Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

COMMUNITY-BASED COALITION ENHANCEMENT GRANTS TO ADDRESS LOCAL DRUG CRISES

(Short Title: CARA Local Drug Crises Grants)

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. SP-18-001

**Catalogue of Federal Domestic Assistance (CFDA) No.: 93.799**

Key Dates:

| **Application Deadline** | **Applications are due by January 29, 2018.** |
| --- | --- |
| **Intergovernmental Review**  **(E.O. 12372)** | **Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.** |
| **Public Health System Impact Statement (PHSIS)/Single State Agency Coordination** | **Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.** |

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**EXECUTIVE SUMMARY**

The Executive Office of the President, Office of National Drug Control Policy (ONDCP), and the Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) are accepting applications for Fiscal Year (FY) 2018 Comprehensive Addiction and Recovery Act (CARA) Community-based Coalition Enhancement Grants to Address Local Drug Crises Grants (CARA Local Drug Crises Grants) as an enhancement to current or formerly funded Drug-Free Communities (DFC) Support Program recipients. The purpose of this program is to prevent and reduce the abuse of opioids or methamphetamines and the abuse of prescription medications among youth ages 12-18 in communities throughout the United States.

|  |  |
| --- | --- |
| Funding Opportunity Title: | Community-based Coalition Enhancement Grants to Address Local Drug Crises (CARA Local Drug Crises) Grants |
| Funding Opportunity Number: | SP-18-001 |
| Program Type: | New |
| Due Date for Applications: | January 29, 2018 |
| Program Authority: | *Comprehensive Addiction and Recovery Act of 2016* (Pub. L. No. 114-198) |
| Appropriation Authority: | *Consolidated Appropriations Act, 2017* (Pub. L. No. 115-31) |
| Anticipated Total Available Funding: | $2,750,000 |
| Estimated Number of Awards: | 55 |
| Estimated Award Amount: | Up to $50,000 |
| Cost Sharing/Match Required: | No |
| Length of Project Period: | Three Years |
| Anticipated Project Start Date: | June 15, 2018 |
| Eligible Applicants: | Domestic public and private nonprofit entities that are current or former Drug-Free Communities (DFC) Support Program recipients.  [See Section III of this FOA for complete eligibility information.] |

# FUNDING OPPORTUNITY DESCRIPTION

**IMPORTANT APPLICATION INFORMATION:** SAMHSA’s application procedures have changed.  **All applicants must register with NIH’s eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, you MUST start the registration process immediately. Do not wait to start this process. If your organization is not registered and you do not have an active eRA Commons PI account by the deadline, the application will not be accepted.   No exceptions will be made.**

Applicants must also register with the System for Award Management (SAM) and Grants.gov (see [**Appendix B**](#_Appendix_B:_)for all registration requirements).

1. **PURPOSE**

The Executive Office of the President, Office of National Drug Control Policy (ONDCP), and the Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) are accepting applications for Fiscal Year (FY) 2018 Community-based Coalition Enhancement Grants to Address Local Drug Crises (CARA Local Drug Crises) Grants. The goal of this program is to prevent and reduce the abuse of opioids or methamphetamines and the abuse of prescription medications among youth ages 12-18 in communities throughout the United States.

\*For the purposes of this FOA, the term “opioid” is defined as any drug having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability.

\*For the purposes of this FOA, “youth” is defined as individuals 18 years of age and younger.

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

1. **EXPECTATIONS**

Grants awarded through the CARA Local Drug Crises program are intended as an enhancement to current or formerly funded Drug-Free Communities (DFC) Support Program grant award recipients as established community-based youth substance use prevention coalitions capable of effecting community-level change. For the purposes of this FOA and the DFC Support Program, a coalition is defined as a community-based formal arrangement for cooperation and collaboration among groups or sectors of a community in which each group retains its identity, but all agree to work together toward a common goal of building a safe, healthy, and drug-free community. CARA Local Drug Crises grant award recipients, also referred to as “recipients”, are expected to conduct the day-to-day operations of the grant program. CARA Local Drug Crises recipients are not permitted to serve as a conduit for CARA funds passing through them or to another agency.

Coalitions receiving CARA Local Drug Crises funds, as current or formerly funded DFC recipients, are expected to work with leaders in their communities to identify and address local youth opioid, methamphetamine, and/or prescription medication abuse and create sustainable community**-**level change. Additionally, recipients are expected to implement comprehensive community-wide strategies.

### 2.1 Required Activities

Grants awarded through this program are intended to:

* Enhance the ability of established community organizations to create community-level change regarding opioids or methamphetamines and the abuse of prescription medications.
* Strengthen collaboration among communities, the federal government, state, local, and tribal governments to reduce the use of opioids or methamphetamines and the abuse of prescription medications among youth within the area served by the coalition.
* Enhance intergovernmental cooperation and coordination on the issue of opioids or methamphetamines and the abuse of prescription medications among youth.
* Develop a comprehensive community-wide action plan to address the issue of opioids or methamphetamines and the abuse of prescription medications among youth.

The types of activities that are required include, but are not limited to:

* Data collection to better understand the current local youth opioid, methamphetamine, and/or prescription medication abuse issues in the community;
* Community education on the dangers of opioid, methamphetamine, and/or prescription medication abuse;
* Prescriber education and training;
* Increasing awareness of naloxone/Narcan policies;
* Increasing awareness and availability of safe storage and prescription drug disposal options;
* Promotion of proper usage of Prescription Drug Monitoring Programs (PDMP); and/or
* Specialized training and technical assistance to help increase the effectiveness of community anti-drug coalitions.

### 2.2 Unallowable Activities

CARA Local Drug Crises grant funds may not be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a grant recipient’s existing program with funds from a federal grant.

CARA Local Drug Crises grant funds may not be used to fund the following (not a fully exhaustive list):

* Youth Sports Programs
* Purchase of naloxone/Narcan
* Treatment services/programs/facilities
* Construction
* Landscaping/neighborhood revitalization projects

### 2.3 Strategic Prevention Framework

CARA Local Drug Crises funded coalitions are expected to utilize SAMHSA’s Strategic Prevention Framework (SPF) as the planning model to develop long-range plans. The SPF is a five-step evidence-based process for community planning and decision-making. Cultural competence and sustainability should be considered throughout all five steps of the process, which includes:

* + 1. **Assessment:** Identify local youth substance use problems and the community conditions that contribute to the specific identified issues.
    2. **Capacity:** Mobilize/build capacity to change the conditions and address the youth substance use problems.
    3. **Planning:** Develop a logic model, comprehensive 12-month Action Plan, and multi-year Strategic Plan.
    4. **Implementation:** Implement action and strategic plans with multiple objectives, strategies, and activities.
    5. **Evaluation:** Monitor, sustain, improve, or replace prevention activities, efforts, and strategies.

For more information on the SPF, visit [www.samhsa.gov/capt/applying-strategic-prevention-](http://www.samhsa.gov/capt/applying-strategic-prevention-framework)  [framework.](http://www.samhsa.gov/capt/applying-strategic-prevention-framework)

### 2.4 Community Level Change

Applicants are expected to choose strategies that will lead to community level change. Such strategies seek to: (1) limit access to substances; (2) change the culture and context within which decisions about substance use are made; and/or (3) shift the consequences associated with youth substance use. Evidence exists that well-conceived and implemented policies at the local, state, and national levels can reduce substance use among youth.

The CARA Local Drug Crises grant requires that coalitions develop and implement a comprehensive 12-Month Action Plan to prevent the abuse of opioids, or methamphetamines, and/or the abuse of prescription medications among youth. A comprehensive 12-Month Action Plan will include an appropriate mixture of all seven strategies listed below. Applicants are not required to name the seven strategies, identified below, in their 12-Month Action Plan but should use them as a framework for ensuring a comprehensive plan.

The Seven Strategies for Community Level Change, a conceptual understanding of strategies a coalition may employ, include efforts that affect individuals as well as an entire community.

**Seven Strategies for Community Level Change**

* + 1. **Provide Information**: Educational presentations, workshops or seminars, and data or media presentations (e.g., Public Service Announcements (PSAs), brochures, town halls, forums, web communications).
    2. **Enhance Skills**: Workshops, seminars, or activities designed to increase the skills of participants, members, and staff (e.g., training and technical assistance, parenting classes, strategic planning retreats, model programs in schools).
    3. **Provide Support:** Creating opportunities for participation in activities that reduce risk or enhance protection (e.g., alternative activities, mentoring, referrals for service, support groups, youth clubs).
    4. **Enhance Access/Reduce Barriers:** Improving systems/processes to **increase** the ease, ability, and opportunity to utilize those systems and services (e.g., assuring transportation, housing, education, safety, and cultural sensitivity) in prevention initiatives. **Reduce Access/Enhance Barriers:** Improving systems/processes to **decrease** the ease, ability, and opportunity for youth to access substances (e.g., raising the price of single-serve cans of alcohol, implementing retail alcohol/tobacco compliance checks).
    5. **Change Consequences:** Increasing or decreasing the probability of a behavior (incentives/disincentives) by altering the consequences for performing that behavior (e.g., increasing taxes, citations, and fines; revocation/loss of driver’s license).
    6. **Change Physical Design:** Changing the physical design of the environment to reduce risk or enhance protection (e.g., re-routing foot/car traffic, adjusting park hours, alcohol/tobacco outlet density). **NOTE**: CARA grant funds **cannot** support landscape and lighting projects.
    7. **Modify/Change Policies:** Formal change in written procedures, by-laws, proclamations, rules, or laws (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change). **NOTE**: As per both ONDCP and HHS/SAMHSA guidelines, lobbying with federal dollars **is not** permitted.

For more information on the Seven Strategies for Community Change, visit <http://www.cadca.org/resources/coalition-impact-environmental-prevention-strategies>.

**NOTE**: Applications funded by the CARA Local Drug Crises are **required** to comply with the following Term and Condition regarding CARA Local Drug Crises recipient restrictions on lobbying:

(c) Title 18 > Part I > Chapter 93 > Section 1913 – Lobbying with Appropriated Moneys

**No part of the money appropriated by any enactment of Congress shall**, in the absence of express authorization by Congress, **be used directly or indirectly to pay for** any personal service, advertisement, telegram, telephone, letter, printed or written matter, or other device, **intended or designed to influence** in any manner a **Member of Congress, a jurisdiction, or any official of any government, to favor, adopt, or oppose, by vote or otherwise, any legislation, law, ratification, policy, or appropriation**, whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy, or appropriation.

* 1. **Program Evaluation**

CARA Local Drug Crises grant award recipients are required to participate in the CARA Local Drug Crises Program Evaluation. At a minimum, CARA Local Drug Crises recipients are required to provide data on the following core measures for prescription drugs for three grades between the 6th and 12th grades:

* + 1. Past 30–day use
    2. Perception of risk or harm
    3. Perception of parental disapproval of use
    4. Perception of peer disapproval of use

CARA Local Drug Crises grant recipients will also be responsible for submitting a semi-annual Progress Report. The Terms and Conditions of the grant award will specify how the data is to be submitted, include specific opioid and/or methamphetamine core measure data, and the schedule for Progress Report submissions.

