Information is provided about points that you should consider in responding to the section of the Project Narrative addressing data collection, performance measurement, and quality improvement.

### ***Data Collection***

In describing your plan for data collection, consider addressing the following points:

- Electronic data collection software you will use;
- Frequency of data collection;
- Organizational processes you will implement to ensure the accurate and timely collection and input of data;
- Staff that will be responsible for collecting and recording the data;
- Data sources and data collection instruments you will use to collect the data;
- How well the data collection methods will take into consideration the language, norms, and values of the population(s) of focus;
- Processes and policies that will keep data secure;
- If applicable, the data collection procedures to ensure that confidentiality is protected and that informed consent is obtained; and
- If applicable, procedures to obtain data from partners and/or sub-recipients.

It is not necessary to provide information related to data collection and performance measurement in a table but the following samples may give you some ideas about how to display the information.

***In Figure 8, an example is provided about how information about the required performance measures could be displayed.***



**Figure 8**

Performance Measures	Data Source	Data Collection Frequency	Responsible Staff for Data Collection	Method of Data Analysis

*In Figure 9, an example is provided about how information could be displayed about the data that will be collected for the measurable objectives outlined in B.1 of the Project Narrative*

**Figure 9**

Objective	Data Source	Data Collection Frequency	Responsible Staff for Data Collection	Method of Data Analysis
Objective 1.a				
Objective 1.b				
Objective 1.c				
Objective 2.a				
Objective 2.b				

### ***Data Management and Performance Monitoring***

After you finish your data collection plan, the next step is to develop the plan for data management and performance monitoring. Points you may address include:

- Data protection policies and procedures, including information about storage, retention, and access;
- Frequency of reviews and monitoring of performance;
- Staff conducting data analysis, including evaluation;
- Data analysis methods and how you will use data to monitor and evaluate activities and processes;

- Staff responsible for completing reports; and
- How data will be reported to staff, stakeholders, SAMHSA, Advisory Board, and other relevant project partners.

## ***Quality Improvement***

It is not sufficient to state that you will use data reports to inform the QI process. You should provide specific information about the following:

- If applicable, the QI model you will use;
- The QI process you will use to track progress;
- Staff responsible for overseeing the QI processes;
- Details of how you will make any needed changes to project implementation and/or project management.
  - The decision-making process for project improvements;
  - The timeframes for making decisions about project improvements;
  - The thresholds for deciding that changes need to be made;
  - If applicable, the role of the Advisory Board in the QI process; and
  - The plan for communicating the changes to staff and/or partners/sub-recipients.

## APPENDIX G: Sample Template for Displaying Personnel Information

It is not necessary to display information about project staff in a table but presenting the information in this format allows you to be confident that you address all of the required elements in your response.

**Figure 10**

Key Personnel and Other Significant Project Staff	Level of Effort	Role	Qualifications
Project Director – Dr. Jane Smith	.75 FTE	<ul style="list-style-type: none"> <li>Project oversight</li> <li>Manage relationships with project partners</li> <li>Lead trainer and supervisor</li> <li>Functions in a leadership role on the Advisory Board</li> <li>Oversees the Quality Improvement team</li> </ul>	<ul style="list-style-type: none"> <li>Ph.D. in Psychology</li> <li>20 years of clinical experience, including 15 years of managing programs in children’s mental health</li> <li>Expertise in working with culturally diverse, at-risk populations, bilingual (Spanish)</li> </ul>
Clinical Coordinator (to be hired)	1.0 FTE	<ul style="list-style-type: none"> <li>Oversee implementation of clinical services</li> <li>Supervise counselors and case managers</li> <li>Assist with completing required reports</li> </ul>	<ul style="list-style-type: none"> <li>Licensed Clinician (minimum - Master’s Level)</li> <li>15 years of clinical experience working with children and/or families to include experience providing clinical supervision and provision of training on EBPs</li> </ul>
Evaluator – Dr. Elaine Miller	.6 FTE	<ul style="list-style-type: none"> <li>Oversee data analysis/performance assessment</li> <li>Serves as a member of the Quality Improvement team</li> <li>Prepares required reports</li> </ul>	<ul style="list-style-type: none"> <li>Ph.D. in Public Health</li> <li>Evaluator on 3 SAMHSA grants</li> <li>Faculty, University Health Research Institute for 15 years with emphasis on Mental Health program evaluation</li> </ul>

## APPENDIX H: Resources

<b>Data Resources for the Statement of Need</b>	
<b>American Community Survey</b>	<a href="#"><u>Census Surveys and Programs</u></a>
<b>Bureau of Justice Statistics</b>	<a href="#"><u>Bureau of Justice Statistics</u></a>
<b>Centers for Disease Control and Prevention Data and Statistics</b>	<a href="#"><u>CDC Data and Statistics</u></a>
<b>County Health Rankings</b>	<a href="#"><u>County Health Rankings</u></a>
<b>Health Data and Profiles for State, Tribal, Local and Territorial Public Health Professionals Gateway</b>	<a href="#"><u>CDC Health Data</u></a>
<b>Healthy People 2030</b>	<a href="#"><u>Healthy People 2030</u></a>
<b>Health Professional Shortage Areas and Medically Underserved Areas</b>	<a href="#"><u>HRSA-Health Professional Shortage and Medically Underserved Areas</u></a>
<b>National Center for Education Statistics</b>	<a href="#"><u>National Center for Education Statistics</u></a>
<b>National Center for Health Statistics</b>	<a href="#"><u>National Center for Health Statistics</u></a>
<b>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Atlas</b>	<a href="#"><u>CDC-NCHHSTP</u></a>
<b>National Institute on Alcohol Abuse and Alcoholism</b>	<a href="#"><u>NIAAA-NIH</u></a>
<b>National Institute on Drug Abuse</b>	<a href="#"><u>National Institute on Drug Abuse</u></a>
<b>National Library of Medicine</b>	<a href="https://www.nlm.nih.gov/"><u>https://www.nlm.nih.gov/</u></a>
<b>National Vital Statistics</b>	<a href="#"><u>National Vital Statistics</u></a>
<b>Office of Disease Prevention and Health Promotion</b>	<a href="#"><u>Office of Disease Prevention and Health Promotion</u></a>

<b>Data Resources for the Statement of Need</b>	
<b>Office of National Drug Control Policy</b>	<a href="#"><u>Office of National Drug Control Policy</u></a>
<b>SAMHSA Center for Behavioral Health Statistics and Quality</b>	<a href="#"><u>Center for Behavioral Health Statistics and Quality (CBHSQ)</u></a>
<b>State or Territorial Health Departments</b>	<a href="#"><u>State or Territorial Health Departments</u></a>
<b>State Primary Care Associations</b>	<a href="#"><u>State Primary Care Associations</u></a>
<b>The Annie E. Casey Foundation KIDS COUNT Data Center</b>	<a href="#"><u>KIDSCOUNT</u></a>
<b>United States Bureau of Labor Statistics</b>	<a href="#"><u>Bureau of Labor Statistics</u></a>
<b>United States Census Bureau</b>	<a href="#"><u>Census Bureau</u></a>