

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

**FY 2021 Screening, Brief Intervention and Referral to  
Treatment**

**(Short Title: SBIRT)**

**(Initial Announcement)**

**Funding Opportunity Announcement (FOA) No. TI-21-008**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by April 19, 2021.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate state and local health agencies by the administrative deadline. Comments from the Single State Agency are due no later than 60 days after the application deadline.</b>

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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2021 Screening, Brief Intervention and Referral to Treatment (SBIRT) grants. The purpose of this program is to implement screening, brief intervention, and referral to treatment services for children, adolescents, and/or adults in primary care and community health settings (e.g., health centers, hospital systems, health maintenance organizations (HMOs), preferred-provider organizations (PPOs), Federally Qualified Health Care (FQHC) systems, behavioral health centers, pediatric health care providers, Children's Hospitals, etc.) with a focus on screening for underage drinking, opioid use, and other substance use. For the purposes of this FOA, pediatric health care providers are a provider of primary health care to individuals under the age of 21 years. This program is designed to expand/enhance the continuum of care for substance use disorder (SUD) services and reduce alcohol and other drug (AOD) consumption and its negative health impact, increase abstinence, reduce costly health care utilization, and promote sustainability and the integration of behavioral health and primary care services through policy changes that increase treatment access in generalist and specialist practice. These grants support clinically appropriate services for persons at risk (asymptomatic) for SUD, as well as those diagnosed with SUD.

<b>Funding Opportunity Title:</b>	Screening, Brief Intervention and Referral to Treatment (Short Title: SBIRT)
<b>Funding Opportunity Number:</b>	TI-21-008
<b>Due Date for Applications:</b>	April 19, 2021
<b>Anticipated Total Available Funding:</b>	\$10,752,670 (At least \$2,000,000 will be awarded to applicants providing services in pediatric health care settings.)
<b>Estimated Number of Awards:</b>	10 awards
<b>Estimated Award Amount:</b>	Up to \$995,000 per year
<b>Cost Sharing/Match Required:</b>	No
<b>Anticipated Project Start Date:</b>	9/30/2021
<b>Length of Project Period:</b>	Up to 5 years

<p><b>Eligible Applicants:</b></p>	<p>State governments through the immediate office of the Single State Authority (SSA) or Director of the Health Department (or equivalent agency) in states, the District of Columbia, tribes, and territories.</p> <p>Public and private non-profit health care or behavioral health care systems such as health maintenance organizations (HMOs), preferred-provider organizations (PPOs), Federally Qualified Health Care (FQHC) systems, hospital systems, pediatric health care providers, children's hospitals, or community health centers. (Note: For community health centers, the highest office of a Director or Chief Executive Officer must be the applicant.)</p> <p>Note: Pediatric health care providers are a provider of primary health care to individuals under the age of 21 years.</p> <p>[See <a href="#">Section III-1</a> for complete eligibility information.]</p>
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Be sure to check the SAMHSA website periodically for any updates on this program.

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.

**WARNING: BY THE DEADLINE FOR THIS FOA YOU MUST HAVE SUCCESSFULLY COMPLETED THE FOLLOWING TO SUBMIT AN APPLICATION:**

- The applicant organization **MUST** be registered in NIH's eRA Commons; **AND**
- The Project Director **MUST** have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.

**No exceptions will be made.**

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

## **I. PROGRAM DESCRIPTION**

### **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2021 Screening, Brief Intervention and Referral to Treatment (SBIRT) grants. The purpose of this program is to implement screening, brief intervention, and referral to treatment services for children, adolescents, and/or adults in primary care and community health settings (e.g., health centers, hospital systems, health maintenance organizations (HMOs), preferred-provider organizations (PPOs), Federally Qualified Health Care (FQHC) systems, behavioral health centers, pediatric health care providers, Children's Hospitals, etc.) with a focus on screening for underage drinking, opioid use, and other substance use. For the purposes of this FOA, pediatric health care providers are a provider of primary health care to individuals under the age of 21 years. This program is designed to expand/enhance the continuum of care for substance use disorder (SUD) services and reduce alcohol and other drug (AOD) consumption and its negative health impact, increase abstinence, reduce costly health care utilization, and promote sustainability and the integration of behavioral health and primary care services through policy changes that increase treatment access in

generalist and specialist practice. These grants support clinically appropriate services for persons at risk (asymptomatic) for SUD, as well as those diagnosed with SUD.

SBIRT grants are authorized under the Public Health Service Act, Title V, Section 509; 42 U.S.C 290bb-2.

### **Project Phases:**

The project is intended to be operated in the following three phases:

**Phase I: Project Planning and Start-Up.** This phase is expected to last approximately the first four months of the project. The tasks to be completed in this phase are:

- Develop organizational structure of qualified personnel (i.e., Project Director, Project Coordinator, Clinical Director, and Evaluator) and participating agencies. Ensure community-based and specialty treatment services are available for patients symptomatic for risky substance use or moderate to severe SUD.
- Develop an Implementation Plan to ensure effective implementation that is designed to enhance SBIRT uptake in targeted settings. This shall include, at a minimum, an assessment of facilitators, barriers to implementation at each site, and the proposed implementation strategy that addresses site characteristics. This plan must be approved by SAMSHA.
- Develop a comprehensive Quality Improvement Plan (QIP) to ensure fidelity to SBIRT model practices. This plan must be provided to SAMHSA by the end of Phase I. Submission of a chart detailing the grant project timeline is required to the Government Project Officer (GPO) at the end of Phase I.
- Initiate evidence-based SBIRT services in one or more participating treatment setting(s).
- Complete interagency agreements, sub-contracts, billing and fiscal procedures and controls; and reporting and monitoring procedures with participating service providers.
- Introduce reporting instruments and obtain baseline data covering levels of service, patient needs, program performance characteristics, training, and technical assistance.
- Establish the mechanism for monitoring performance against readily achievable targets for: (1) reducing AOD use by patients receiving SBIRT services; (2) increasing the number of clients with asymptomatic, risky use or SUD who receive treatment in each sub-recipient community; (3) increasing the number of community settings where SBIRT services are provided; and (4) providing treatment services within approved cost parameters for each treatment modality.

- Develop a sustainability plan that will result in continuation of SBIRT integration into program operations at the end of the grant period.

**Phase II: Operations.** This phase is expected to start by the fifth month of the award. The recipient will be responsible for the following activities:

- Initiate SBIRT in remaining sites that benefits from implementation in pilot sites. Refine implementation plan to provide training and technical assistance (TA) to sub-recipients and, where possible, non-grant entities.
- Continually assess system gaps and identify target populations and communities to be served.
- Continue project management, reporting, evaluation, quality improvement, cost control, and assessment of overall program training and TA needs. Finalize and complete installation and operations of screenings, brief interventions, and referral to treatment services at all participating sites.
- Continue to expand the continuum of SUD care and achieve: (1) reduction of AOD use by individuals receiving SBIRT services; (2) increase in the number of persons with a SUD receiving specialty treatment; (3) increase in the number of community health settings and unique populations groups where SBIRT services are provided; and (4) providing treatment services within approved cost parameters for a given treatment modality.
- Develop step-by-step actions to integrate SBIRT into daily care and treatment protocols to ensure sustainability of the program at the end of the grant period.
- Establish and track systems changes in funding sources, SBIRT reimbursement code utilization, treatment access and TA barriers. Refine operations as barriers are encountered and lessons learned.
- Develop and submit all regularly recurring required reports to SAMHSA including financial reporting, data collection and annual reports.
- Ensure the follow-up of individuals receiving SBIRT services. SAMHSA is interested in reliable follow-up outcomes, particularly for individuals who test positive for opioid use disorder. The applicant must provide details in the application demonstrating a robust follow-up procedure to determine the effectiveness of the Brief Intervention (BI) activities, especially concerning alcohol and drug misuse outcomes. A portion of the evaluation funding should be directed toward increased contact and reporting on changes in AOD use quantity and frequency. In the Project Narrative, applicants must describe their plan to report these changes and signify that evaluation results will be reported through the annual reports. SAMHSA encourages program evaluators to consider developing an approach to compare the SBIRT alcohol and drug screen positive population with a similar population not receiving SBIRT screening services. SAMHSA also encourages partnerships with researchers.



- Train community stakeholders whenever possible and provide counts of those trained by profession or affiliation in the annual reports.

**Phase III: Phase Out.** During the final five months of the project period, CSAT will work with the recipient to ensure a smooth transition occurs for continuation of SBIRT in the delivery of services. Clinical services should end at the beginning of this phase to ensure completion of follow-up and/or treatment. A final report covering historical operations, lessons learned, evaluations, challenges, and successes and sustainability of the program must be completed and submitted to CSAT 90 days following the end of the grant period.

### **Key Personnel:**

Key personnel are staff members who must be part of the project regardless of whether or not they receive a salary or compensation from the project. These staff members must make a substantial contribution to the execution of the project.

**The key personnel for this program will be the Project Director and the Evaluator.**

### **Required Activities:**

**In Section B.1 of the Project Narrative, applicants must indicate the total number of unduplicated individuals that will be served each year of the grant and over the total project period. You are expected to achieve the numbers that are proposed.**

SAMHSA intends that its services programs result in the delivery of services as soon as possible after award. An implementation plan is required and the SBIRT intervention is expected to be operational in at least one pilot site no later than the fourth month after the grant has been awarded (see Phase I above).

These are the activities that every grant project must implement. **Required activities must be reflected in the Project Narrative in [Section V](#).**

You must use SAMHSA's services grant funds primarily to support direct services. This includes the following activities:

- Note: Recipients must devote at least 70 percent of their award to expand/enhance their treatment service system to carry out the following SBIRT services for adults and adolescents presenting in primary care and community agencies, including establishing contractual relationships with the local specialty treatment system. These services are face-to-face, universal screening approaches; however, recipients may use automated electronic means to administer pre-screens and full screening tools (i.e., tablet based self-administration by patients in waiting rooms). Recipients must select validated

screening instruments for any pre-screening and all full screens similar to those suggested below:

**Pre/Screening** with universal pre-screening (typical for high patient volume locations and in conjunction with full-screening tools) such as the:

- National Institute of Drug Abuse Single Question Screen (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2911954/>); and
- National Institute of Alcoholism and Alcohol Abuse Single Question Screen (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2695521/>).