Applicants are not required at the time of application to be in compliance with the CARA Local Drug Crises Program Evaluation requirements; however, applicants must provide information about their ability to comply with the Evaluation Requirements once awarded a CARA Act grant; refer to [**Appendix I**](#_Appendix_I_–_3) for more information.

**NOTE**: It is recommended that data be collected for at least one middle school and one high school grade.

### 2.6 Grantee Meetings

CARA Local Drug Crises recipients are not required to attend a designated grantee meeting for this grant. Recipients, however, will be encouraged to attend identified trainings sponsored by SAMHSA and ONDCP.

# II. AWARD INFORMATION

**Funding Mechanism:** Grant

**Anticipated Total Available Funding:** $2,750,000

**Estimated Number of Awards:** 55

**Estimated Award Amount:** Up to$50,000 per year

**Length of Project Period:** Three years

**Proposed budgets cannot exceed $50,000 in total costs (direct and indirect).** CARA Local Drug Crises grant awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all Terms and Conditions of award. Failure to comply with the Terms and Conditions of the CARA Local Drug Crises grant award may result in suspension or termination of the award.

# III. ELIGIBILITY INFORMATION

## 1. ELIGIBLE APPLICANTS

The statutory authority for this program (Section 103 of the Comprehensive Addiction and Recovery Act) limits eligibility to domestic public and private nonprofit entities that are current or former Drug-Free Communities (DFC) Support Program recipients.

Eligible applicants are community-based coalitions addressing local youth opioid, methamphetamine, and/or prescription medication abuse. In addition, applicants must document rates of abuse of opioids or methamphetamines that are higher than the national average over a sustained period of time. Refer to Table 1: Eligibility Requirements for the CARA Program, which contains a summary of the minimum documentation applicants must provide to meet these criteria. **Failure to meet any single statutory eligibility requirement will cause the application to be deemed ineligible; in such case it will not move forward to peer review.**

Should your application fail to meet the eligibility requirements, the person listed as the Business Officialon the Application for Federal Assistance (SF-424) will receive a letter stating why the application was deemed ineligible. **No additional information may be added to an application after it has been submitted**.

Final authority lies with the DFC Administrator to determine the eligibility of an application.

**NOTE:** CARA grant legal applicant (an organization applying on behalf of a coalition, the coalition, or the applicant coalition) **must** reside within the United States and/or the U.S. Territories. The intent of the CARA Act Grant is to fund community coalition activities in the United States and does not authorize the funding of organizations or activities outside the United States.

**Table 1: Eligibility Information for the CARA Local Drug Crises** **Program**

|  |  |
| --- | --- |
| **Eligibility Information:** | **Evidence Required and Where to Document:** |
| **Requirement 1:** Must be a Legal Entity **-**  Organizations eligible to receive federal funds as CARA grant recipients mustbe a nonprofit (as defined by the IRS as a 501(c) organization); or an entity that the Administrator determines to be appropriate; or part of, or is associated with an established legally recognized domestic, public or private nonprofit organization. For example, state and local governments, federally recognized tribes, state recognized tribes, urban Indian organizations (as defined in Pub. L. No. 94-437), public or private universities and colleges, professional associations, voluntary organizations, self-help groups, consumer and provider services-oriented constituency groups, community- and faith-based organizations, and tribal organizations. (Pub. L. No. 114-198 Sec 103) | Statement of Legal Eligibility  **Where to Document**:  - Attachment 1: Signed Assurance of Legal Eligibility (Appendix D or E) |
| **Requirement 2:** An organization that on or before the date of submitting an application for a grant under this section, receives or has received a grant under the Drug-Free Communities (DFC) Act of 1997.  (Pub. L. No. 114-198 Sec 103(a)(4)(A)) | Disclosure of Drug-Free Communities (DFC) Support Program funding  **Where to Document**:  - Attachment 2 - **(**[**Appendix F)**](#_Appendix_F_–) |
| **Requirement 3:** Documentation of Rates of Abuse of Opioids or Methamphetamines - An organization that has documented, using local data, rates of abuse of opioids or methamphetamines at levels that are higher than the national average over a sustained period of time.  (Pub. L. No. 114-198 Sec 103(a)(4)(B)) | Statement of Rates of Abuse of Opioids and Methamphetamines  **Where to Document:**  - Attachment 3 – [**(Appendix G)**](#_Appendix_G_–)  - Project Narrative Question 2 |
| **Requirement 4**: Community-based coalitions addressing local youth opioid, methamphetamine, and/or prescription medication abuse.  (Pub. L. No. 114-198 Sec 103) | Meeting Minutes – Coalition meeting minutes from a meeting that took place between September 2016 and the deadline for this application that documents efforts to address an emerging issue or a local crisis related to the abuse of opioids, methamphetamines, and/or prescription drugs in the community.  **Where to Document**:  - Attachment 4: Meeting Minutes [**(Appendix H)**](#_Appendix_H_-) |
| **Requirement 5:** A grant under this section shall be subject to the same evaluation requirements and procedures as the evaluation requirements and procedures imposed on the recipients of a grant under the Drug-Free Communities Act of 1997, and may also include an evaluation of the effectiveness at reducing abuse of opioids or methamphetamines.  (Pub. L. No. 114-198 Sec 103) | Applicant must demonstrate ability to comply with the CARA Program Evaluation requirements.  **Where to Document**:  - Attachment 5: CARA Program Evaluation Form [**(Appendix I)**](#_Appendix_I_–_3) |

## 2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

# IV. APPLICATION AND SUBMISSION INFORMATION

## CONTENT AND GRANT APPLICATION SUBMISSION

**IMPORTANT APPLICATION INFORMATION:** SAMHSA’s application procedures have changed.  **All applicants must register with NIH’s eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, you MUST start the registration process immediately. Do not wait to start this process. If your organization is not registered and you do not have an active eRA Commons PI account by the deadline, the application will not be accepted.   No exceptions will be made.**

* 1. **Required Application Components**
* **SF-424** – Fill out all Sections of the SF-424. In **Line #4** (i.e., Applicant Identified), input the Commons Username of the PD/PI. In **Line #17** input the following information: (Proposed Project Date: a. Start Date: 6/15/2018: b. End Date: 6/14/2021. **Budget Information Form** –Use **SF-424A**. Fill out all Sections of the SF-424A.

**Section A –** Budget Summary: Use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only.

**Section B** – Budget Categories: Use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only.

**Section D** – Forecasted Cash Needs: Input the total funds requested, broken down by quarter, only for Year 1 of the project period.

**Section E** –Budget Estimates of Federal Funds Needed for Balance of the Project: Input the total funds requested for the out years (e.g., Year 2). You will input information in column b for Year 2 and column c for Year 3.

A sample budget and justification is included in [**Appendix A**](#_Appendix_A_–_3) of this document. **It is highly**

**recommended that you use this sample budget format. This will expedite review of your**

**application.**

* **Table of Contents: The bottom right corner of every page in the application must be numbered**, including the Attachments, beginning with the Table of Contents as Page 1. In the Table of Contents, include the page numbers for each of the major sections of the application and each attachment. Hand numbering of pages is allowable.
* **Project Narrative:** The Project Narrative ([**Section V-4.1**](#_COALITION_HISTORY:) of this FOA) describes a detailed, comprehensive, multisector plan for addressing the local drug crisis or emerging drug abuse issue within the area served, the efforts the coalition will undertake to prevent and reduce the abuse of opioids or methamphetamines, and the abuse of prescription medications among youth. It consists of five questions and **must** be **no longer than 10 pages**.
* **Budget Narrative:** The Budget Narrative ([**Appendix A**](#_Appendix_A_–_2)**)** provides an itemized line item breakdown and narrative justification.
* **Attachments 1 through 5**: Please clearly label each attachment provided. Applications with additional attachments will **not** receive a higher score. All attachments **must** be labeled and identified with a page number.
* **Assurances:** Non-Construction Programs. Applicants **must** read the list of assurances provided on the SAMHSA website at [http://www.samhsa.gov/grants/applying/forms-](http://www.samhsa.gov/grants/applying/forms-resources)  [resources](http://www.samhsa.gov/grants/applying/forms-resources) and **check** the box marked ‘I Agree’ before signing the face page (SF-424) of the application. **Do not include the list of assurances with your application.**
* **Certifications:** Applicants **must** read the list of certifications provided on the SAMHSA website and check the box marked “I Agree” before signing the face page (SF-424) of the application. **Do not include the list of certifications with your application.**
* **Project Performance Site Location(s) Form:** The purpose of this form is to

collect location information on the site(s) where work funded under this grant

announcement will be performed. This form is included with the application

package found on the Grants.gov website.

* **Disclosure of Lobbying Activities:** Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or state legislatures. This includes “grassroots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or referendums/initiatives to urge those representatives to vote in a particular way. This form is included in the application package and **must** be submitted by all applicants applying for CARA Local Drug Crises grant funds. If not applicable please indicate on form.
* **HHS Checklist:** The Checklist ensures that you have obtained the proper signatures, assurances, and certifications. You **must complete the entire form**, including the top portion “Type of Application” indicating this CARA Local Drug Crises grant application. This checklist is included in the Grants.gov application package.
* **Documentation of non-profit status** as required in the Checklist.
  1. **Application Formatting Requirements**

Applications **must** comply with SAMHSA’s formatting requirements. Please refer to [**Appendix C**](#_Appendix_C_-_1)**– Formatting and Systems Validation** for SAMHSA’s basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not proceed to peer review.

## 2. APPLICATION SUBMISSION REQUIREMENTS

SAMHSA requires electronic submission for CARA Act grant funds through Grants.gov. Applications are due by **11:59 PM** (Eastern Time) on **January 29, 2018**. Grants.gov will reject applications submitted after 11:59 PM on the application due date.

## INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENT

This grant program is covered under Executive Order (EO) 12372, as implemented through HHS regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. See [Appendix J](#_Appendix_J_–) for additional information on these requirements.

## 4. FUNDING LIMITATIONS/RESTRICTIONS

The standards set forth in 45 CFR Part 75 *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards,* became effective December 26, 2014. Cost principles describing allowable and unallowable expenditures for HHS grant recipients, including SAMHSA grant recipients, are provided in 45 CFR Part 75.