### **Screening:**

Patients must be screened for substance use. Applicants are also encouraged to include screening for risk of suicide as well. Examples of screening tools for substance use appropriate for the populations of focus are:

#### Tools for Adults

- For Alcohol
  - Pre-Screen: [NIDA Single Question Alcohol Screen](#)
  - [AUDIT-C](#) + binge question
  - Full screen: [AUDIT](#)
  - [USAUDIT](#)
- For illicit and prescription drug misuse:
  - Pre-Screen: [NIDA Single Question Drug Screen](#)
  - Full Screen: Drug Abuse Screen Test – 10 Questions ([DAST-10](#))
  - The Alcohol, Smoking and Substance Involvement Screening Test ([ASSIST](#))
  - [ASSIST-FC](#)
  - [Single Question on Drug Use](#)

#### Tools for Children and Adolescents

- S2BI ([Screening to Brief Intervention](#))
  - Frequency screen
  - Screens for tobacco, alcohol, marijuana, and other/illicit drug use
  - Discriminates among no use, no SUD, moderate SUD, and severe SUD
  - Electronic medical record compatible
  - Self- or interviewer-administered

- **BSTAD** ([Brief Screener for Tobacco, Alcohol and Other Drugs](#))
  - Identifies problematic tobacco, alcohol, and marijuana use
  - Built on the NIAAA screening tool with added tobacco and drug questions
  - Electronic medical record compatible
  - Self- or interviewer-administered
- **NIAAA Youth Alcohol Screen** ([Youth Guide](#))
  - Two-question alcohol screen
  - Screens for friends' use and for personal use in children and adolescents aged 9 – 18 years of age
  - Not a diagnostic tool
- **CRAFFT** (Car, Relax, Alone, Friends/Family, Forget, Trouble)
  - Quickly assesses for problems associated with substance use
  - Not a diagnostic tool
- **GAIN-SS** (Global Appraisal of Individual Needs)
  - Assesses for both SUDs and mental health disorders
- **AUDIT** (Alcohol Use Disorders Identification Test)
  - Assesses for risky drinking
  - Not a diagnostic tool

If a patient screens positive for drug misuse, SBIRT staff will conduct a brief assessment to ascertain specific type(s) of drug(s) used, consumption level, and impact on functions of daily living to best determine level of severity and refer patients to specialty providers who can determine which specific type of treatment is needed.

Applicants with robust mental health services available must screen and assess clients for the presence of co-occurring serious mental illness and SUD and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders. In their interventions with children, applicants must also incorporate education for parents about the dangers of use of, and methods of, discouraging substance use.

**Brief Interventions (BI):** (1 to 5 sessions) designed with client centered, non-judgmental, Motivational Interviewing (MI) techniques. The focus is on raising an individual's awareness of their substance use and motivating them toward behavioral change. The selected BI approach must be described in the Section B of the Project Narrative.

**Brief Treatment (BT):** (up to 12 sessions) including the monitoring of individuals who misuse alcohol or drugs (AOD) but have not yet developed a severe SUD. This is a distinct level of care that consists of a limited course of highly focused clinical sessions.

**Referral to Treatment (RT):** SAMHSA expects that the local specialty SUD treatment system serving the geographical area will be integrated into the grant through contractual or other formal agreements to accept those individuals the applicant determines will be in need of such care post screening with minimal wait time. This activity is critical to the SBIRT project to increase treatment engagement and maintenance of those suffering from SUD. This will require a very careful calculation of proposed target numbers to ensure those predicted to need these services will have ready access to the treatment they need. Applicants must show that they have made contractual or financial arrangements under the grant to procure these services based on the number of individuals predicted to need such services. The applicant may use up to 30 percent of the services portion of the award to establish these contractual relationships with the local specialty treatment system. Specialty treatment services may include:

- Assessment and counseling;
- Medication Assisted Treatment (MAT);
- Outreach/pretreatment services;
- Outpatient services;
- Intensive Outpatient Services;
- Day Treatment;
- Partial Hospitalization;
- Residential services;
- Inpatient services;
- Case management and referral to specialty treatment sources utilizing a 'hot handoff' procedure; and
- Wraparound services addressing barriers to access to care, such as transportation to treatment.

Applicants are required to provide a Letter of Commitment (LOC) from every specialty treatment provider organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided. The LOC must be included in **Attachment 1**.

SAMHSA prioritizes the use of accessible, coordinated/integrated, and evidence-based MAT for alcohol and opioid use disorders. MAT includes screening, assessment, medication, and case management and should be provided in combination with comprehensive evidence-based SUD treatment services, including but not limited to, counseling and behavioral therapies. During screening the applicants will identify

individuals who have opioid and/or alcohol use disorders and connect them to MAT providers. While not all individuals with positive screen results meet the criteria for referral to MAT, the applicant must demonstrate the capability and capacity to provide or refer to treatment providers who can provide those services described above to patients who may be eligible for MAT. The applicant must provide written agreements with the MAT providers associated with the grant, as well as the details of the referral mechanism in **Attachment 5**.

#### **Allowable Activities:**

- Up to \$25,000 of the award can be used for the purchase of Technical Assistance (TA). If grantees opt not to use this for TA, the funds can be used for any other required/allowable activities of the grant;
- Develop and implement tobacco cessation programs, activities, and/or strategies; and
- Efforts to include SBIRT practices in electronic health records or use of automated devices to enhance treatment are encouraged.
- Train health care providers, disseminate best practices, including culturally and linguistically appropriate best practices, as appropriate, and develop and distribute materials.

#### **Other Expectations:**

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award. (See Appendix H, Addressing Behavioral Health Disparities).

SAMHSA strongly encourages all recipients to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Recipients must utilize third party reimbursements and other revenue realized from the provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Recipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Recipients should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services), if appropriate for and desired by that individual to meet his/her needs. In addition,

recipients are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

SAMHSA encourages all recipients to address the behavioral health needs of active duty military service members, returning veterans, and military families in designing and developing their programs and to consider prioritizing this population for services, where appropriate.

## **1.1 Using Evidence-Based Practices**

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. Both researchers and practitioners recognize that EBPs are essential to improving the effectiveness of treatment and prevention services. While SAMHSA realizes that EBPs have not been developed for all populations and/or service settings, application reviewers will closely examine proposed interventions for evidence base and appropriateness for the population of focus to be served. If an EBP(s) exists for the types of problems or disorders being addressed, the expectation is that EBP(s) will be utilized.

In Section C of your Project Narrative, you will need to identify the evidence-based practice(s) you propose to implement for the specific population(s) of focus. In addition, you must discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it is (they are) appropriate for your population(s) of focus.

Applicants are encouraged to visit the SAMHSA Evidence-Based Practice Resource Center ([www.samhsa.gov/ebp-resource-center](http://www.samhsa.gov/ebp-resource-center))

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

All SAMHSA recipients are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your plan for data collection and reporting in Section E: Data Collection and Performance Measurement.

Recipients are required to report performance on measures such as the following:

- Numbers of individuals served;
- Diagnosis;
- Abstinence from use;
- Housing status;
- Education/Employment status;

- Criminal/juvenile justice system involvement;
- Social connectedness;
- At-risk behaviors;
- Access to services;
- Emergency Department use;
- Hospitalization for Mental/SUD;
- Suicide attempts;
- Utilization of services; and
- Retention in services.

This information will be gathered using a uniform data collection tool provided by SAMHSA. Recipients are required to submit data via SAMHSA's Performance Accountability and Reporting System (SPARS); and access will be provided upon award. An example of the required data collection tool can be found [here](#). Data will be collected via a face-to-face interview using this tool at three data collection points: intake to services, six months post intake, and at discharge. Recipients will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. All data must be submitted through the specified online data submission tool within seven days of data collection or as specified after award. Recipients will be provided extensive training on the system and its requirements post award.

Applicants should carefully note that there are three categories of services or combinations of services to be supported by these grant funds and each category has specific reporting requirements related to GPRA. Varying levels of data are required on clients in each category of care. This information will be provided upon award.

The collection of these data enables SAMHSA to report on key outcome measures relating to the grant program. In addition to these outcomes, data collected by recipients will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use, and outcomes nationwide.

Performance data will be reported to the public as part of SAMHSA's Congressional Justification.

### **1.3 Project Performance Assessment**

Recipients must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve the management of their grant project. Recipients are also required to report on their progress addressing the goals and objectives identified in B.1 of the Project Narrative.

The project performance assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments should also be used to determine whether your project is having/will have the intended impact on behavioral health disparities.

You will be required to submit a report on project progress at the midpoint of Year 1 (i.e., at 6 months post award) and an annual report at the end of each grant year. (Two reports will be required in Year 1 and one report will be required at the completion of each year thereafter). This progress report must discuss project progress, barriers encountered, and efforts to overcome these barriers. Refer to [Section VI.1](#) for any program specific information on the frequency of reporting and any additional requirements.

**No more 15 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-1.2 and 1.3 above.**

**Note:** See [Appendix E](#) and [Appendix F](#) for more information on responding to Sections I-1.2 and 1.3.

#### **1.4 Infrastructure Development (maximum 15 percent of total grant award for the budget period)**

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use no more than **15 percent** of the total services grant award for budget period for the following types of infrastructure development, if necessary, to support the direct service expansion of the grant project. You must describe your use of grant funds for these activities in [Section B](#) of your Project Narrative.

- Developing partnerships with other service providers for service delivery and stakeholders serving the population of focus.
- Adopting and/or enhancing your computer system, management information system (MIS), electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services, and outcomes.
- Training/workforce development to help your staff or other providers in the community identify mental health or SUD issues or provide effective services consistent with the purpose of the grant program.



- Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, development/revision of credentialing, licensure, or accreditation requirements)<sup>1</sup>
- Implement, modify, and/or enhance EHRs to improve care coordination, support evidence-based practices, improve workflow, reduce provider burden, and/or improve coordination of billing and reimbursement with a focus on developing sustainable practices. If you elect to use any portion of the grant award for infrastructure development, at least five percent of the 15 percent allowed for infrastructure development must be directed toward EHR and HIT integration and automated adoption of SBIRT activities.

### 1.5 Grantee Meetings

All grantee meetings will be held virtually and grantees are expected to fully participate in these meetings. If SAMHSA elects to hold an in-person meeting, budget revisions will be permitted.

## II. FEDERAL AWARD INFORMATION

<b>Funding Mechanism:</b>	Grant
<b>Anticipated Total Available Funding:</b>	\$10,752,670 (At least \$2,000,000 will be awarded to applicants providing services in pediatric health care settings.)
<b>Estimated Number of Awards:</b>	10 awards
<b>Estimated Award Amount:</b>	Up to \$995,000 per year

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<sup>1</sup> For purposes of this FOA, “policy” refers to programs and guidelines adopted and implemented by institutions, organizations and others to inform and establish practices and decisions and to achieve organizational goals. Policy efforts do not include activities designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or Executive Orders (“legislation and other orders”) proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, and awardees may not use federal funds for such activities. This restriction extends to both grassroots lobbying efforts and direct lobbying. However, for state, local, and other governmental recipients, certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are not considered impermissible lobbying activities and may be supported by federal funds.

**Length of Project Period:** Up to 5 years

**Proposed budgets cannot exceed \$995,000 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation 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.

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANTS**

- State governments through the immediate office of the Single State Authority (SSA) or Director of the Health Department (or equivalent agency) in states, the District of Columbia, and U.S. territories are also eligible to apply.
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations.
- Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI/ANs which is controlled, sanctioned, or chartered by such governing body, or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of AI/ANs in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.
- Urban Indian Organization (UIO) (as identified by the Indian Health Service Office of Urban Indian Health Programs through active Title V grants/contracts) means a non-profit corporate body situated in an urban center governed by an urban Indian-controlled board of directors, and providing for the maximum participation of all interested Individuals and groups, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in 503(a) of 25 U.S.C. § 1603. UIOs are not tribes or tribal governments and do not have the same consultation rights or trust relationship with the federal government.
- Public and private non-profit health care or behavioral health care systems such as HMOs, PPOs, FQHC systems, hospital systems, pediatric health care providers, children's hospitals, and community health or behavioral health centers. (Note: For community health or behavioral health centers, the highest

office of a Director or Chief Executive Officer must be the applicant.) Preference is for systems with integrated specialty treatment care or the ability to establish integrated care mechanisms.

Note: Pediatric health care providers are a provider of primary health care to individuals under the age of 21 years.

**SBIRT grant recipients that received their initial funding award in FY 2018 or 2019 under FOA TI-18-007 are not eligible to apply.**

## **2. COST SHARING and MATCHING REQUIREMENTS**

Cost sharing/match is not required in this program.

## **3. EVIDENCE OF EXPERIENCE AND CREDENTIALS**

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. Organizations that provide specialty AOD services to patients and any organizations that patients are referred to for specialty AOD services must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client (e.g., SUD treatment) services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each mental health/SUD treatment provider organization must have at least two years of experience (as of the due date of the application) providing relevant services (official documents must establish that the organization has provided relevant services for the last two years); and
- Each mental health/SUD treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

**[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Eligible tribes and tribal organization mental health/SUD treatment providers must comply with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. See [Appendix C](#) – Statement of Assurance.]**

Following application review, if your application's score is within the fundable range, the GPO may contact you to request that additional documentation be sent by email or uploaded through eRA Commons to verify that the documentation you submitted is complete. **If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.**

## IV. APPLICATION AND SUBMISSION INFORMATION

### 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: 09/30/2021; b. End Date: 09/29/2026).

**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 C** – Leave blank as cost sharing/match is not required for this program.
- **Section D** – Forecasted Cash Needs: Input the total funds requested, broken down by quarter, only for Year 1 of the project period. Use the first row for federal funds and the second row for non-federal funds.
- **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, Year 3, Year 4, and Year 5). For example, if you are requesting funds for four years in total, you would input information in columns b, c, d, and e (i.e., 4 out years) - (b) First column is the budget for the second budget period; (c) Second column is the budget for the third budget period; (d) Third column is the budget for the fourth budget period; (e) Fourth column is the budget for the fifth budget period. Use Line 16 for federal funds and Line 17 for non-federal funds.

**Note: The totals in Sections A, B, and D must match.**

See [Appendix B](#) #3, to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted.

A sample budget and justification are included in [Appendix L](#). **It is highly recommended that you use this sample budget format. This will expedite review of your application.**

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. **Sections A-E** together may not be longer than **10 pages**. (Remember that if your Project Narrative starts on page 5 and ends on page 15, it is 11 pages long, not 10 pages.) More detailed instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information.
- The Supporting Documentation section provides additional information necessary for the review of your application. This supporting documentation must be attached to your application using the Other Attachments Form if applying with Grants.gov Workspace or Other Narrative Attachments if applying with eRA ASSIST. Additional instructions for completing these sections and page limitations for Biographical Sketches/Position Descriptions are included in Appendix A: 3.1 Required Application Components, and Appendix G, Biographical Sketches and Position Descriptions. Supporting documentation should be submitted in black and white (no color).
- **Budget Justification and Narrative** – The budget justification and narrative must be submitted as a file entitled BNF (Budget Narrative Form) when you submit your application into Grants.gov. (See Appendix A: 3.1 Required Application Components.)
- You are required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form is posted on SAMHSA's website at <http://www.samhsa.gov/grants/applying/forms-resources>.
- **Attachments 1 through 6** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3, and 4 combined. There are no page limitations for Attachments 2, 5, and 6. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the

attachments as: Attachment 1, Attachment 2, etc. Use the Other Attachments Form from Grants.gov to upload the attachments.

- **Attachment 1:** (1) Identification of at least one experienced, licensed mental health/SUD treatment provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) Letters of Commitment from these specialty treatment/direct service provider organizations that specifies the nature of the participation and the service(s) that will be provided; **(Do not include any letters of support. Reviewers will not consider them if you do.)** and (4) the Statement of Assurance ([Appendix C](#)) signed by the Authorized Representative of the applicant organization identified on the first page (SF-424) of the application, that assures SAMHSA that all listed providers have met the two-year experience requirement, are appropriately licensed, accredited and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time.
- **Attachment 2:** Data Collection Instruments/Interview Protocols – If you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
- **Attachment 3:** Sample Consent Forms
- **Attachment 4:** Letter to the SSA (if applicable; see: [Appendix J](#), Intergovernmental Review (E.O. 12372) Requirements).
- **Attachment 5:** Letter of Agreement with MAT providers
- **Attachment 6:** Response to [Appendix D](#) - Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines. **This is a required attachment.**

## **2. APPLICATION SUBMISSION REQUIREMENTS**

Applications are due by **11:59 PM** (Eastern Time) on **April 19, 2021**.

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.

**WARNING: BY THE DEADLINE FOR THIS FOA YOU MUST HAVE SUCCESSFULLY COMPLETED THE FOLLOWING TO SUBMIT AN APPLICATION:**

- The applicant organization **MUST** be registered in NIH's eRA Commons; **AND**
- The Project Director **MUST** have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.

**No exceptions will be made.**

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

### **3. FUNDING LIMITATIONS/RESTRICTIONS**

The funding restrictions for this project are as follows:

- No more than **15 percent** of the total grant award for the budget period may be used for developing the infrastructure necessary for expansion of services. If you elect to use any portion of the grant award for infrastructure development, at least five percent of the 15 percent allowed for infrastructure development must be directed toward EHR and HIT integration and automated adoption of SBIRT activities.
- No more than **15 percent** of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.
- Recipients must devote at least **70 percent** of their grant award for the budget period to expand/enhance their service system to carry out SBIRT services. Up to **30 percent** of the services portion of the grant award for the budget period may be used to pay for the procurement of specialty treatment services. This includes payment for costs of treating eligible individuals and establishing contractual agreements with local specialty treatment agencies who will agree to accept the predicted level of clients needing a referral to

treatment. For individual treatment, this may only be used as the pay method of last resort after exhausting all other means of payment.

- **No more than 15 percent of the total grant award for the budget period may be used for administrative purposes.** Project administration includes, but is not limited to, policy and systems change and monitoring sub-recipients' service delivery and overall project reporting.
- Up to \$25,000 of the award can be used for the purchase of Technical Assistance (TA). If grantees opt not to use this for TA, the funds can be used for any other required/allowable activities of the grant.

Be sure to identify these expenses in your proposed budget.

While applicants may apply for up to \$995,000 per year, they may need a lesser amount to implement their proposals. Applicants are encouraged to apply only for the grant amount which they can reasonably expend based on the activities proposed in their application.

**SAMHSA recipients must also comply with SAMHSA's standard funding restrictions, which are included in [Appendix I](#), Standard Funding Restrictions.**

#### **4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS**

All SAMHSA grant programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (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](#) for additional information on these requirements as well as requirements for the Public Health System Impact Statement (PHSIS).



## V. APPLICATION REVIEW INFORMATION

### 1. EVALUATION CRITERIA

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

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

- The Project Narrative (Sections A-E) together may be no longer than **10 pages**.
- You must use the five sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response, i.e., type “A-1”, “A-2”, etc., before your response to each question.** You do not need to type the full criterion in each section. You only need to include the letter and number of the criterion. You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.1. **Only information included in the appropriate numbered question will be considered by reviewers.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual questions, each question is assessed in deriving the overall Section score.

#### **Section A: Population of Focus and Statement of Need (10 points – approximately 1 page)**

1. Identify and describe your population(s) of focus and the geographic catchment area where services will be delivered. Clearly specify if your project will be implemented in a pediatric health care setting. Applicants proposing to implement this project in a pediatric health care setting must be a provider of primary health care to individuals under the age of 21 years.
2. Describe the extent of the problem in the catchment area, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in your response to A.1. Identify the source of the data.

**Section B: Proposed Implementation Approach (30 points – approximately 5 pages)**

1. Describe the goals and measurable objectives (see [Appendix E](#)) of the proposed project and align them with the Statement of Need described in A.2. Provide the following table:

Number of Unduplicated Individuals to be Served with Grant Funds					
Year 1	Year 2	Year 3	Year 4	Year 5	Total

2. Describe how you will implement the Required Activities in Section I.1. If you plan to use grant funds for infrastructure development, describe the infrastructure changes you plan to implement and how they will enhance/improve service effectiveness.
3. Provide a chart or graph depicting a realistic timeline for the entire five years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in [Section I.1](#). [NOTE: Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than four months after grant award. The timeline must be part of the Project Narrative. It must not be placed in an attachment.]

**Section C: Proposed Evidence-Based Service/Practice (25 points approximately 2 pages)**

1. Identify the Evidence-Based Practice(s) (EBPs) that will be used. Discuss how each EBP chosen is appropriate for your population(s) of focus and the outcomes you want to achieve. Describe any modifications that will be made to the EBP(s) and the reason the modifications are necessary. If you are not proposing any modifications, indicate so in your response.

**Section D: Staff and Organizational Experience (15 points – approximately 1 page)**

1. Describe the experience of your organization with similar projects and/or providing services to the population(s) of focus for this FOA. Identify other organization(s) that you will partner with in the proposed project. Describe their experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project. If applicable, Letters of Commitment from each partner must be included **Attachment 1** of your application. If you are not partnering with any other organization(s), indicate so in your response.

2. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Evaluator) and other significant personnel. Describe the role of each, their level of effort, and qualifications, to include their experience providing services to the population(s) of focus and familiarity with their culture(s) and language(s).

**Section E: Data Collection and Performance Measurement (20 points – approximately 1 page)**

1. Provide specific information about how you will collect the required data for this program and how such data will be utilized to manage, monitor and enhance the program. In addition, describe how you will report changes in quantity and frequency of AOD use as noted in Phase II: Operations.

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

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment. An illustration of a budget and narrative justification is included in Appendix L: Sample Budget and Justification. **It is highly recommended that you use this sample budget format.** Your budget must reflect the funding limitations/restrictions specified in Section IV-3. **Specifically identify the items associated with these costs in your budget.**

**1. REQUIRED SUPPORTING DOCUMENTATION**

**Biographical Sketches and Position Descriptions**

See [Appendix G](#) for information on completing biographical sketches and job descriptions.

**2. REVIEW AND SELECTION PROCESS**

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

Decisions to fund a grant are based on:

- The strengths and weaknesses of the application as identified by peer reviewers. The results of the peer review are of an advisory nature. The program office and approving official make the final determination for funding;
- When the individual award is over \$250,000, approval by the CSAT National Advisory Council;
- Availability of funds;
- Equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size;
- At least \$2,000,000 will be awarded to applicants providing services in pediatric health care settings;
- Submission of any required documentation that must be submitted prior to making an award; and
- In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). If SAMHSA chooses not to award a fundable application, SAMHSA must report that determination to the designated integrity and performance system accessible through the System for Award Management (SAM) [currently the Federal Awardee Performance and Integrity Information System (FAPIIS)].

## **VI. FEDERAL AWARD ADMINISTRATION INFORMATION**

### **1. REPORTING REQUIREMENTS**

#### **Program Specific:**

Recipients must comply with the data reporting requirements listed in Section I-1.2 and Section I-1.3.

Data Collection – Refer to Section I-1.2 for requirements related to data collection.

Progress Reports – Refer to Section I-1.3 for requirements related to progress reports.

#### **Grants Management:**

Successful applicants must also comply with the following standard grants management reporting and schedules at <https://www.samhsa.gov/grants/grants-management/reporting-requirements>, unless otherwise noted in the FOA or Notice of Award (NoA).

### **2. FEDERAL AWARD NOTICES**

You will receive an email from SAMHSA, via NIH's eRA Commons, that will describe the process for how you can view the general results of the review of your application, including the score that your application received.

If your application is approved for funding, a NoA will be emailed to the following: 1) the Business Official's (BO) email address identified in the Authorized Representative section email field on page 4 of the SF-424; and 2) the email associated with the Commons account for the Project Director (section 8 Item f on page 2 of the SF-424). Hard copies of the NoA will no longer be mailed via postal service. The NoA is the sole obligating document that allows you to receive federal funding for work on the grant project. Information about what is included in the NoA can be found at: <https://www.samhsa.gov/grants/grants-management/notice-award-noa>.

If your application is not funded, you will receive a notification from SAMHSA, via NIH's eRA Commons.

## **VII. AGENCY CONTACTS**

For program related and eligibility questions contact:

Andrea Harris  
Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services Administration  
(240) 276-2441 [Andrea.Harris@samhsa.hhs.gov](mailto:Andrea.Harris@samhsa.hhs.gov)

For fiscal/budget related questions contact:

Corey Sullivan  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
(240) 276-1213 or (240) 276-1412  
[FOACSAT@samhsa.hhs.gov](mailto:FOACSAT@samhsa.hhs.gov)

For grant review process and application status questions contact:

Emily Chan  
Office of Financial Resources, Division of Grant Review  
Substance Abuse and Mental Health Services Administration  
(240) 276- 2446  
[emily.chan@samhsa.hhs.gov](mailto:emily.chan@samhsa.hhs.gov)

## Appendix A – Application and Submission Requirements

**WARNING:** If your organization is not registered and you do not have an active eRA Commons PD/PI account by the deadline, the application will NOT be accepted. **No exceptions will be made.**

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.

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.

If this is your first time submitting an application, you must complete all four registration processes. If you have already completed registrations for DUNS, SAM, and Grants.gov, you need to ensure that your accounts are still active, and then register in **eRA Commons**. If you have not registered in Grants.gov, the registration for Grants.gov and eRA Commons can be done concurrently. 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. (The DUNS Number will be phased out by April 2022. Organizations will be assigned a Unique Identifier ID – a new 12-character identifier.)

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 takes 7-10 business days for a new SAM entity registration to become active so it is important to initiate this process well before the application deadline. You will receive an email alerting you when your registration is active.

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.

## 1.3 Grants.gov Registration

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, 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” 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. Organizations applying for SAMHSA funding must register in eRA Commons. This is a one-time registration separate from Grants.gov registration. In addition to the organization registration, the Business Official named in the Authorized Representative section field on page 4 of the SF-424 and the Project Director details entered in the Applicant Information item f on page 2 of the SF-424 (Name and contact information of the person to be contacted on matters involving this application) must have accounts 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, the Business Official (BO) named in the Authorized Organization Representative (AOR) section of the SF-424 must complete the online Institution Registration Form. 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 Business Official (BO) named as the Authorized Organization Representative (AOR) 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 (BO) will receive an email with a Commons User ID for the Signing Official account ('SO' role). The representative will receive a separate email pertaining to this SO account containing its temporary password used for first-time log in. 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. The Signing Official can then create additional accounts for the organization as needed. Organizations can have multiple user accounts with the SO role, 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 Project Directors (PI role) and other Business Officials (SO role).

**Important:** The eRA Commons requires organizations to identify at least one BO/SO, who is the BO entered in the Authorized Representative (AOR) section on the SF-424, and a Project Director/Principal Investigator (PD/PI) in order to submit an application. The primary BO/SO must create the account for the PD/PI listed as the person to contact regarding the application on page 2 of the SF-424 assigning that person the 'PI' role in Commons. Note that you must also enter the PD/PI's Commons Username into the 'Applicant Identifier' field of the SF-424 document (Line 4). You can find additional information about the eRA Commons registration process at [https://era.nih.gov/reg\\_accounts/register\\_commons.cfm](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 (S2S) provider. Applicants must go to both Grants.gov and the SAMHSA website ([samhsa.gov](http://samhsa.gov)) to download the required documents needed to apply for a grant.

### **2.1 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. WRITE AND COMPLETE APPLICATION

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

After downloading and retrieving the required application components and completing the registration processes, it is time to write and complete your application. All files uploaded with the Grants.gov application **MUST** be in **Adobe PDF** file format. Directions for creating PDF files can be found on the Grants.gov website. See [Appendix B](#) for all application formatting and validation requirements. **Applications that do not comply with these requirements will be screened out and will not be reviewed.**

##### 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	<p>This form must be completed by applicants for all SAMHSA grants. The names and contact information for Project Director (PD) and Business Official (BO) are required for SAMHSA applications, and are to be entered on the SF-424 form.</p> <ul style="list-style-type: none"><li>The PD must have an eRA Commons account: the PD's Commons ID must be entered in field <b>4. Applicant Identifier</b>; and the PD's name, phone number and email address must be entered in Section <b>8. APPLICANT INFORMATION: item f. Name and contact information of person to be contacted on matters involving this application.</b></li><li>The BO name, title, email address and phone number must be entered in the <b>Authorized Representative</b> section fields on page four of the SF 424. The organization mailing address is required in section 8. <b>APPLICANT INFORMATION item d. Address.</b></li></ul> <p>All SAMHSA Notices of Award (NoAs) will be emailed by SAMHSA via NIH's eRA Commons to the Project Director/Principal Investigator (PD/PI), and the Signing Official/Business Official (SO/BO).</p>	ASSIST, Workspace, or other S2S provider

#	Standard Application Components	Description	Source
2	SF-424 A (Budget Information – Non-Construction Programs) Form	Use SF-424A. Fill out Sections A, B, D and E of the SF-424A. Section C should only be completed if applicable. <b>It is highly recommended that you use the sample budget format in the FOA.</b>	ASSIST, Workspace, or other S2S provider
3	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.	ASSIST, Workspace, or other S2S provider
4	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.	ASSIST, Workspace, or other S2S provider
5	Project Narrative Attachment	The Project Narrative is your response to the Evaluation Criteria. It cannot be longer than 10 pages. You must attach the Project Narrative file (Adobe PDF format only) inside the Project Narrative Attachment Form.	ASSIST, Workspace, or other S2S provider
6	Budget Justification and Narrative Attachment	You must include a detailed Budget Narrative in addition to 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 <b>BNF</b> when you submit your application into Grants.gov.	ASSIST, Workspace, or other S2S provider
7	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.	<a href="#">SAMHSA Website</a>
8	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.	ASSIST, Workspace, or other S2S provider
9	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.	ASSIST, Workspace, or other S2S provider

## 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 in ASSIST, Workspace, or other S2S provider.**

#	Supporting Documents	Description	Source
1	HHS 690 Form	Every grant applicant must have a completed <a href="#">HHS 690 form (PDF   291 KB)</a> on file with the Department of Health and Human Services.	<a href="#">SAMHSA Website</a>
2	Charitable Choice Form SMA 170	See Section IV-1 of the FOA to determine if you are required to submit Charitable Choice Form SMA 170. If you are, you can upload this form to Grants.gov when you submit your application.	<a href="#">SAMHSA Website</a>
3	Biographical Sketches and Job Descriptions	See <a href="#">Appendix G</a> of this document for additional instructions for completing these sections.	<a href="#">Appendix G</a> of this document.
4	Confidentiality and SAMHSA Participant Protection/Human Subjects	See the FOA or requirements related to confidentiality, participant protection, and the protection of human subject's regulations.	FOA: See <a href="#">Appendix D</a>
5	Additional Documents in the FOA	The FOA will indicate the attachments you need to include in your application.	FOA: <a href="#">Section IV-1</a> .

## 4. SUBMIT APPLICATION

### 4.1 Electronic Submission (eRA ASSIST, Grants.gov Workspace, or other S2S provider)

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 (S2S) provider. Information on each of these 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 Workspace** – You can use the shared, online environment of the Grants.gov Workspace to collaboratively work on different forms within the application.

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 \(eRA\)](#)

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

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.