**Table 2: Cost Principles**

|  |  |
| --- | --- |
| **Applies to:** | **Cost Principle:** |
| Educational Institutions | **45 CFR Part 75**  “UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS” |
| State, Local, and Indian Tribal Governments |
| Nonprofit Organizations |
| Hospitals |

In addition, the CARA Local Drug Crises grant recipients **must** comply with the following funding restrictions:

* Food costs are **not allowable** for general coalition or subcommittee meetings.
* CARA Local Drug Crises grant funds **may not** be passed through by contract or any other method to another entity to conduct the programmatic work on the CARA Local Drug Crises program. The funded grant recipient and coalition are expected to perform the substantive role and manage the efforts carried out by this grant.
* The Authorized Representative or Business Official charged with financial oversight responsibilities for the CARA Local Drug Crises grant award **must** be an employee of the recipient organization and identified in the ‘Personnel’ budget category.
* The Program Director **must** be an employee of the recipient organization, overseeing the day to day operations of the grant, and must be identified in the personnel budget category as either Federal or Non-Federal.
* CARA Local Drug Crises grant funds **may not** be used to provide funding to community organizations through mini-grants (i.e., sub-awards) including one coalition funding another coalition.
* CARA Local Drug Crises grant funds **may not** be utilized for the following: law enforcement equipment, drug search detection canines or related training, drug courts, lighting, or community gardening efforts.
* CARA Local Drug Crises grant funds may not be used for stipends, as defined in the HHS Grants Policy Statement (GPS).
* No more than **10 percent** of the grant award may be used for data collection, performance measurement, and performance assessment expenses.
* No more than **8 percent** of the grant may be used for grant management and administrative (M&A) expenses. The administrative expenses are referring to indirect costs.

# V. APPLICATION REVIEW INFORMATION

All CARA Local Drug Crises Grant applications will be jointly screened by ONDCP and SAMHSA to determine whether an applicant meets the CARA Local Drug Crises Eligibility Requirements. In addition, the non-profit status of the legal applicant (if applicable) will be verified along with its ability to fiscally manage federal funds. Applications submitted by eligible coalitions that demonstrate they meet all requirements will then be scored through an Independent Review Groupaccording to the evaluation criteria described in this FOA.

## GENERAL INSTRUCTIONS

There are five questions in the Project Narrative (4.1 - Section A), and only these questions may be used when applying for FY 2018 CARA Local Drug Crises grant funding. Failure to use this FOA will result in an application being screened out and not proceeding to peer review.

## EVALUATION CRITERIA

The CARA Local Drug Crises program’s peer review process utilizes experienced substance abuse prevention specialists and coalition leaders to serve as peer reviewers. Each application is assigned to a panel of three peer reviewers for scoring, and the composite of the three scores becomes the application’s final score. Upon full completion of the CARA Local Drug Crises Eligibility Requirements review process and review of final scores, ONDCP begins funding with the highest scoring grant until all funds are exhausted.

**NOTE**: Applications that meet all of the CARA Local Drug Crises Eligibility Requirements will proceed to peer review. All applications in peer review will be considered and reviewed equally.

## APPLICATION SCORING INSTRUCTIONS

Peer reviewers will score the five questions that comprise the Project Narrative by totaling the points for each question to create a cumulative score (scores will range from 0 to 100 points). The primary funding decision criterion is the application’s final peer review score. All final grant award decisions will be made by ONDCP’s DFC Administrator, consistent with the CARA Local Drug Crises. ONDCP may also take into consideration factors relating to rural, American Indian/Alaska Native, and economically disadvantaged communities.

## RESPONDING TO THE CARA LOCAL DRUG CRISES PROGRAM PROJECT NARRATIVE

In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.

* The Project Narrative together may be no longer than 10 pages. Applications with a Project Narrative that exceeds the **10 page limit** will be deemed ineligible and will not go to peer review.
* Restrictions related to font size and page margins found in Appendix B must be followed or the application will be deemed ineligible and will not proceed to peer review.
* Respond to each question individually, building upon previous responses, so all answers together tell a cohesive story of the community, the coalition, and their efforts to prevent and reduce the abuse of opioids or methamphetamines and the abuse of prescription drugs.
* Write all responses under the correct question. Answer each question completely. In the event an applicant is unable to respond to a specific bullet, the applicant **must** explain why they are unable to respond and offer a possible solution. The Project Narrative will be scored based on how well each bullet is answered.
* Do not direct peer reviewers to a previous answer in response to another question.
* Do not direct peer reviewers to the Attachments. Attachments will not be scored.
  1. **SECTION A**: **Questions for the Project Narrative (maximum of 100 points)**

## COALITION HISTORY:

* + 1. **What is the history of the coalition and how does it currently operate to prevent youth substance use in the community? (10 points)**

1. Describe the history of the coalition to include information on what events led to the formation of the coalition.
2. Describe the organizational structure and operations of the coalition to include coalition leadership, decision making processes, by-laws, workgroups, and financial management.

**COALTION MULTISECTOR REPRESENTATION:**

* + 1. **What is the current makeup of the coalition? (20 points)**

1. Describe the role each multisector representative currently has and how they will specifically contribute to your coalition’s efforts to reduce the community’s current youth opioid, prescription medications, and/or methamphetamines abuse problem.
2. Describe the sectors of the community that are not yet engaged in addressing the abuse of opioids or methamphetamines and how the coalition intends to secure their involvement.

## STATEMENT OF THE PROBLEM:

* + 1. **What are the current youth opioids, prescription medications, and/or methamphetamines abuse problems in your community? (25 points)**

1. Describe the current youth opioids, prescription medications, and/or methamphetamines abuse problems in your community. Please include quantitative and qualitative data.
2. Describe the unique local conditions that contribute to these identified problems, such as environmental conditions, policies and practices, community norms, geographic variables, etc.

**12 MONTH ACTION PLAN:**

* + 1. **What is the coalition’s 12-Month Action Plan for preventing and reducing the abuse of opioids, prescription medications and/or methamphetamines among youth? (30 points)**

This question is answered by developing a detailed 12-Month Action Plan using Table 3 below. The 12-Month Action Plan should foster community level change by including a combination of strategies and activities.

* Applicants **must** use the 12-Month Action Plan provided in Table 3.
* The 12-Month Action Plan **must** fall within the text of the Project Narrative and will count towards the 10 page limit.
* The 12-Month Action Plan **must** be in Times New Roman, 12-point font.
* The 12-Month Action Plan **must** cover the period from June 15, 2018 to June 14, 2021.
* The 12-Month Action Plan **must** include at least two goals.
* The 12-Month Action Plan’s objectives **must** be measurable and include the following:
  + Objective **must** indicate type of change
  + Objective **must** indicate how much change will occur (including specific amount of increase or decrease)
  + Objectives **must** indicate specific population to be addressed (i.e., ages of youth or grade level)
  + Objectives **must** include a specific date by when change will be accomplished
  + Objectives **must** indicate how change will be measured

**Table 3: 12-Month Action Plan**

**Goal 1:** *Coalition must provide a goal*

**Objective 1:** *Coalition must provide measureable objective*

**Strategy 1:** *Provide specific strategy*

|  |  |  |
| --- | --- | --- |
| **Activity** | **Who is responsible?** | **By when?** |
|  |  |  |
|  |  |  |

**Strategy 2:** *Provide specific strategy*

|  |  |  |
| --- | --- | --- |
| **Activity** | **Who is responsible?** | **By when?** |
|  |  |  |
|  |  |  |

**Goal 2:** *Coalition must provide a goal*

**Objective 2:** *Coalition must provide measureable objective*

**Strategy 1:** *Provide specific strategy*

|  |  |  |
| --- | --- | --- |
| **Activity** | **Who is responsible?** | **By when?** |
|  |  |  |
|  |  |  |

**Strategy 2:** *Provide specific strategy*

|  |  |  |
| --- | --- | --- |
| **Activity** | **Who is responsible?** | **By when?** |
|  |  |  |
|  |  |  |

**ENGAGING THE LOCAL COMMUNITY:**

* + 1. **How does the coalition plan to engage the entire community to support the coalition’s**

**efforts to reduce the current youth opioids, prescription medications, and/or methamphetamines abuse problems? (15 points)**

1. Describe the tools and approaches the coalition intends to use to ensure key

stakeholders will promote and advance the action plan.

B Describe how youth will be specifically integrated to engage the community in helping

to implement the action plan.

1. **SECTION B: BUDGET NARRATIVE (NOT SCORED)**

Applicants **must** provide a 12-Month Budget Narrative to include budget details and justification for expenditures. No more than **10 percent** of the total grant award may be used for data collection and evaluation purposes unless approved by a SAMHSA Government Project Officer and Grants Management Specialist. Applicants **must** use the template provided in [Appendix A](#_Appendix_A_–_2), including providing a narrative description for each budget category. **There is no page limit for the Budget Narrative.** When submitting your application through Grants.gov, the Budget Narrative **must** be submitted as file Budget Narrative File (BNF).

1. **SECTION C: REQUIRED ATTACHMENTS (NOT SCORED)**

All attachment pages must be properly labeled and numbered. Applicants may hand number pages if necessary. Although these attachments are not scored by peer reviewers, they are required in order for an application to move forward to peer review. The attachments (Section C) should follow Sections A (Project Narrative) and B (Budget Narrative) of the application with continuous page numbers. It is extremely important to order and label these attachments as indicated below:

* **Attachment 1:** Signed Assurance of Legal Eligibility
* **Attachment 2:** Disclosure of DFC Support Program Funding
* **Attachment 3:** Statement of Rates of Abuse of Opioids and Methamphetamines
* **Attachment 4:** Meeting Minutes
* **Attachment 5:** CARA Local Drug Crises Program Evaluation Form

Prior to making a Federal award, ONDCP is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information. Therefore application evaluation criteria may include the following risk based considerations of the applicant: (1) financial stability; (2) quality of management systems and ability to meet management standards; (3) history of performance in managing federal award; (4) reports and findings from audits; and (5) ability to effectively implement statutory, regulatory, or other requirements.

### Supplemental Financial Integrity Review

Prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, currently $150,000, ONDCP and HHS are required to review and consider any information about the applicant in the [Federal Awardee Performance and Integrity Information System (FAPIIS)](https://www.fapiis.gov/fapiis/index.action), which is also accessible through the [SAM](https://www.sam.gov/portal/SAM/#1) website.

* An applicant, at its option, may review information in FAPIIS and comment on any information about itself that a Federal awarding agency previously entered.
* ONDCP and HHS will consider any comments by the applicant, in addition to the FAPIIS information, in making a judgment about the applicant’s integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicants, as described in 2 CFR §200.205.

# VI. ADMINISTRATION INFORMATION

## 1. AWARD NOTICES AND APPLICATION SUMMARY STATEMENTS

By the end of **May 2018**, the list of awardees will be posted at <http://www.whitehouse.gov/ondcp/grants-programs>. For all awardees, a Notice of Award (NoA) will then be sent electronically to the individual listed as the Business Official on the Application for federal Assistance. The NoA is the sole obligating document that allows the recipient to receive federal funding for work on the grant project.

## ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

* If your application is funded, you **must** comply with all Terms and Conditions of the grant award. SAMHSA’s standard Terms and Conditions are available on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.
* If your application is funded, you **must** also comply with the administrative requirements outlined in 45 CFR Part 75. For more information see the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>.
* Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional Terms and Conditions with you prior to grant award. These may include, for example:
* actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
* requirements relating to additional data collection and reporting;
* requirements relating to participation in a cross-site evaluation;
* requirements to address problems identified in review of the application; or
* revised budget and narrative justification.
* If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as any shortcomings and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
* Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person’s race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see <https://www.hhs.gov/ocr/get-help-in-other-languages/index.html> . The HHS Office for Civil Rights also provides guidance on complying with civil rights laws enforced by HHS. See <http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html>. Recipients of FFA also have specific legal obligations for serving qualified individuals with disability. See <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>. Contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at <https://www.hhs.gov/civil-rights/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697. Also note it is an HHS Departmental goal to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.

* Special Term and Condition of award may be included in the final NoA that states: “On June 26, 2013, in United States v. Windsor, the Supreme Court held that section 3 of the Defense of Marriage Act (DOMA), which prohibited federal recognition of same-sex marriages, was unconstitutional.  As a result of that decision and consistent with HHS policy, SAMHSA recognizes same-sex marriages and same-sex spouses on equal terms with opposite sex-marriages and opposite-sex spouses, regardless of where the couple resides.  On June 26, 2015, in Obergefell v. Hodges, the Court held that the Fourteenth Amendment requires a State to license a marriage between two people of the same sex and to recognize a marriage between two people of the same sex when their marriage was lawfully licensed and performed out-of-state.  Consistent with both of these decisions, you must treat as valid the marriages of same- sex couples.  This policy does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage.”
* Term and Condition: Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal grant.
* Term and Condition: “Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub-recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award.  Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

SAMHSA

Attention: Office of Financial Advisory Services

5600 Fishers Lane

Rockville, MD 20857

**AND**

U.S. Department of Health and Human Services

Office of Inspector General

ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue, SW, Cohen Building

Room 5527

Washington, DC 20201

Fax: (202) 205-0604 (Include “Mandatory Grant Disclosures” in subject line) or email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

* Term and Condition: In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than $10,000,000, must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a federal award that reached final disposition within the most recent five-year period.  The recipient also must make semiannual disclosures regarding such proceedings.  Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

## REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in [Section I-2.4](#SECTION_I_2_4_DFCNat_Xsite_Data), you **must** comply with the following reporting requirements:

### PROGRESS AND FINANCIAL REPORTS

Recipients are required to submit the following financial reports as a condition of award acceptance. Future awards and funds drawdown may be withheld if these reports are delinquent.

### Federal Financial Report (FFR)

Recipients must report obligations and expenditures through the FFR (SF-425) to SAMHSA. Recipients must file the FFR electronically to their Grants Management Specialist. The FFR must be submitted only once, during Closeout.

**Programmatic Reporting**

Recipients are required to submit a program progress report and various financial reports. Full details regarding specific due dates are available at

<https://www.samhsa.gov/grants/grants-management/reporting-requirements>

### Financial and Compliance Audit Report

Recipients that expend $750,000 or more from all Federal funding sources during their fiscal year are required to submit an organization-wide financial and compliance audit report. The audit must be performed in accordance with the Audit Requirements, 45 CFR 75.501, which implement the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR 200.501. Reports on these audits must be submitted to the Federal Audit Clearinghouse (FAC) either within 30 days after receipt or nine months after the end of the fiscal year, whichever is earlier.

## Liquidation Requirements

Within 90 days after the end of the Period of Performance, recipients must liquidate all obligations incurred under the Federal award.

## Closeout Reporting Requirements

Within 90 days after the end of the Period of Performance, recipients must submit the following closeout reporting requirements to their respective SAMSHA Grant Manager.

1. Final request for payment, if applicable;
2. Federal Financial Report SF-425;
3. Programmatic Report; and
4. Any other documents required by grant guidance or terms and conditions of the award.

Recipients may request SAMHSA to extend this 90-day closeout period. Such requests must be made in writing to the recipient’s SAMHSA Grant Management Specialist and Government Project Officer. After these reports have been reviewed and approved by SAMSHA, a closeout notice will be completed. As the Period of Performance will have already closed on June 14, 2021, the closeout notice will list any remaining funds that will be de-obligated, and address the requirement of maintaining the grant records for three years from the date of the final FFR.

## Monitoring

Monitoring involves the review and analysis of the financial, programmatic, performance, compliance and administrative processes, policies, activities, and other attributes of each Federal assistance award and will identify areas where technical assistance, corrective actions, and other support may be needed. Recipients may be monitored through an on-site monitoring visit by SAMHSA or ONDCP staff.

### PUBLICATIONS

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

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

SAMHSA and ONDCP reserve the right to issue a press release about any publication deemed by SAMHSA and ONDCP to contain information of program or policy significance to the substance abuse prevention community.

# VII. AGENCY CONTACTS

For questions about program issues contact:

Helpline Team

Division of Community Programs

(240) 276-1270

[dfcnew@samhsa.hhs.gov](mailto:dfcnew@samhsa.hhs.gov)

For questions on grants management and budget issues contact:

Office of Financial Resources, Division of Grants Management

Substance Abuse and Mental Health Services Administration

5600 Fishers Lane, 17th Floor

Rockville, Maryland 20857

(240) 276-1400

[DGM@samhsa.hhs.gov](mailto:DGM@samhsa.hhs.gov)

# Appendix A – Sample Budget Narrative

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

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

**FEDERAL REQUEST**

| Position | Name | Annual Salary/Rate | Level of Effort | Cost |
| --- | --- | --- | --- | --- |
| (1) Program Director | Jane Doe | $32,500 | 10% | $3,250 |
|  |  |  | **TOTAL** | **$3,250** |

**JUSTIFICATION:** Describe the role and responsibilities of each position.

1. The Program Director will provide daily oversight of the grant and will be considered key staff.   
     
   **Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.**

**FEDERAL REQUEST** (enter in Section B column 1 line 6a of form SF424A) **$3,250**

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

**FEDERAL REQUEST**

| Component | Rate | Wage | Cost |
| --- | --- | --- | --- |
| FICA | .0765% | $3,250 | $249 |
| Workers Compensation | .025% | $3,250 | $81 |
| Insurance | .105% | $3,250 | $341 |
|  |  | **TOTAL** | **$671** |

**JUSTIFICATION:** **Fringe reflects current rate for agency.**

**FEDERAL REQUEST** (enter in Section B column 1 line 6b of form SF424A) **$671**

**C. Travel:** Explain need for all travel other than that required by this application. Applicants must use their own documented travel policies. If an organization does not have documented travel policies, the federal GSA rates must be used.

**FEDERAL REQUEST**

| Purpose of Travel | Location | Item | Rate | Cost |
| --- | --- | --- | --- | --- |
| (1) Conference | City, State | Enrollment Fee | $200/per person x 2 persons | $400 |
|  |  | Travel to and from Conference | 300 Miles @ $0.38 | $114 |
|  |  | Hotel | $180/night x 2 persons x 2 nights | $720 |
|  |  | Per Diem (meals and incidentals) | $46/day x 2 persons x 2 days | $184 |
| (2) Local travel |  | Mileage | 3,000 miles@.38/mile | $1,140 |
|  |  |  | **TOTAL** | **$2,558** |

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

(1) Attendance at the annual conference is needed to enhance our coalition’s capacity to assess substance abuse issues, problems, and consequences and to work effectively to develop, design and implement effective community based interventions to reduce the abuse of opioids, methamphetamines, and/or the abuse of prescription medications among youth.

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

**FEDERAL REQUEST** (enter in Section B column 1 line 6c of form SF424A) **$2,558**

**D. Equipment:** An article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit (federal definition). Organizations should follow their documented capitalization policy thresholds.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6d of form SF424A) **$ 0**

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

**FEDERAL REQUEST**

| Item(s) | Rate | Cost |
| --- | --- | --- |
| General office supplies | $50/mo. x 12 mo. | $600 |
| Postage | $37/mo. x 8 mo. | $296 |
| Copies | 8000 copies x .10/copy | $800 |
| Laptop Computer | $900 | $900 |
| Printer | $300 | $300 |
| Projector | $900 | $900 |
| Display board posters for Town Hall meeting | $200 | $200 |
|  | **TOTAL** | **$3,996** |

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

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

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

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

(4) The display board posters are needed for Town Hall educational meetings and gatherings where the community will be gathered to discuss the abuse of opioids, methamphetamines, and/or the abuse of prescription medications among youth and related action.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6e of form SF424A) **$ 3,996**

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

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

**FEDERAL REQUEST**

| Name | Service | Rate | Other | Cost |
| --- | --- | --- | --- | --- |
| (1) Law Enforcement | Training | $30/hr x 100 hrs x 3 | 300 Hours | $9,000 |
| (2) Underage Drinking Expert | Training | 2 training x 2 days | 4 days | $2,000 |
| (3) Jane Smith | Evaluator | $40 per hour x 120 hours | 12 month period | $4,800 |
| (4) Town Hall Meeting Coordinator | Community Event/Town Hall x 5 meetings | $30 per hour x 208 hours | 12 month period | $6,240 |
| (5) Community Activities & Evidence Based Intervention Coordinator | To be selected | $40 per hour x 203 hours | 12 month period | $8,120 |
|  |  |  | **TOTAL** | **$30,160** |

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

1. Law enforcement staff will assist in implementing three intervention efforts; party patrols, Shoulder Tap initiatives and alcohol retail compliance checks. Each of their activities will be done three times during the grant year.
2. Two trainings (two days each) will be held for coalition members to increase their understanding of and skills in developing underage drinking programs, intervention, activities and policies. Trainers to be determined.
3. Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.
4. Town Hall Meeting Coordinator will develop and assist in implementing a plan to include public education and outreach efforts to engage the community and key actors about recipient activities, and provision of presentations at public meetings (five per year) and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.
5. The Community Activities & Evidence Based Intervention Coordinator will coordinate project services and project activities, including training, communication, information dissemination and community liaison responsibilities.

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

**FEDERAL REQUEST** – (enter in Section B column 1 line 6f of form SF424A) **$30,160**

**G. Construction:** NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF424A blank.

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

**FEDERAL REQUEST**

| Item | Rate | Cost |
| --- | --- | --- |
| (1) Rent\* | $15/sq.ft x 120 sq. feet | $1,800 |
| (2) Telephone | $100/mo. x 12 mo. | $1,200 |
| (3) Brochures, Materials and Evidence Based Resources | $1 x 5,012 brochures, materials, manualsand resources | $5,012 |
|  | **TOTAL** | **$8,012** |

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

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

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

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

(3) Brochures, material and resources will be used at various community functions (health fairs, town halls and exhibits; etc.).