**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 application in Grants.gov, you must attempt to resolve them by contacting the Grants.gov Service Desk at the following:

- By e-mail: [support@grants.gov](mailto: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. (press menu option 6 for SAMHSA). 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 NIH eRA Service 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 Section [4.1](#)).**

If Grants.gov identifies any errors and rejects your application with a “Rejected with Errors” status, you must address all errors and resubmit. If no problem is found, Grants.gov will allow the eRA Commons to retrieve the application and check it against its own agency business rules (eRA Commons Validations). If you use ASSIST to complete your application, you can validate your application and fix errors before submission.

After you successfully submit your application through Grants.gov, your application will go through eRA Commons validations. If no errors are found, the application will be assembled in 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 (see 5.2 below). You must take action to make the required corrections and resubmit the application through Grants.gov before the application due date and time. Do not assume that if your application passes the grants.gov validations that it will be successfully received by SAMHSA. You must check your application status in eRA Commons to ensure that no errors were identified. It is critical that you allow for sufficient time to resubmit the application if errors are detected.

**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 Warning notification 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 applications 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 Service Desk and submitting a web ticket to document your good faith attempt to submit your application and determining next steps. See Section [4.1](#) for more information on contacting the eRA Service 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. Note that system errors are extremely rare.

[Note: When resubmitting an application, 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.] In addition, check the Changed/Corrected Application box in #1.

## Appendix B - 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 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.

### 2. 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.

### 3. 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 Service Desk and submit a Web ticket to document your good faith attempt to submit your application.

eRA Validations	eRA Error Messages
<p><u>Applicant Identifier (Item 4 on the SF-424):</u></p> <p>The PD/PI Credentials must be provided</p> <p>Username provided must be a valid Commons account</p> <p>Username must be affiliated with the organization submitting the application and or have the PI role</p>	<p>The Commons Username must be provided in the Applicant Identifier field for the PD/PI.</p> <p>The Commons Username provided in the Applicant Identifier is not a recognized Commons account.</p> <p>The Commons account provided in the Applicant Identifier 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.</p>
<p>The DUNS number provided must include valid characters (9 or 13 numbers with or without dashes)</p>	<p>The DUNS number provided has invalid characters (other than 9 or 13 numbers) after stripping of dashes</p>
<p>The documentation (forms) required for the FOA must be submitted</p>	<p>The format of the application does not match the format of the FOA. Contact the eRA Service Desk for assistance.</p>
<p>If a change or correction is made to address an error, "Changed/Corrected" must be selected. (Item #1 on the SF-424)</p> <p>Refer to <u>Section II-5.4</u> for more information on resubmission criteria.</p>	<p>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.</p>

eRA Validations	eRA Error Messages
The application cannot exceed 1.2GB.	The application did not follow the agency-specific size limit of 1.2 GB. Resize the application to be no larger than 1.2GB before submitting.
The correct Funding Opportunity Announcement (FOA) number must be provided	The Funding Opportunity Announcement number does not exist.
All documents and attachments must be submitted in PDF format.	"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 <a href="http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm">http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm</a> ."
<p><u>All attachments must comply with the following formatting requirements:</u></p> <p>PDF attachments cannot be empty (0 bytes).</p> <p>All PDF attachments cannot have Meta data missing, cannot be encrypted, password protected or secured documents.</p> <p>The 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.]</p> <p>PDF attachments must 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.</p>	<p>The {attachment} attachment was empty. PDF attachments cannot be empty, password protected or encrypted.</p> <p>The &lt;attachment&gt; attachment contained formatting or features not currently supported by NIH: &lt;condition returned&gt;.</p> <p>Filename &lt;file&gt; cannot be larger than U.S. standard letter paper size of 8.5 x 11 inches. See the PDF guidelines at <a href="http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm">http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm</a></p> <p>The &lt;attachment&gt; 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.</p>
The email addresses for the Contact Person (SF-424 Section F) and the Authorized Representative (SF-424 below Section 21) 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 < > ( ) [ ] \ , ; :	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.
Congressional district code of applicant (after truncating) must be valid. (SF-424, item 16 a and b)	Congressional district <Congressional District> is invalid. To locate your district, visit <a href="http://www.house.gov/">http://www.house.gov/</a>

eRA Validations	eRA Error Messages
<p><b><u>Budget Errors</u></b></p> <p><u>SF424-A: Section A – Budget Summary</u></p> <p>The total fields at the end of rows or at the bottom of columns must equal the sum of the elements for that row or column</p>	<p>Ensure that the sum of Grant Program Function or Activity (a) elements entered equals the total amounts in the Total field</p>
<p><u>SF424-A: Section B – Budget Categories</u></p> <p>The Total in Section B (Column 5 - Row k) must equal the Total in Section A – Budget Summary: (Row 5, Column g).</p>	<p>Ensure that the TOTALS Total (row k, column 5) equals the Budget Summary Totals in section A, row 5 column g.</p>
<p><u>SF424-A: Section D – Forecasted Cash Needs</u></p> <p>The Federal Total for the 1st Year (Line 13) must equal the Total in Section A (Row 5, Column g)</p> <p>The Non-Federal Total for 1st Year sum must equal Estimated Unobligated Funds Non-Federal Totals in Section A (d-5) + New or Revised Budget Non-Federal Totals (f-5)</p> <p>The Total for 1st Year TOTAL in Section D must equal the Totals Total (Column 5, Row G) in Section A</p>	<p>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.</p> <p>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.</p> <p>Ensure that the Forecasted Cash Needs: 15. TOTAL equals to SECTION A – Budget Summary: 5.Totals Total (g).</p>
<p><u>SF424-A: Section E – Budget Estimates of Federal Funds Needed for Balance of The Project</u></p> <p>The number of budget years/periods must match the span of the project. The number of years in the project period in Block 17 on the SF-424 must align with the future funding periods.</p>	<p>Ensure that the project period years on the SF 424 block 17 matches the provided budget periods in the SF-424A. Enter data for the first budget period in Section D and enter future budget periods in Section E.</p>

## Appendix C – Statement of Assurance

As the authorized representative of [insert name of applicant organization], I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- Official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of two years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last two years; and
- Official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.<sup>2</sup> (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation, and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- For tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; **OR** 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

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Signature of Authorized Representative

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Date

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<sup>2</sup> Tribes and tribal organizations are exempt from these requirements.

## Appendix D – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

### Confidentiality and Participant Protection:

It is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. **All applicants (including those who plan to obtain Institutional Review Board (IRB) approval) must address the elements below.** If some elements are not applicable to the proposed project, explain why the element(s) is not applicable. In addition to addressing these elements, you will need to determine if the section below titled “Protection of Human Subjects Regulations” applies to your project. If so, you must submit the required documentation as described below. There are no page limits for this section.

#### 1. Protect Clients and Staff from Potential Risks

- Identify and describe the foreseeable physical, medical, psychological, social and legal risks or potential adverse effects **participants** may be exposed to as a result of the project.
- Identify and describe the foreseeable physical, medical, psychological, social and legal risks or potential adverse effects **staff** may be exposed to as a result, of the project.
- Describe the procedures you will follow to minimize or protect participants and staff against potential risks, including risks to confidentiality.
- Identify your plan to provide guidance and assistance in the event there are adverse effects to participants and/or staff.

#### 2. Fair Selection of Participants

- Explain how you will recruit and select participants.
- Identify any individuals in the geographic catchment area where services will be delivered who will be excluded from participating in the project and explain the reasons for this exclusion.

#### 3. Absence of Coercion

- If you plan to compensate participants, state how participants will be awarded incentives (e.g., gift cards, bus passes, gifts, etc.) If you have included funding for incentives in your budget, you **must** address this item. (A recipient or treatment or prevention provider may provide up to \$30 non-cash incentive to

individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow-up interview.)

- Provide justification that the use of incentives is appropriate, judicious and conservative and that incentives do not provide an “undue inducement” that removes the voluntary nature of participation.
- Describe how you will inform participants that they may receive services even if they chose to not participate in or complete the data collection component of the project.

#### **4. Data Collection**

- Identify from whom you will collect data (e.g., participants, family members, teachers, others).
- Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation or other sources). Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the specimens will be used for purposes other than evaluation.
- In **Attachment 2**, “Data Collection Instruments/Interview Protocols,” you **must** provide copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

#### **5. Privacy and Confidentiality**

- Explain how you will ensure privacy and confidentiality. Describe:
  - Where data will be stored.
  - Who will have access to the data collected.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

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

#### **6. Adequate Consent Procedures**

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for



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

- Explain how you will obtain consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

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

## **7. Risk/Benefit Discussion**

- Discuss why the risks you have identified in Element 1. (**Protect Clients and Staff from Potential Risks**) are reasonable compared to the anticipated benefits to participants involved in the project.

## **Protection of Human Subjects Regulations**

SAMHSA expects that most recipients funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed project may meet the regulation’s criteria for research involving human subjects. Although IRB approval is not required at the time of award, you are required to provide the documentation below prior to enrolling participants into your project.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must:

- Describe the process for obtaining IRB approval for your project.
- Provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP).
- Provide documentation that IRB approval has been obtained for your project prior to enrolling participants.

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

## Appendix E – Developing Goals and Measurable Objectives

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

### GOALS

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

The characteristics of effective goals include:

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

### Examples

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

## **OBJECTIVES**

**Definition** – Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and accountability. It is recommended that you avoid verbs that may have vague meanings to describe the intended outcomes, like “understand” or “know” because it may prove difficult to measure them. Instead, use verbs that document action, such as: “By the end of 2020, 75% of program participants will be *placed* in permanent housing.”

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

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

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

**Measurable** – How much change is expected. It must be possible to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for your program. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If you plan to use a specific measurement instrument, it is recommended that you incorporate its use into the objective. Example: By 9/20 increase by 10% the number of 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> grade students who disapprove of marijuana use as measured by the annual school youth survey.

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

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

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

**Examples:**

Non-SMART Objective	Critique	SMART Objective
Teachers will be trained on the selected evidence-based substance abuse prevention curriculum.	The objective is not SMART because it is not <i>specific</i> , <i>measurable</i> , or <i>time-bound</i> . It can be made SMART by <i>specifically</i> indicating who is responsible for training the teachers, how many will be trained, who they are, and by when the trainings will be conducted.	<b><i>By June 1, 2020, LEA supervisory staff</i></b> will have trained <b><i>75% of health education</i></b> teachers <b><i>in the local school district</i></b> on the selected, evidence-based substance abuse prevention curriculum.
90% of youth will participate in classes on assertive communication skills.	This objective is not SMART because it is not <i>specific</i> or <i>time-bound</i> . It can be made SMART by indicating <i>who</i> will conduct the activity, <i>by when</i> , and <i>who</i> will participate in the lessons on assertive communication skills.	By the <b><i>end of the 2020 school year</i></b> , <b><i>district health educators</i></b> will have conducted classes on assertive communication skills for 90% of youth <b><i>in the middle school</i></b> receiving the <b><i>substance abuse and HIV prevention curriculum</i></b> .
Train individuals in the community on the prevention of prescription drug/opioid overdose-related deaths.	This objective is not SMART as it is not <i>specific</i> , <i>measurable</i> or <i>time-bound</i> . It can be made SMART by specifically indicating <i>who</i> is responsible for the training, <i>how many</i> people will be trained, <i>who</i> they are, and by <i>when</i> the training will be conducted.	<b><i>By the end of year two of the project</i></b> , the <b><i>Health Department</i></b> will have trained <b><i>75% of EMS staff in the County Government</i></b> on the selected curriculum addressing the prevention of prescription drug/opioid overdose-related deaths.

## **Appendix F – Developing the Plan for Data Collection, Performance Assessment, and Quality Improvement**

Information in this Appendix should be taken into consideration when developing a response for criteria in Section E.

### **Data Collection:**

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

- The electronic data collection software that will be used;
- How often data will be collected;
- The organizational processes that will be implemented to ensure the accurate and timely collection and input of data;
- The staff that will be responsible for collecting and recording the data;
- The data source/data collection instruments that will be used to collect the data;
- How well the data collection methods will take into consideration the language, norms and values of the population(s) of focus;
- How will the data be kept secure;
- If applicable, how will the data collection procedures ensure that confidentiality is protected and that informed consent is obtained; and
- If applicable, how data will be collected from partners, sub-awardees.

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

*Table 1 provides an example of how information for the required performance measures could be displayed.*

**Table 1**

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

*Table 2 provides an example of how information could be displayed for the data that will be collected to measure the objectives that are included in B.1*

**Table 2**

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

**Data Management, Tracking, Analysis, and Reporting:**

Points to consider:

Data management:

- How data will be protected, including information about who will have access to data;
- How will data be stored.

#### Data tracking:

- The staff member who will be responsible for tracking the performance measures and measurable objectives.

#### Data analysis:

- Who will be responsible for conducting the data analysis, including the role of the Evaluator;
- What data analysis methods will be used.

#### Data reporting:

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

#### **Performance Assessment:**

Points to consider:

- How frequently performance data will be reviewed;
- How you will use this data to monitor and evaluate activities and processes and to assess the progress that has been made achieving the goals and objectives; and
- Who will be responsible for conducting the performance assessment.

#### **Quality Improvement:**

Points to consider:

- If applicable, the QI model that will be used;
- How will the QI process be used to track progress;
- The staff members who will be responsible for overseeing these processes;
- How you will implement any needed changes in project implementation and/or project management;
  - What decision-making processes will be used;

- When and by whom will decisions be made concerning project improvement;
  - What are the thresholds for determining that changes need to be made;
- Will the Advisory Board have a role in the QI process; and
- How will the changes be communicated to staff and/or partners/sub-awardees.



## **Appendix G – Biographical Sketches and Position Descriptions**

Include position descriptions and biographical sketches for all project staff. Position descriptions should be no longer than one page each and biographical sketches should be two pages or less.

### **Biographical Sketch**

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

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Recent relevant publications

### **Position Description**

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

## Appendix H – Addressing Behavioral Health Disparities

SAMHSA expects recipients to submit a Disparity Impact Statement (DIS) within 60 days of receiving the grant award. The DIS is a data-driven, quality improvement effort to ensure underserved subpopulations are addressed in the grant. The DIS is built on the required GPRA data such that no additional data collection is required. The DIS consists of three components: (1) identify the number of individuals to be served during the grant period and identify subpopulation(s) (i.e., racial, ethnic, sexual, and gender minority groups) vulnerable to behavioral health disparities; (2) implement a quality improvement plan to address subpopulation differences based on the GPRA data on access, use and outcomes of service activities; and (3) identify methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

### Definition of Health Disparities:

Healthy People 2030 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

### Subpopulations

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with opioid use disorders at risk of overdose; adults with serious mental illness [SMI]; adolescents engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have unequal access to, use of, or outcomes from provided services. These disparities may be the result of differences in race, ethnicity, language, culture, and/or socioeconomic factors specific to that subpopulation. For instance, Latino adults with opioid use disorder may be at heightened risk for overdoses due to lack of in-language prevention campaigns and treatment; African Americans with an SMI may more likely terminate treatment prematurely due to lack of providers with whom they can develop a therapeutic relationship; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical trauma; and African American women may be at greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities, etc. While these factors might not be pervasive among the general population served by a recipient, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that recipients understand who is being served, who is underserved, and

who is not being served within their community in order to provide outreach and care that will yield positive outcomes, per the focus of the grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, recipients are asked to address access, use and outcomes, disaggregated by subpopulations. Subpopulations can be defined by the following factors:

- By race
- By ethnicity
- By gender (including transgender populations)
- By sexual orientation (including lesbian, gay and bisexual populations)

Access refers to which populations/subpopulations are being served/reached by the grant program; Use refers to what interventions/services are received by the various populations; and Outcomes refers to the outcome measures stipulated by the grant and examined across subpopulations.

### **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care**

The ability to address the quality of care provided to subpopulations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards).

The CLAS Standards are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate, respectful and responsive services that will advance health equity, improve quality, and help eliminate health care disparities. The CLAS Standards are grouped into a Principal Standard and three themes focused on 1) Governance and Leadership; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement and Accountability. Widely embraced by States and health care systems, the National CLAS Standards are more recently being promoted in behavioral health care. You can learn more about the CLAS mandates, guidelines, and recommendations at: <http://www.ThinkCulturalHealth.hhs.gov>.

Examples of a Behavioral Health Disparity Impact Statement are available on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/disparity-impact-statement>. It is expected that the DIS will be approximately two pages in length.

## Appendix I – Standard Funding Restrictions

HHS codified the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, 45 CFR Part 75. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available at <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.

You may also reference the SAMHSA site for grantee guidelines on financial management requirements at <https://www.samhsa.gov/grants/grants-management/policies-regulations/financial-management-requirements>.

SAMHSA grant funds may not be used to:

- Directly or indirectly, purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.
- Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)

- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.

Note: A recipient or treatment or prevention provider may provide up to \$30 non-cash incentive to individuals to participate in required data collection follow-up. This amount may be paid for participation in each required follow-up interview.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed \$3.00 per person per day.
- Consolidated Appropriations Act, 2017 (Public Law 115-31) Division H, Section 520, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.

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

### **States with SPOCs**

All SAMHSA grant programs are 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). Information on the SPOC for participating states can be found at: <https://www.whitehouse.gov/wp-content/uploads/2020/04/SPOC-4-13-20.pdf>.

You do not need 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: Director, Division of Grants Management, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 17E18, 5600 Fishers Lane, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. TI-21-008.

### **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)<sup>3</sup> 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 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.

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<sup>3</sup> 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 first 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).

The PHSIS consists of the following information:

- A copy of the first 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 and mental health. A listing of the SSAs for substance abuse and the SSAs for mental health 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.

Review the FOA: Section IV-1, carefully to determine if you must include an attachment with a copy of a letter transmitting the PHSIS 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: Thomas Graves, Director of Grants Management, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 17E20, 5600 Fishers Lane, Rockville, MD 20857. ATTN: SSA – Funding Announcement No. TI-21-008.

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.

## **Appendix K – Administrative and National Policy Requirements**

If your application is funded, you must comply with all terms and conditions of the NoA. SAMHSA's standard terms and conditions are available on the SAMHSA website.

### **HHS Grants Policy Statement (GPS)**

If your application is funded, you are subject to the requirements of the HHS Grants Policy Statement (GPS) that are applicable based on recipient type and purpose of award. This includes any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.samhsa.gov/grants/grants-management/policies-regulations/hhs-grants-policy-statement>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA).

### **HHS Grant Regulations**

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>.

### **Additional Terms and Conditions**

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.

### **Performance Goals and Objectives**

If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant



and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.

## **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 laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html>.

- Recipients of FFA must ensure that their 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. See <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>. 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://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
- Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. See <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment. See <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>; <https://www2.ed.gov/about/offices/list/ocr/docs/shguide.html>; and <https://www.ocrsm.umd.edu/files/Sexual-Harassment-Fact-Sheet.pdf>.
- Recipients of FFA must also administer their programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws. Collectively, these laws prohibit exclusion, adverse treatment, coercion, or other discrimination against persons or entities on the basis of their consciences,

religious beliefs, or moral convictions. See <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/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/ocr/about-us/contact-us/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697.

## **Cultural and Linguistic Competence**

Recipients of federal financial assistance (FFA) from HHS serve culturally and linguistically diverse communities that are not just defined by race or ethnicity, but also socio-economic status, sexual orientation, gender identity, physical and mental ability, age, and other factors. Organizational behaviors, practices, attitudes, and policies across all SAMHSA-supported entities respect and respond to the cultural diversity of communities, clients and students served.

If your application is funded, you must ensure access to quality health care for all. Quality care means access to services, information, and materials delivered by trained providers in a manner that factor in the language needs, health literacy, culture, and diversity of the populations served. Quality also means that data collection instruments used should adhere to culturally and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) published by the U.S. Department of Health and Human Services at <https://www.thinkculturalhealth.hhs.gov/>. Additional cultural/linguistic competency and health literacy tools, and resources are available online at <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>.

## **Acknowledgement of Federal Funding**

As required by HHS appropriations acts, all HHS recipients must acknowledge Federal funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with Federal funds. Recipients are required to state (1) the percentage and dollar amounts of the total program or project costs financed with Federal funds and (2) the percentage and dollar amount of the total costs financed by nongovernmental sources

## **Supplement Not Supplant**

Grant funds may be used to supplement existing activities. Grant funds may not 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.

## **Mandatory Disclosures**

A term may be added to the NoA which states: 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 SAMHSA at the following address:

SAMHSA  
Attention: Office of Financial Advisory Services  
5600 Fishers Lane  
Rockville, MD 20857

**AND** by email to [grantdisclosures@oig.hhs.gov](mailto:grantdisclosures@oig.hhs.gov) or by mail to the following address:  
Office of Counsel to the Inspector General

Office of the Inspector General  
U.S. Dept. of Health and Human Services  
Office of Inspector General  
Grant Self-Disclosures  
330 Independence Avenue SW  
Cohen Building Room 5527  
Washington, DC 20201

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)."