**FEDERAL REQUEST** – (enter in Section B column 1 line 6h of form SF424A) **$8,012**

**Indirect Cost Rate:** Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Officesat SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

**FEDERAL REQUEST** (enter in Section B column 1 line 6j of form SF424A)

**8 percent** of personnel and fringe **(.08 x $3,921)**  **$314**

================================================================== **TOTAL DIRECT CHARGES:**   
  
**FEDERAL REQUEST** **–** (enter in Section B column 1 line 6i of form SF424A)  **$48,647**

**INDIRECT CHARGES:**   
  
**FEDERAL REQUEST** **–** (enter in Section B column 1 line 6j of form SF424A)  **$314**

**TOTALS: (sum of 6i and 6j)**

**FEDERAL REQUEST** – **(enter in Section B column 1 line 6k of form SF424A) $48,961**

**Provide the total proposed project period and federal funding as follows:**

**Proposed Project Period**

1. Start Date: June 15, 2018 **b**. End Date: June 14, 2021

**BUDGET SUMMARY**

| Category | Total Project Costs |
| --- | --- |
| **Personnel** | $3,250 |
| **Fringe** | $671 |
| **Travel** | $2,558 |
| **Equipment** | 0 |
| **Supplies** | $3,996 |
| **Contractual** | $30,160 |
| **Other** | $8,012 |
| **Total Direct Charges** | $48,647 |
| **Indirect Charges** | $314 |
| **Total Project Costs** | **$48,961** |

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

**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF424A) **$48,961**

# Appendix B: Application and Submission Requirements

**IMPORTANT**: SAMHSA’s application procedures have changed. **All applicants must register with NIH’s eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, you MUST start the registration process immediately. Do not wait to start this process. If your organization is not registered and you do not have an active eRA Commons PI account by the deadline, the application will not be accepted. No exceptions will be made.**

Applicants also must register with the System for Award Management (SAM) and Grants.gov (see below for all registration requirements).

1. **GET REGISTERED**

You are required to complete **four (4) registration processes:**

* 1. Dun & Bradstreet Data Universal Numbering System (to obtain a DUNS number);
  2. System for Award Management (SAM);
  3. Grants.gov; and
  4. eRA Commons.

As a current or former DFC grantee you will have already completed registrations for DUNS, SAM and Grants.gov. You just need to ensure that your accounts are still active. **Reminder:** The person submitting your application must be properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (first page). See the Organization Registration User Guide for details at the following Grants.gov link: <http://www.grants.gov/web/grants/applicants/organization-registration.html>.

The next step is to register in **eRA Commons**. Organizations applying for SAMHSA funding **must** register in eRA Commons. This is a one-time registration, separate from Grants.gov registration. 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. **If your organization is not registered and does not have an active eRA Commons PI account by the deadline, the application will not be accepted.**

The organization must maintain an active and up-to-date SAM and DUNS registrations in order for SAMHSA to make an award. If your organization is not compliant when SAMHSA is ready to make an award, SAMHSA may determine that your organization is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

**1.1 Dun & Bradstreet Data Universal Numbering System (DUNS) Registration**

SAMHSA applicants are required to obtain a valid DUNS Number, also known as the Unique Entity Identifier, and provide that number in the application. Obtaining a DUNS number is easy and there is no charge.

To obtain a DUNS number, access the Dun and Bradstreet website at: <http://www.dnb.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a federal grant application. **The DUNS number you use on your application must be registered and active in the System for Award Management (SAM).**

**1.2 System for Award Management (SAM) Registration**

You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information during the period of time your organization has an active federal award or an application under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), has an exception approved by the agency under 2 CFR § 25.110(d)). To create a SAM user account, Register/Update your account, and/or Search Records, go to<https://www.sam.gov>.

It is also 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 rejects electronic submissions from applicants with expired registrations.

If your SAM account expires, the renewal process requires the same validation with IRS and DoD (Cage Code) as a new account requires. The renewal process can take up to one month.

**1.3 Grants.gov Registration**

[Grants.gov](http://www.grants.gov/) is an online portal for submitting federal grant applications. It requires a one-time registration in order to submit applications. While Grants.gov registration is a one-time only registration process, it consists of multiple sub-registration processes (i.e., DUNS number and SAM registrations) before you can submit your application. [Note: eRA Commons registration is separate].

You can register to obtain a Grants.gov username and password at <http://www.grants.gov/web/grants/register.html>.

If you have already completed Grants.gov registration and ensured your **Grants.gov and SAM accounts are up-to-date and/or renewed**, please skip this section and focus on the eRA Commons registration steps noted below. If this is your first time submitting an application through Grants.gov, registration information can be found at the Grants.gov “[Applicants](http://www.grants.gov/web/grants/applicants.html)” tab.

The person submitting your application must be properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (first page). See the Organization Registration User Guide for details at the following Grants.gov link: <http://www.grants.gov/web/grants/applicants/organization-registration.html>.

**1.4 eRA Commons Registration**

eRA Commons is an online interface managed by NIH that allows applicants, recipients, and federal staff to securely share, manage, and process grant-related information. In addition to the organization registration, Business Officials and Program Directors listed as key personnel on SAMHSA applications must also register in eRA Commons and receive a Commons ID in order to have access to electronic submission and retrieval of application/grant information. It is strongly recommended that you start the eRA Commons registration process **at least six (6) weeks** prior to the application due date. **If your organization is not registered and does not have an active eRA Commons PI account by the deadline, the application will not be accepted.**

For organizations registering with eRA Commons for the first time, either the Authorized Organization Representative (AOR) from the SF-424 or the Business Official (BO) from the SAMHSA 5161 Checklist must complete the online [Institution Registration Form](https://public.era.nih.gov/commons/public/registration/registrationInstructions.jsp). Instructions on how to complete the online Institution Registration Form is provided on the eRA Commons Online Registration Page.

[Note: You must have a valid and verifiable DUNS number to complete the eRA Commons registration.]

After the organization’s representative (AOR or BO) completes the online Institution Registration Form and clicks Submit, the eRA Commons will send an e-mail notification from [era-notify@mail.nih.gov](mailto:era-notify@mail.nih.gov) with the link to confirm the email address. Once the e-mail address is verified, the registration request will be reviewed and confirmed via email. If your request is denied, the representative will receive an email detailing the reason for the denial. If the request is approved, the representative will receive an email with a Commons User ID (with the Signing Official ‘SO’ role) and temporary password. The representative will need to log into Commons with the temporary password, at which time the system will provide prompts to change the temporary password to one of their choosing. Once the designated contact Signing Official (SO) signs the registration request, the organization will be active in Commons and any user with the SO role will be able to create and maintain additional accounts for the organization’s staff, including accounts for those designated as Program Directors.

**Important**: The eRA Commons requires organizations to identify at least one SO, who can be either the AOR from the SF-424 or the BO from the SAMHSA 5161 Checklist, and at least one Program Director/Principal Investigator (PD/PI) account in order to submit an application. The primary SO must create the account for the PD/PI listed as the PD/PI role on the SAMSHA 5161 Checklist assigning that person the ‘PI’ role in Commons. Note that you must enter the PD/PI’s Commons Username into the ‘Applicant Identifier’ field of the SF-424 document.

You can find additional information about the eRA Commons registration process at <https://era.nih.gov/reg_accounts/register_commons.cfm>.

**2. APPLICATION COMPONENTS**

You must complete your application using eRA ASSIST, Grants.gov Workspace or another system to system provider. You will also need to go to the SAMHSA website to download the required documents you will need to apply for a SAMHSA grant or cooperative agreement. (PDF application packages used in previous years will not be supported by Grants.gov after December 31, 2017.)

**2.1 How to Download the Application Package (Grants.gov)**

On the Grants.gov site (<http://www.Grants.gov>), select the ‘Apply for Grants’ option from the ‘Applicants’ Tab at the top of the screen. You will be directed to the ‘[Apply for Grants](http://www.grants.gov/web/grants/applicants/apply-for-grants.html)’ page. Click on the ‘Get Application Package’ tab located on the right of the Grants.gov ‘Apply for Grants’ page. You will be directed to the ‘Get [Application](https://www.grants.gov/web/grants/applicants/download-application-package.html) Package’ page where you will search for the appropriate funding announcement number (called the funding opportunity number) or the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the funding announcement number and CFDA number on the cover page the FOA.

For more information on the application download process, go to the Grants.gov ‘Apply for Grants’ page. Download both the Application Instruction and Application Package on the ‘Apply for Grants’ page. You can view, print, or save all the forms in the Application Package and then complete them for electronic submission to Grants.gov. Completed forms can also be saved and printed for your records.

**2.2 Additional Documents for Submission (SAMHSA Website)**

You will find additional materials you will need to complete your application on the SAMHSA website at <http://www.samhsa.gov/grants/applying/forms-resources>.

For a **full list of required application components**, refer to [Section II-3.1, Required Application Components](#_3.1_Required_Application).

**3. WRITE AND COMPLETE APPLICATION**

After downloading and retrieving the required application components and completing the registration processes, it is time to write and complete your application. With SAMHSA’s transition to NIH’s eRA grants system, there are **new application formatting requirements and validations.** All files uploaded with the Grants.gov application **MUST** be in **Adobe PDF** file format. Please see[**Appendix**](#_Appendix_C_-) **C for all** application formatting and validation requirements**. Applications that do not comply with these requirements will be screened out and will not be reviewed.**

**SAMHSA strongly encourages you to sign up for Grants.gov email notifications regarding this FOA. If the FOA is cancelled or modified, individuals who sign up with Grants.gov for updates will be automatically notified.**