## **System for Award Management (SAM) Reporting**

A term may be added to the NoA that states: "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 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

(FAPIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.”

### **Drug-Free Workplace**

A term may be added to the NoA that states: “You as the recipient must comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of part 382, which adopts the Government-wide implementation (2 CFR part 182) of section 5152-5158 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701-707).”

### **Smoke-Free Workplace**

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law (P.L.) 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

### **Standards for Financial Management**

Recipients are required to meet the standards and requirements for financial management systems set forth in 45 CFR part 75 Subpart D. The financial systems must enable the recipient to maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which the award was used, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income. The system must also enable the recipient to compare actual expenditures or outlays with the approved budget for the award.

SAMHSA funds must retain their award-specific identity – they may not be commingled with state funds or other federal funds. [“Commingling funds” typically means depositing or recording funds in a general account without the ability to identify each specific source of funds for any expenditure.]. Common mistakes related to comingling are outlined below:

- *Commingling of Cost Centers.* Every business activity constitutes a cost center. Examples of cost centers include: a federal grant, a state grant, a private grant, matching costs for a specific grant, a self-funded project, fundraising activities, membership activities, lines of business, unallowable costs, indirect costs, etc. Recipients must establish a unique account(s) in the accounting system to capture and accumulate expenditures of each cost center, apart from other cost centers.
- *Commingling of Cost Categories.* Recipients must avoid budget fluctuations that violate programmatic restrictions. They must also avoid applying indirect cost

rates to prohibited cost categories, such as equipment, participant support costs and subcontracts/subawards in excess of \$25,000. As a result, recipients must establish unique object codes in the accounting system to capture and accumulate costs by budget category (i.e., salaries, fringe benefits, consultants, travel, participant support costs, subcontracts, etc.).

- *Commingle of Time Worked and Not Worked.* Recipients may not directly charge a grant for employees' time not spent working on the grant. Therefore, *Paid Time Off (PTO)*, such as vacation, holiday, sick and other paid leave, is not recoverable directly from grants, but rather must be allocated to all grants, projects and cost centers over an entire cost accounting period through either an indirect cost or fringe benefit rate.
- *Unsupported Labor Costs.* To support charges for direct and indirect salaries and wages, recipients maintaining hourly timesheets must ensure that timesheets encompass all hours worked and not worked on a daily basis. The timesheet should identify the: (a) grant, project or cost center being worked on; (b) number of hours worked on each; (c) description of work performed; and (d) Paid Time Off (PTO) hours. The total hours recorded each day should coincide with an individual's employment status in accordance with established policy (i.e., full-time employees work 8 hours each day, etc.).
- *Inconsistent Treatment of Costs.* Recipients must treat costs consistently across all federal and non-federal grants, projects and cost centers. For example, recipients may not direct-charge federal grants for costs typically considered indirect in nature, unless done consistently. Examples of indirect costs include administrative salaries, rent, accounting fees, utilities, etc. Additionally, in most cases, the cost to develop an accounting system adequate to justify direct charging of the aforementioned items outweighs the benefits. As a result, use of an indirect cost rate is the most effective mechanism to recover these costs and not violate federal financial requirements of consistency, allocability and allowability. See the appendix titled "*Sample Budget and Justification*," for additional indirect cost guidance.

## **Trafficking in Persons**

Awards issued by SAMHSA are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

NOTE: The signature of the AOR on the application serves as the required certification of compliance for your organization regarding the administrative and national policy requirements.

## **Publications**

Recipients are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded 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 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 or the U.S. Department of Health and Human Services and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

## **Appendix L – Sample Budget and Justification (no match required)**

All applications must have a detailed budget justification and narrative that explains the federal and the non-federal expenditures broken out by the object class cost categories listed on SF-424A – Section B (Budget Category) for non-construction awards.

- The budget narrative must match the costs identified on the SF-424A form and the total costs on the SF-424.
- The Budget Narrative and justification must be consistent with and support the Project Narrative.
- The Budget Narrative and justification must be concrete and specific. It must provide a justification for the basis of each proposed cost in the budget and how that cost was calculated. Examples to consider when justifying the basis of your estimates can be ongoing activities, market rates, quotations received from vendors, or historical records. The proposed costs must be reasonable, allowable, allocable, and necessary for the supported activity.

Refer to the program specific Funding Restrictions/Limitations and the Standard Funding Restrictions in the FOA, as well as to 45 CFR Part 75 (<https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>), for applicable administrative requirements and cost principles.

**A SAMPLE BUDGET AND NARRATIVE JUSTIFICATION ARE PROVIDED AS WELL AS INSTRUCTIONS FOR COMPLETING THE SF-424A. YOU ARE STRONGLY ENCOURAGED TO USE THE SAMPLE BUDGET NARRATIVE STRUCTURE AS APPLICABLE. A SAMPLE OF A COMPLETED SF-424A IS PROVIDED AT THE END OF THIS APPENDIX.**

### **A. Personnel**

**Provide the following information for the budget narrative and justification:**

1. **Position** – Provide the title of the position and an explanation of the roles and responsibilities of the position as it relates to the objectives of the award supported project.
  - a. The position must be relevant and allowable under the project.
  - b. The salaries of facilities and administrative (F&A) administrative and clerical staff are normally treated as indirect costs (45 CFR §75.413c). Direct charging of these costs may be appropriate only if all of the following conditions are met:

- i. administrative/clerical services are directly integral to a project or activity;
  - ii. individuals involved can be specifically identified with the project or activity; and
  - iii. the costs are not also claimed as indirect costs.
- 2. **Name** – The name of the individual to serve in the position. If the position is vacant, identify the anticipated hire date.
  - a. If the position is being performed by someone other than a full-time, part-time, or temporary employee of the applicant organization (e.g., consultant or contractor), the grant-supported position should be listed under the contracts category.
- 3. **Key Personnel** – Identify if the position is key personnel required by the FOA:
  - a. Key staff positions require prior approval by SAMHSA after review of credentials and job descriptions.
- 4. **Salary/Rate** – The estimated annual salary or rate. If providing a rate, specify the time basis (e.g., hourly, weekly).
  - a. Salaries should be comparable to those within your organization.
  - b. If the position is not being charged to the Federal award, but the individual is working on the project identify the salary/rate as an “in-kind” cost.
- 5. **Level of Effort (LOE)** – The level of effort (percentage of time) that the position contributes to the project.
  - a. Personnel cannot exceed 100% of their time on all active projects (including other Federal awards).
  - b. You should ensure the cost of living increase is built into the budget and justified.
- 6. **Total Salary** – The total salary/amount each position is paid based on their contribution to the project.
  - a. If the position is not being charged to the Federal award, identify the cost as \$0.

The key staff positions identified in Section I must be included in the Personnel section and/or the Contractual Section (F).



## FEDERAL REQUEST – Sample Personnel Narrative

Position (1)	Name (2)	Key Staff (3)	Annual Salary/Rate (4)	Level of Effort (5)	Total Salary Charge to Award (6)
(1) Project Director	Alice Doe	Yes	\$64,890	10%	\$6,489
(2) Program Coordinator	Vacant, to be hired within 60 days of award date	No	\$46,276	100%	\$46,276
(3) Clinical Director	Jane Doe	No	In-kind cost	20%	0
<b>FEDERAL REQUEST</b> (enter in Section B column 1, line 6a of SF-424A)					<b>\$52,765</b>

## FEDERAL REQUEST – Sample Justification for Personnel

1. The Project Director will provide daily oversight of the grant. This position is responsible for overseeing the implementation of the project activities, internal and external coordination, developing materials, and conducting meetings.
2. The Program Coordinator will coordinate project service and activities, including training, communication, and information dissemination.

### B. Fringe Benefits

Fringe benefits are allowances and services provided to employees as compensation in addition to regular salaries and wages. Fringe benefits charged to an award must comply with HHS regulations at 45 CFR §75.431 (<https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>).

#### Provide the following information for the narrative and justification:

1. **Position** – The title of the position being charged to the award to which the fringe rate is being applied.
2. **Name** – The name of the individual associated with the position (note if the position is vacant.)
3. **Rate** – The total fringe benefit rate used and a description of how the computation of fringe benefits was done.
  - a. The justification must detail the elements that comprise the fringe benefits, e.g., FICA, worker's compensation. If a fringe benefit rate is not used, you should explain how the fringe benefits were computed for each position.

4. **Total Salary Charged to Award** – Use the amount provided under section A. Personnel (6).
5. **Total Fringe Charged to Award** – Provide total fringe amount based on the rate applied to the total salary charged to the award.
  - a. Fringe benefits charged to the award can only reflect the percentage of time devoted to the project.
  - b. Do not combine the fringe benefit costs with direct salaries and wages in the personnel category.

#### **FEDERAL REQUEST - Sample Fringe Benefits Narrative**

<b>Position (1)</b>	<b>Name (2)</b>	<b>Rate (3)</b>	<b>Total Salary Charged to Award (4)</b>	<b>Total Fringe Charged to Award (5)</b>
Project Director	Alice Doe	29.65%	\$6,489	\$1,924
Program Coordinator	Vacant, to be hired within 60 days of award date.	29.65%	\$46,276	\$13,720
<b>FEDERAL REQUEST</b> (enter in Section B column 1, line 6b of SF-424A)				<b>\$15,644</b>

#### **FEDERAL REQUEST – Sample Justification for Fringe Benefits**

XYZ organization's Fringe benefits are comprised of:

<b>Fringe Category</b>	<b>Rate</b>
Retirement	10%
FICA	7.65%
Insurance	6%
Social Security	6%
Total	29.65%

The fringe benefit rate for full-time employees for years one and two is calculated at 29.65%. For years three, four, and five it is anticipated to increase to 31%.

#### **C. Travel**

**Travel costs charged to an award must comply with HHS regulations at 45 CFR §75.474.** If your organization does not have documented travel policies, the federal

GSA rates must be used (<https://www.gsa.gov/portal/category/26429>). If specific travel details are unknown, the basis for proposed costs should be explained (e.g., historical information).

Funds requested in the travel category should be only for project staff. Travel for consultants and contractors should be shown in the “Contract” cost category along with consultant/contractor fees. Because these costs are associated with contract-related work, they must be billed under the “Contract” cost category. Travel for training participants, advisory committees, and review panels should be itemized the same way as in this section but listed in the “Other” cost category.