**3.1 Required Application Components**

**Standard Application Components**

Applications must include the following required application components listed in the table below. This table consists of a full list of standard application components, a description of each required component, and its source for application submission.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | ***Standard Application Components*** | ***Description*** | ***Source*** |
| 1 | SF-424 (Application for Federal Assistance) Form | This form must be completed by applicants for all SAMHSA grants and cooperative agreements. | Grants.gov |
| 2 | SF-424 A (Budget Information – Non-Construction Programs) Form | Use SF-424A. Fill out Sections A, B and D of the SF-424A. **It is highly recommended that you use the sample budget format in the FOA.** | Grants.gov |
| 3 | HHS Checklist Form | The HHS Checklist ensures that you have obtained the proper signatures, assurances, and certifications**.** You are not required to complete the entire form, but include the top portion of the form (“**Type of Application**”) indicating if this is a new, noncompeting continuation, competing continuation, or supplemental application; the Business Official and Program Director/Project Director/Principal Investigator contact information (**Part A**); and your organization’s nonprofit status (**Part B, if applicable**). All SAMHSA Notices of Award (NoAs) will be emailed by SAMHSA via NIH’s eRA Commons to the Institutional Profile File (IPF) organization, Project Director/Principal Investigator (PD/PI), and Signing Official/Business Official (SO/BO). | Grants.gov |
| 4 | Project/Performance Site Location(s) Form | The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. | Grants.gov |
| 5 | Project Abstract Summary | Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reports to Congress, or press releases. | Grants.gov |
| 6 | Project Narrative Attachment | The Project Narrative describes your project. The application must address how your organization will implement and meet the goals and objectives of the program. You must attach the project narrative file (Adobe PDF format only) inside the Project Narrative Attachment Form. | Grants.gov |
| 7 | Budget Justification and Narrative Attachment | You must include a detailed Budget Narrative in addition to the Budget Form SF-424A. In preparing the budget, adhere to any existing federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. The budget justification and narrative must be submitted as file **BNF** when you submit your application into Grants.gov | Grants.gov |
| 8 | SF-424 B (Assurances for Non-Construction) Form | You must read the list of assurances provided on the SAMHSA website and check the box marked ‘I Agree’ before signing the first page (SF-424) of the application. | [SAMHSA Website](http://www.samhsa.gov/grants/applying/forms-resources) |
| 9 | Disclosure of Lobbying Activities (SF-LLL) Form | Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before Congress or state legislatures. You must sign and submit this form, if applicable. | Grants.gov |
| 10 | Other Attachments Form | Refer to the Supporting Documents below. Use the Other Attachments Form to attach all required additional/supporting documents listed in the table below. | Grants.gov |

**Supporting Documents**

In addition to the Standard Application Components listed above, the following supporting documents are necessary for the review of your application. Supporting documents must be attached to your application. **For each of the following application components, attach each document (Adobe PDF format only) using the Other Attachments Form from the Grants.gov application package.**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | ***Supporting Documents*** | ***Description*** | ***Source*** |
| 1 | Certifications | You must read the “List of Certifications” provided on the SAMHSA website and check the box marked ‘I Agree’ before signing the first page [SF-424] of the application. | [SAMHSA Website](http://www.samhsa.gov/grants/applying/forms-resources) |
| 2 | Additional Documents in the FOA | This includes Attachments 1-5 | [FOA: Section III.1.](#_1._ELIGIBLE_APPLICANTS) |

**4. SUBMIT APPLICATION**

**4.1 Electronic Submission (Grants.gov, ASSIST)**

After completing all required registration and application requirements, SAMHSA requires applicants to **electronically submit** using eRA ASSIST, Grants.gov Workspace or another system to system provider. Information about these submission options is below:

1. **ASSIST** – The Application Submission System and Interface for Submission Tracking (ASSIST) is an NIH sponsored online interface used to prepare applications using the SF424 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 Downloadable Forms** – You can download an application package from Grants.gov, complete the forms offline, submit the completed forms to Grants.gov, and track your application in eRA Commons. **Note that this option is only available until December 31, 2017.**
3. **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 submission method as listed above. The steps to submit your application are as follows:

To submit to Grants.gov using ASSIST: [eRA Modules, User Guides, and Documentation | Electronic Research Administration (eRA)](https://era.nih.gov/modules_user-guides_documentation.cfm)

To submit to Grants.gov using downloadable forms are available at: [STEP 3: Submit an Application Package | GRANTS.GOV](https://www.grants.gov/web/grants/applicants/apply-for-grants/step-3-submit-your-application-package.html)

To submit to Grants.gov using the Grants.gov Workspace:

<http://www.grants.gov/web/grants/applicants/workspace-overview.html>

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.

**You must prepare your Project Narrative and other attached documents in Adobe PDF format or your application will not be forwarded to eRA Commons and will not be reviewed.** Directions for creating PDF files can be found on the Grants.gov website.

On-time submission requires that electronic applications be error-free and made available to SAMHSA for processing from the NIH eRA system on or before the application due date and time. Applications must be submitted to and validated successfully by Grants.gov and eRA Commons no later than **11:59 PM** Eastern Time on the application due date.

All applications that are successfully submitted must be validated by Grants.gov before proceeding to the NIH eRA Commons system and validations.

You are strongly encouraged to allocate additional time prior to the submission deadline to submit your application and to correct errors identified in the validation process. You are also encouraged to check the status of your application submission to determine if the application is complete and error-free.

If you encounter problems when submitting your applications in Grants.gov, you must attempt to resolve them by contacting the Grants.gov Help Desk at:

By e-mail: support@grants.gov

By phone: (toll-free) 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding federal holidays.

**Make sure you receive a case/ticket/reference number that documents the issues/problems with Grants.gov.**

Additional support is also available from the NIH eRA Service desk at:

By e-mail: <http://grants.nih.gov/support/index.html>

By phone: 301-402-7469 or (toll-free) 1-866-504-9552. The NIH eRA Service desk is available Monday – Friday, 7 a.m. to 8 p.m. Eastern Time, excluding federal holidays.

If you experience problems accessing or using ASSIST (see below), you can:

Access the ASSIST Online Help Site at: <https://era.nih.gov/erahelp/assist/>

Or contact the eRA Help Desk

SAMHSA highly recommends that you submit your application 24-72 hours before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit.

**4.2 Waiver of Electronic Submission**

SAMHSA will not accept paper applications except under very special circumstances. If you need special consideration, SAMHSA must approve the waiver of this requirement in advance.

If you do not have the technology to apply online, or your physical location has no Internet connection, you may request a waiver of electronic submission. You must send a written request to the Division of Grant Review at least 15 calendar days before the application's due date.

Direct any questions regarding the submission waiver process to the Division of Grant Review at 240-276-1199.

**5. AFTER SUBMISSION**

**5.1 System Validations and Tracking**

After you complete and comply with all registration and application requirements and submit your application, the application will be validated by Grants.gov. You will receive a notification that your application is being processed. You will receive two additional e-mails from Grants.gov within the next 24-48 hours (one notification email will confirm receipt of the application in Grants.gov, and the other notification email will indicate that the application was either successfully validated by the Grants.gov system or rejected due to errors). It is important that you retain this Grants.gov tracking number. **Receipt of the Grants.gov tracking number is the only indication that Grants.gov has successfully received and validated your application.** If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance (see resources for assistance in [4.1](#_4.__)).

If Grants.gov identifies any errors and rejects your application with a “Rejected with Errors” status, you must address all errors and submit again. If no problem is found, Grants.gov will allow the eRA system to retrieve the application and check it against its own agency business rules (eRA Commons Validations).

After you successfully submit your application through Grants.gov, your application will go through eRA Commons validations. You must check your application status in eRA Commons. You must have an eRA Commons ID in order to have access to electronic submission and retrieval of application/grant information.

If no errors are found, the application will be assembled in the eRA Commons. At this point, you can view your application in eRA commons. It will then be forwarded to SAMHSA as the receiving institution for further review. If errors are found, you will receive a System Error and/or Warning notification regarding the problems found in the application. You must take action to make the required corrections, and re-submit the application through Grants.gov before the application due date and time.

**You are responsible for viewing and tracking your applications in the eRA Commons after submission through Grants.gov to ensure accurate and successful submission.** Once you are able to access your application in the eRA Commons, be sure to review it carefully as this is what reviewers will see.

**5.2 eRA Commons: Warning vs. Error Notifications**

You may receive a System Warning and/or Error notification after submitting an application.  Take note that there is a distinction between System Errors and System Warnings.

**Warnings** – If you receive a Warningnotification after the application is submitted, you are not required to resubmit the application. The reason for the Warning will be identified in the notification. It is at your discretion to choose to resubmit, but if the application was successfully received, it does not require any additional action.

**Errors** – If you receive an Error notification after the application is submitted, you must correct and resubmit the application. The word Error is used to characterize any condition which causes the application to be deemed unacceptable for further consideration.

**5.3 System or Technical Issues**

If you encounter a system error that prevents you from completing the application submission process on time, the BO from your organization will receive an email notification from eRA Commons. SAMHSA highly recommends contacting the eRA Help Desk and submitting a web ticket to document your good faith attempt to submit your application, and determining next steps. See [4.1](#_3._SUBMISSION_DATES) for more information on contacting the eRA Help Desk.

**5.4 Resubmitting a Changed/Corrected Application**

If SAMHSA does not receive your application by the application due date as a result of a failure in the SAM, Grants.gov, or NIH’s eRA Commons systems, you must contact the Division of Grant Review within **one business day after the official due date at:** [dgr.applications@samhsa.hhs.gov](mailto:dgr.applications@samhsa.hhs.gov) and provide the following:

* A case number or email from SAM, Grants.gov, and/or NIH’s eRA system that allows SAMHSA to obtain documentation from the respective entity for the cause of the error.

SAMHSA will consider the documentation to determine **if** you followed Grants.gov and NIH’s eRA requirements and instructions, met the deadlines for processing paperwork within the recommended time limits, met FOA requirements for submission of electronic applications, and made no errors that caused submission through Grants.gov or NIH’s eRA to fail. No exceptions for submission are allowed when user error is involved. Please note that system errors are extremely rare.

[Note: When resubmitting an application, please ensure that the **Project Title is identical to the Project Title in the originally submitted application** (i.e., no extra spacing) as the Project Title is a free-text form field.]

# Appendix C - Formatting Requirements and System Validation

1. **SAMHSA FORMATTING REQUIREMENTS**

SAMHSA’s goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA’s obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications.See below for a list of formatting requirements required by SAMHSA:

* Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. You may use Times New Roman 10 only for charts or tables.
* You must submit your application and all attached documents in Adobe PDF format or your application will not be forwarded to eRA Commons and will not be reviewed.
* To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
* Black print should be used throughout your application, including charts and graphs (no color).
* The page limits for Attachments stated in the FOA: [Section IV-1](#_3._REQUIRED_APPLICATION) should not be exceeded.

If you are submitting more than one application under the same announcement number, you must ensure that the Project Title in Field 15 of the SF-424 is unique for each submission.

1. **GRANTS.GOV FORMATTING AND VALIDATION REQUIREMENTS**

* Grants.gov allows the following list of UTF-8 characters when naming your attachments: A-Z, a-z, 0-9, underscore, hyphen, space, and period. Other UTF-8 characters should not be used as they will not be accepted by NIH’s eRA Commons, as indicated in item #10 in the table below.
* Scanned images must be scanned at 150-200 dpi/ppi resolution and saved as a PDF file. Using a higher resolution setting or different file type will result in a larger file size, which could result in rejection of your application.
* Any files uploaded or attached to the Grants.gov application must be PDF file format and must contain a valid file format extension in the filename. In addition, the use of compressed file formats such as ZIP, RAR or Adobe Portfolio will not be accepted.

1. **eRA COMMONS FORMATTING AND VALIDATION REQUIREMENTS**

The following table is a list of **formatting requirements and system validations required by eRA Commons and will result in errors if not met. The application must be ‘error free’ to be processed through the eRA Commons. There may be additional validations which will result in Warnings but these will not prevent the application from processing through the submission process.** If you do not adhere to these requirements, you will receive an email notification from[**era-notify@mail.nih.gov**](mailto:era-notify@mail.nih.gov)to take action and adhere to the requirements so that your application can be processed successfully. **It is highly recommended that you submit your application 24-72 hours before the submission deadline to allow for sufficient time to correct errors and resubmit the application.** If you experience any system validation or technical issues after hours on the application due date, contact the eRA Help Desk and submit a Web ticket to document your good-faith attempt to submit your application.

|  |  |  |
| --- | --- | --- |
| # | ***eRA Validations*** | ***Action if the Validation is not met*** |
|  | Applicant Identifier: The Commons Username provided in the PD/PI Credential field for the PD/PI must be valid and affiliated with the organization (matching on the Org Primary DUNS). | If the PD/PI Credentials are not provided, the applicant will receive the following error message from eRA Commons:  "The Commons Username must be provided in the PD/PI Credential field for the PD/PI."  If the Username provided is not a valid Commons account, the applicant will receive the following error message from eRA Commons:  "The Commons Username provided in the PD/PI Credential field for is not a recognized Commons account."  If the Username is not affiliated with the organization submitting the application and have the PI role, the applicant will receive the following error message from eRA Commons:  "The Commons account provided in the Credential field for the PD/PI is either not affiliated with the applicant organization or does not hold the PI role. Check with your Commons Account Administrator to make sure your account affiliation and roles are set-up correctly." |
| 1  1 | DUNS numbers: The DUNS number provided on any forms must have valid characters (9 or 13 numbers with or without dashes). | If the DUNS number provided has invalid characters (other than 9 or 13 numbers) after stripping of dashes, the applicant will receive the following error message from eRA Commons:  “The DUNs number for <insert form name > is not in the valid format of DUNS or DUNS+4 number (DUNS should be 9 or 13 digits; no letters or special characters).” |
| 22  2 | Submit required documentation for the FOA.  [Note: We recommend you use the latest package from Grants.gov, which will have the latest forms and templates required.] | If you do not submit the documentation required for the FOA, the applicant will receive the following error message from eRA Commons:  “The format of the application does not match the format of the FOA. Please contact the eRA [Help Desk](#_eRA_Commons_Registration) for assistance.” |
| 3  3 | Check the “Changed/Corrected Application” box in the SF424 form after making changes/corrections to resubmit an application.  Refer to [Section II-5.4](#_5.4_Resubmitting_a) for more information on resubmission criteria. | If you change/correct an error in your application, any subsequent submissions for the same FOA will result in an error, and the applicant will receive the following error message from eRA Commons:  “This application has been identified as a duplicate of a previous submission. The ‘Type of Submission’ should be set to Changed/Corrected if you are addressing errors/warnings.” |
| 4  4 | Applications cannot be larger than 1.2GB | If the application exceeds 1.2GB, the applicant will receive the following error message from eRA Commons:  “The application did not follow the agency-specific size limit of 1.2 GB. Please resize the application to be no larger than 1.2GB before submitting.” |
| 5  5 | The Funding Opportunity Announcement (FOA) number must exist. | If you enter an FOA number that does not exist, the applicant will receive the following error message from eRA Commons:  “The Funding Opportunity Announcement number does not exist.” |
| 6  6 | All documents and attachments must be in PDF format. | If you submit attachments which are not in PDF format, the applicant will receive the following error message from eRA Commons:  *“*The <attachment> attachment is not in PDF format. All attachments must be provided to the agency in PDF format with a .pdf extension. Help with PDF attachments can be found at <http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm>.” |
| 7  7 | All attachments should comply with the following formatting requirement:   * PDF attachments cannot be empty (0 bytes). | If you submit attachments which do not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons:  “The {attachment} attachment was empty. PDF attachments cannot be empty, password protected or encrypted. Please submit a changed/corrected application with the correct PDF attachment. Help with PDF attachments can be found at <http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm>.” |
| 8  8 | All attachments should comply with the following formatting requirement:   * PDF attachments cannot have Meta data missing, cannot be encrypted, password protected or secured documents. | If you submit attachments which do not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons:  “The <attachment> attachment contained formatting or features not currently supported by NIH: <condition returned>. Help with PDF attachments can be found at <http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm>.” |
| 9  9 | All attachments should comply with the following formatting requirement:   * Size of PDF attachments cannot be larger than 8.5 x 11 inches (horizontally or vertically).   [Note: It is recommended that you limit the size of attachments to 35 MB.] | If you submit attachments that do not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons:  “Filename <file> cannot be larger than U.S. standard letter paper size of 8.5 x 11 inches. See the PDF guidelines at [http://grants.nih.gov/grants/ElectronicReceipt/pdf\_guidelines.htm for additional information.”](http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm%20for%20additional%20information.) |
| 10  10 | All attachments should comply with the following formatting requirement:   * PDF attachments should have a valid file name. Valid file names must include the following UTF-8 characters: A-Z, a-z, 0-9, underscore (\_), hyphen (-), space, period. | If you submit attachments which do not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons:  “The <attachment> attachment filename is invalid. Valid filenames may only include the following characters: A-Z, a-z, 0-9, underscore ( \_ ), hyphen (-), space, or period. No special characters (including brackets) can be part of the filename.” |
| 11  11 | The contact person’s email in the SF-424 Section F, must contain a ‘@’, with at least 1 and at most 64 chars preceding and following the ‘@’. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid. | If the contact person’s email address does not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons:  “The submitted e-mail address for the person to be contacted {email address}, is invalid. Must contain a ‘@’, with at least 1 and at most 64 chars preceding and following the ‘@’. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.” |
| 12  12 | Congressional district code of applicant (after truncating) must be valid.  [Note: Applies to form SF-424, items 16a and 16b] | If the Congressional district code of the applicant is not valid, the applicant will receive the following error message from eRA Commons:  “Congressional district <Congressional District> is invalid. To locate your district, visit <http://www.house.gov/>” |
| 13  13 | Authorized Representative email must contain a ‘@’, with at least 1 and at most 60chars preceding and following the ‘@’. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid. | If the Authorized Representative email address does not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons:  “Must contain a ‘@’, with at least 1 and at most 64 chars preceding and following the ‘@’. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid. The Person to be contacted email address also provided on the SF 424 will be used instead.” |
|  | **Budget Validations** | If the budget form fields below do not comply with the form guidelines, the applicant will receive the following error message from eRA Commons: |
|  | SF424-A: Section A – Budget Summary  There are total fields at the end of rows or at the bottom of columns that must equal the sum of the elements for that row or column | Ensure that the sum of Grant Program Function or Activity (a) elements entered equals the total amounts in the Total field |
|  | SF424-A: Section B – Budget Categories  The TOTALS Total in Column 5 - Row k does not equal to SECTION A – Budget Summary: 5.Totals Total (g). | Ensure that the TOTALS Total (row k, column 5) equals the Budget Summary Totals in section A, row 5 column g. |
|  | SF424-A: Section D – Forecasted Cash Needs  The Federal amount for the 1st Year sum does not equal to Section A Total for 1st Year Federal Totals  The Non-Federal Total for 1st Year sum does not equal to Estimated Unobligated Funds Non-Federal Totals (d-5) + New or Revised Budget Non-Federal Totals (f-5)  The Total for 1st Year TOTAL in Section D does not equal to the Totals Total (Column 5, Row G) in Section A | Ensure that the Federal Total for 1st year, in Section D- Forecasted Needs equals the Section A, New or Revised Budget Federal Totals (e-5) amount.  Ensure that the Non-Federal Total for 1st year equals the sum of Estimated Unobligated Funds Non-Federal Totals (d-5) and New or Revised Budget Non-Federal Totals (f-5) on Section A.  Ensure that the Forecasted Cash Needs: 15. TOTAL equals to SECTION A – Budget Summary: 5.Totals Total (g). |
|  | SF424-A: Section E – Budget Estimates Of Federal Funds Needed For Balance of The project  The number of budget years/periods does not match the span of the project | Ensure that the project period years on the SF 424 block 17 matches the provided budget periods in the SF 424 A. Enter data for the first budget period in Section D and enter future budget periods in Section E. Please refer to agency guidance if applicable. |

# Appendix D – Assurance of Legal Eligibility

**As Attachment 1**, attach either [Appendix D](#_Appendix_E_–_1) or [Appendix E](#_Appendix_E_–). If the coalition is applying for this grant on its own behalf (as the Legal Applicant eligible to receive Federal funding), use [Appendix](#_Appendix_E_–_1) D. If the coalition is partnering with an outside agency as its grant award recipient/legal applicant (Ineligible to receive Federal funding on its own), use [Appendix E](#_Appendix_E_–).

A coalition applying on its own behalf **must** answer the following questions and sign below.

* 1. Is the coalition serving as its own legal grant award recipient?  Yes  No
  2. Is the coalition’s name listed in Item #8 on the SF-24 of this application?  Yes  No

If the answer to **either** of these questions is “no”, then the coalition **must** enter into a relationship with an entity eligible to receive federal funds and submit a **Memorandum of Understanding (MOU)** (see [Appendix E](#_Appendix_E_–)) and include as **Attachment 1**.

**PLEASE NOTE**: Although your coalition may exist within another organization that is eligible to receive Federal funding, a Memorandum of Understanding may still be required. If the coalition’s name does not appear on Line #8 of the submitted SF-424 with the corresponding Employer/Taxpayer Identification Number (EIN/TIN), then a Memorandum of Understanding **must** be submitted as part of the coalition’s application. Not doing so will deem your application statutorily ineligible and will not move forward to peer review.

If the answer to both of these questions is “yes”, the applicant coalition **must** sign and date the Statement of Legal Eligibility below and **include as Attachment 1**.

**Statement of Legal Eligibility**

I, ***[Coalition Representative]*** hereby certify that ***[Coalition Name]*** is legally eligible to receive federal funding.

Official Coalition Representative’s Name

Official Coalition Representative’s Signature

/ / Title Date

**NOTE:** All forms cannot be more than 12 months old (November 2016 – November 2017) at the time of application and require handwritten signatures and dates or they will be screened out and not move forward to peer review.

# Appendix E – Memorandum of Understanding between Grant Award Recipient and Coalition

**As Attachment 1**, attach either [**Appendix D**](#_Appendix_D_–) or [**Appendix E**](#_Appendix_E_–)**.** Use [**Appendix D**](#_Appendix_D_–) if the coalition is applying for this grant on its own behalf. Use [**Appendix E**](#_Appendix_E_–) if the coalition is partnering with an outside agency as its grant award recipient/legal applicant. The outside agency cannot be a currently funded DFC grant recipient. The signatures on the Memorandum of Understanding (MOU) **must** include that of the grant recipient/legal applicant and the coalition. The date **must** not be older than 12 months at the time of application. A sample MOU is provided on the following page. The MOU submitted in the application should reflect the working relationship between the grant recipient/legal applicant and the coalition. Below are considerations when developing a relationship with an outside partnering agency serving as the grant recipient/legal applicant on behalf of a community coalition:

1. Through the Drug-Free Communities Act of 1997, it is the intent of Congress to fund the work of community coalitions addressing youth substance use. While it is allowable for the recipient to retain a portion for administration of the DFC grant, DFC funds are not meant to substantially supplement the budget of a partnering agency. DFC funds are specifically intended to support the work of the community-based coalition.
2. It is the intent of the DFC Support Program that a coalition’s volunteer leadership **has a management role in all financial decisions related to a DFC grant** applied for on their behalf by a partnering organization.
3. The recipient and coalition may want to seek professional guidance such as an attorney and/or accountant when entering into such an agreement. Both the recipient and coalition should be fully aware of and understand the commitment in which they plan to enter.

**Accounting Requirements**

Another consideration for applicants of this grant is the administration of accounts receivable and payable. In accordance with the Office of Management and Budget's (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (commonly called "Uniform Guidance") 2 C.F.R. 200 and for HHS Awards 45 C.F.R. Part 75, a federal grant recipient **must** be capable of accounting for the expenditure of federal funds. Upon award of grant funds, the grant recipient is subject to a Financial Capability Review. The review typically includes an examination of financial statements, including those contained in reports issued to stockholders, lending institutions, and SEC filings; cash flow forecasts; loan agreements and evidence showing compliance with these agreements; aging of accounts receivable and payable; and financial history of the grant recipient and affiliated concerns. Details discussed in this circular should be reviewed by the grant recipient/legal applicant.

For further assistance on understanding issues regarding the grant recipient’s role, responsibilities, or expectations, contact SAMHSA’s Division of Grants Management at 240- 276-1400.

**Sample Memorandum of Understanding between Grant Award Recipient/Legal Applicant and Coalition Sample**

This agreement between [Grant Award Recipient/Legal Applicant]and [Coalition name] shall be from [Month/Date/Year] until terminated by mutual agreement:

**RESPONSIBILITIES OF THE COALITION:**

1. Set policy for and oversee its own programs including goals and objectives in alignment with the DFC Support Program’s Terms and Conditions.
2. Participate, advise, and/or direct staff and volunteers, set goals and objectives for contract employees, and negotiate and make recommendations for contracts in collaboration with the grant recipient/legal applicant.
3. Create, approve, and partner in the management of the DFC budget in compliance with grant requirements.
4. Provide copies of all required documentation to the grant recipient/legal applicant as requested.
5. Reimburse grant recipient/legal applicant for any indirect or direct expenses incurred by the coalition with prior approval.
6. Be solely responsible for liabilities arising out of its program and its interaction with program participants.
7. Other…

**RESPONSIBILITIES OF THE LEGAL APPLICANT/GRANT RECIPIENT:**

1. Provide the coalition staff with office space.
2. Compile financial reports on a mutually agreed upon schedule and provide to coalition.
3. Provide accounting services to prepare and distribute payroll, pay invoices, prepare and submit the appropriate forms for employment, wages and payroll taxes on behalf of the coalition.
4. Negotiate and/or bid and approve contracts in collaboration with the coalition.
5. Maintain all records pertaining to costs and expenses to reflect costs of labor, materials, equipment, supplies, services, and other costs and expenses when reimbursement is claimed or payment is made and share such information with the coalition.
6. Financial records, supporting documents, statistical records, and all other non-Federal entity records pertinent to a Federal award must be retained for a period of three years from the date of submission of the final expenditure report or, for Federal awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report, respectively, as reported to ONDCP or HHS in the case of a sub-recipient. ONDCP and HHS does not impose any other record retention requirements upon non-Federal entities. The only exceptions are the following:

(a) If any litigation, claim, or audit is started before the expiration of the 3-year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken.

(b) When the non-Federal entity is notified in writing by HHS for audit, ONDCP for audit, ONDCP for indirect costs, or HHS to extend the retention period.

(c) Records for real property and equipment acquired with Federal funds must be retained for 3 years after final disposition.

(d) When records are transferred to or maintained by ONDCP or HHS, the 3-year retention requirement is not applicable to the non-Federal entity.

(e) Records for program income transactions after the period of performance. In some cases, recipients must report program income after the period of performance. Where there is such a requirement, the retention period for the records pertaining to the earning of the program income starts from the end of the non-Federal entity's fiscal year in which the program income is earned.

(f) Indirect cost rate proposals and cost allocations plans. This paragraph applies to the following types of documents and their supporting records: Indirect cost rate computations or proposals, cost allocation plans, and any similar accounting computations of the rate at which a particular group of costs is chargeable (such as computer usage chargeback rates or composite fringe benefit rates).

1. Obtain Workman's Compensation Insurance and liability coverage for the coalition’s

employees.

1. Other

[Grant Award Recipient/Legal Applicant]and [Coalition name] mutually agree to abide by all applicable federal and state anti-discrimination statutes, regulations, policies, and procedures. This agreement shall be subject to all applicable provisions of state and federal law and regulations related to the delivery and funding of grant activities.

Official Coalition Representative’s Name Grant Award Recipient/Legal Applicant’s Name

Official Coalition Representative’s Grant Award Recipient/Legal Applicant’s

Signature Signature

/ / / /

Title Date Title Date

**NOTE:** All forms cannot be more than 12 months old (November 2016 – November 2017) at the time of application and require handwritten signatures and dates or they will be screened out and not move forward to peer review.

# Appendix F – Disclosure of Drug-Free Communities Support

# Program Funding

**Please identifying the category that represents the applicant coalition**:

**Former DFC Grant Award Recipient**

**Current DFC Grant Award Recipient**

**Please complete the table below. This information will be used to verify the eligibility of the applicant coalition. The applicant may add as many rows as needed to include all required information**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Former or Current**  **DFC Grant Award Number** | **Legal Applicant/Grant Award Recipient Name** | **Coalition Name** | **Years of Funding** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

By signing below, I attest that the **[*Name of Coalition*]** is either a current of former DFC grant award recipient and therefore eligible to apply for the FY 2018 CARA Local Drug Crises Grants. I also attest the information provided in the table is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Coalition Representative’s Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Coalition Representative’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

# Appendix G – Statement of Rates of Abuse of Opioids or Methamphetamines

An authorized representative of the applicant organization (whose signature appears on the Face Page of the application, SF-424) must complete and sign this Statement of Assurance.

**All applicant organizations must provide documentation, using local data, rates of abuse of opioids or methamphetamines at levels that are higher than the national average.**

The national average for rates of opioids or methamphetamines can be found at:

NIDA – Monitoring the Future: <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2016-survey-results>

SAMHSA: National Survey on Drug Use and Health: <https://www.samhsa.gov/data/population-data-nsduh>

The following information documents that the local rate of abuse of opioids or methamphetamines is higher than the national average.

|  |  |
| --- | --- |
| **National rates of abuse for  opioids or**  **methamphetamines (check appropriate box)** | **Source of Data** |
|  |  |
| **Local rates of abuse for  opioids or**  **methamphetamines (check appropriate box)** | **Source of Data** |
|  |  |

This form must be signed and dated by an authorized representative of the applicant organization certifying that the aforementioned information is accurate.

Type or Print Name and Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual Certifying Validity of Date of Signature

All Information Contained in this Document

# Appendix H - One Set of Coalition Meeting Minutes

**As Attachment 4**, applicants must include coalition meeting minutes from a meeting that took place between November 1, 2016 and November 1, 2017. The meeting minutes must include month, date, and year; demonstrate coalition membership involvement; and include attendees, noting the sector that each attendee represents. All 12 sectors are not expected to be listed in either set of the required meeting minutes. The minutes must document the coalition’s efforts to address an emerging issue or a local crisis related to the abuse of opioids, methamphetamines, or prescription drugs in the community.

# Appendix I – CARA Act Program Evaluation Requirements

**As Attachment 5**, the legal applicant/grant recipient and/or official coalition representative **must** indicate the coalition’s acknowledgement and understanding that it will participate in the National Cross-Site Evaluation requirements as determined by ONDCP.

The goal of this program is to prevent and reduce the abuse of opioids or methamphetamines and the abuse of prescription medications among youth ages 12-18 in communities throughout the United States.

Grant recipients are required to collect data on prescription drugs (opioids only) and/or methamphetamines. More information on specifics of this data collection will be provided at the time of award.

By signing below, I attest that the **[*Name of Coalition*] acknowledges and understands that we** will participate in the Fiscal Year 2018 Comprehensive Addiction and Recovery Act (CARA) Community-based Coalition Enhancement Grants to Address Local Drug Crises Grants National Cross site Evaluation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Coalition Representative’s Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Coalition Representative’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

# Appendix J – Intergovernmental Review (E.O. 12372) Requirements

**States with SPOCs**

As **Attachment 10**, read this section and determine if this is a requirement for your state. This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs can be downloaded from the Office of Management and Budget (OMB) website at [http://www.whitehouse.gov/omb/grants\_spoc.](http://www.whitehouse.gov/omb/grants_spoc)

* Check the list to determine whether your state participates in this program. You are not required to do this if you are an American Indian/Alaska Native tribe or tribal organization.
* If your state participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the state’s review process.
* For proposed projects serving more than one state, you are advised to contact the SPOC of each affiliated state.
* The SPOC should send any state review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Christopher Craft, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane 17E06, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. SP-18-001.

**States without SPOCs**

If your state does not have a SPOC and you are a community-based, non-governmental service provider, you **must** submit a Public Health System Impact Statement (PHSIS)2 to the head(s) of appropriate state and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep state and local health officials informed of

2 Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF- 424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a state or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

* A copy of the face page of the application (SF-424); and
* A summary of the project, no longer than one page in length that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate state or local health agencies.

For SAMHSA grants, the appropriate state agencies are the Single State Agencies (SSAs) for substance abuse. A listing of the SSAs for substance abuse can be found on SAMHSA’s website at <http://www.samhsa.gov/grants/applying/forms-resources>. If the proposed project falls within the jurisdiction of more than one state, you should notify all representative SSAs.

You **must** include a copy of a letter transmitting the PHSIS to the SSA in Attachment 10, “Letter to the SSA.” The letter **must** notify the state that if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. For United States Postal Service:Christopher Craft, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, 17E06, Rockville, MD 20857. ATTN: SSA – Funding Announcement No. SP-18-001.

In addition:

* + Applicants may request that the SSA send them a copy of any state comments.

The applicant **must** notify the SSA within 30 days of receipt of an award.