**Provide the following information for the narrative and justification:**

1. **Purpose** – Briefly note the purpose of the travel, e.g., regional conference, training, site visit.
  - a. The justification must identify the need for the travel if the travel is not specifically required by the FOA.
  - b. The narrative description should include the purpose, why it is necessary and directly relates to the scope of work, number of trips planned, staff that will be making the trip, and approximate dates.
2. **Location** – specify the start and end locations of the trip
3. **Item** – specify the costs associated with travel, e.g., mode of transportation accommodations, per diem.
4. **Rate Calculation** – specify the basis for the travel costs.
  - a. For mileage, specify the number of miles and the cost per mile. For air transportation, specify the cost. For per diem, specify the number of days and daily cost. For lodging, specify the number of nights and daily cost.
  - b. Costs for contingencies and miscellaneous costs are not allowable.
5. **Travel Cost Charged to Award** – provide the total cost of the travel to be charged to the award during the budget period.

## FEDERAL REQUEST – Sample Travel Narrative

Purpose (1)	Destination (2)	Item (3)	Calculation (4)	Travel Cost Charged to the Award (5)
Suicide Prevention National Conference	Chicago, IL to Washington D.C.	Airfare	\$200/flight x 2	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals and incidentals)	\$46/day x 2 persons x 2 days	\$184
Local Travel		Mileage	3,000 miles @.38/mile	\$1,140
<b>FEDERAL REQUEST -</b> (enter in Section B column 1, line 6c of SF-424A				<b>\$2,444</b>

## FEDERAL REQUEST: Sample Justification for Travel

1. Two staff (Project Director and Project Coordinator) to attend the national conference on suicide prevention in Washington, D.C.
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.

## D. Equipment

Equipment is a single item of tangible, nonexpendable, personal property that has a useful life of more than one year and a value of \$5,000 or more (or a cost capitalization threshold established by the applicant organization that is less). For example, an applicant may classify equipment at \$1,500 with a useful life of a year.

### Provide the following information for the narrative and justification:

1. **Item(s)** – Describe the equipment item(s) being purchased. The justification must relate the use of each item to the scope of work and implementation of specific program objectives.
2. **Quantity** – Identify the number of items to be purchased.
3. **Amount** – The total cost of purchase or lease of the equipment.
  - a. The justification should include the basis of how costs were estimated, e.g., fair market value, cost quotes.

- b. The justification should include a lease versus purchase analysis, or a statement addressing if it is feasible and/or cost effective to lease versus purchase.
4. **Percentage Charged to the Award** – The percentage of equipment’s value to be charged to the award
5. **Total Charged to the Award** – The total cost of the equipment that will be charged to the award.

#### FEDERAL REQUEST – Sample Equipment Narrative

Item(s) (1)	Quantity (2)	Amount (3)	% Charged to the Award (4)	Total Cost Charged to the Award (5)
FEDERAL REQUEST – (enter in Section B column 1, line 6d of SF-424A)				\$0

#### E. Supplies

Supplies are items costing less than \$5,000 per unit (federal definition), often having one-time use.

#### Provide the following information for the narrative and justification:

1. **Items** – list supplies by type, e.g., office supplies, postage, laptop computers.
  - a. The justification must include an explanation of the type of supplies to be purchased and how it relates back to meeting the project objectives.
2. **Calculation** – describe the basis for the cost, specifically the unit cost of each item, number needed and total amount.
3. **Supply Cost Charged to the Award** – provide the total cost of the supply items to be charged to the award during the budget period.

## FEDERAL REQUEST – Sample Supplies Narrative

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
Laptop Computer	2 x \$900	\$1,800
Printer	1 x \$300	\$300
Copies	8000 copies x .10/copy	\$800
FEDERAL REQUEST – (enter in Section B column 1, line 6e of SF-424A)		\$3,796

## FEDERAL REQUEST – Sample Justification for Supplies

1. Office supplies, copies and postage are needed for general operation of the project.
2. The laptop computers and printer are needed for both project work and presentations for Project Director.

## F. Contract

List the budgets for each sub-award, contract, consultant, or consortium agreement. Note the differences between sub-awards, contracts, consultants, and consortium agreements:

- **Sub-recipient** means a non-Federal entity that receives a sub-award from a pass-through entity to carry out part of a Federal award, including a portion of the scope of work or objectives. Grant recipients are responsible for ensuring that all sub-recipients comply with the terms and conditions of the award, per 45 CFR §75.101.
- **Contracts** are a legal instrument by which the grant recipient purchases good and services needed to carry out the project or program under a Federal award. Contracts include vendors (dealer, distributor or other sellers) that provide, for example, supplies, expendable materials, or data processing services in support of the project activities. The grant recipient must have established 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. Per 45 CFR §75.2, when the substance of a contract meets the definition of sub-award, it must be treated as a sub-award.
- **Consortium Agreements** are between entities (which may or may not include the grant recipient) working collaboratively on an award supported project. They address the roles, responsibilities, implementation, and rights and responsibilities between entities collaborating on an award.

- **Consultants** are individuals retained to provide professional advice or services for a fee. Travel for consultants and contractors should be shown in this category along with consultant/contractor fees.

**Provide the following information for the narrative and justification:**

1. **Name** – Provide the name of the entity and identify if it is a sub-recipient, contractor, or consultant.
2. **Service** – Identify the products or services to be obtained.
  - a. As part of the justification provide a summary of the scope of work, the specific tasks to be performed, the necessity of the task for each sub-award or contract as it relates to the Project Narrative. Include the dates/length for the performance period. NOTE: costs that are outside the period of performance of the award cannot be charged to the award.
3. **Rate** – provide an itemized line item breakdown.
  - a. If applicable, include any indirect costs paid under a sub-award and the indirect cost rate used. Do not incorporate sub-recipient, contract, or consultant indirect costs under the indirect costs line item for the grantee/recipient on the SF-424A and Section J of the budget narrative/justification.
4. **Contract Costs Charged to the Award** – Provide the total of the sub-recipient, consultant, or contract costs to be charged to the award during the budget period.

**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 – Sample Contracts Narrative**

Name (1)	Service (2)	Rate (3)	Other	Cost (4)
(1) State Department of Human Services	Training	\$250/individual x 3 staff	5 days	\$ 750
(2) Treatment Services	1040 Clients	\$27/client per year		\$28,080

Name (1)	Service (2)	Rate (3)	Other	Cost (4)
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750	*Travel at 3,126 @ .50 per mile = \$1,563 *Training course \$175 *Supplies @ \$47.54 x 12 months or \$570 *Telephone @ \$60 x 12 months = \$720 *Indirect costs = \$9,390 (negotiated with contractor)	\$46,168
(4) Jane Smith	Evaluator	\$40 per hour x 225 hours	12-month period	\$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of \$30,000 x 10% level of effort		\$3,000
<b>FEDERAL REQUEST – (enter in Section B column 1, line 6f of-424A)</b>				<b>\$86,998</b>

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

#### **FEDERAL REQUEST – Sample Justification for Contracts**

1. Certified trainers are necessary to carry out the purpose of the statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.
2. Client treatment services to be provided are based on organizational history of expenses.
3. The Case Manager is vital to providing client services related to the program and leading to successful outcomes.
4. The Evaluator is an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will be responsible for all data collection and reporting.
5. The Marketing Coordinator will develop a plan for public education and outreach efforts to engage clients in the community about recipient activities; and provide presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.



## G. Construction

**Construction or major alternation and renovation are not authorized under this program. Leave this section blank on line 6g of the SF-424A.** Such activities are allowable only when program legislation includes specific authority for construction. If requesting consideration of minor alteration and renovation, provide those costs under the “Other” cost category (line 6h of the SF-424A and Section H of the budget narrative/justification).

## H. Other

This category addresses any costs not included in of the other cost categories. Costs that fall under “Other” would include:

- Minor alteration and renovation (Minor A & R)
  - Minor A & R is defined as work that changes the interior arrangement or other physical characteristics of an existing facility or installed equipment so that it can be used more effectively for its currently designed purpose or adapted to an alternative use to meet a programmatic requirement. Alteration and renovation may include work referred to as improvements, conversion, rehabilitation, or remodeling, but is distinguished from new facility construction, facility expansion, or major alterations and renovation where the total Federal and non-Federal costs, excluding moveable equipment (equipment that is not permanently affixed), exceeds \$500,000.
  - No more than \$75,000 in Federal funds over the total period of performance may be used to support minor A&R activities, and such requests must be submitted to the Grants Management Specialist for formal prior approval. SAMHSA grant funds cannot be used to support the construction, expansion or major alternation and renovation of facilities. If the proposed project is part of a larger overall project that exceeds \$500,000, it may not be artificially segmented to achieve the cost threshold.
- Rent
- Client incentives
- Telephone
- Travel for training participants, advisory committees, and review panels
- Training activities (except costs for consultant and/or contractual).

**Provide the following information for the narrative and justification:**

1. **Item** – List items by type of material or nature of expense. In the justification, explain the necessity of each cost for successful implementation and completion of the project.
2. **Rate** – Break down costs by quantity and cost per unit as applicable.

**NOTE:** Rent costs must be submitted with the following information:

- The individual cost items that make up the total cost of the building
- The methodology used to allocate the costs to the programs or activities operating in the building
- Rent Questions Worksheet  
<https://www.samhsa.gov/sites/default/files/rentquestionsworksheet.docx>
- Supporting documentation

3. **Costs Charged to the Award** – provide the costs charged to the award.

**FEDERAL REQUEST – Sample Narrative for “Other”**

Item	Rate	Cost
(1) Rent*	\$15/sq. ft. x 700 sq. feet	\$10,500
(2) Telephone	\$100/mo. x 12 mo.	\$1,200
(3) Client Incentives	\$10/client follow-up x 278 clients	\$2,780
(4) Brochures	.89/brochure X 1500 brochures	\$1,335
<b>FEDERAL REQUEST (enter in Section B column 1, line 6h of SF-424A)</b>		<b>\$15,815</b>

**FEDERAL REQUEST – Sample Justification for Other**

1. Costs related to office space are typically 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. Additionally, the lease and floor plan (including common areas) are required for all projects allocating rent costs.**

2. The monthly telephone costs reflect the percent of effort for the personnel listed in this application for the SAMHSA project only.
3. The \$10 incentive is needed to meet program goals in order to encourage attendance and follow-up with 278 clients.
4. Brochures will be used at various community functions, such as health fairs and exhibits.

#### I. Total Direct Charges

<b>FEDERAL REQUEST – TOTAL DIRECT CHARGES - Section B column 1, line 6i of SF-424A</b> (The Total Direct Charges will sum automatically on the form)	<b>\$177,462</b>
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#### J. Indirect Cost Rate

Indirect costs (also referred to as facilities and administrative costs) are costs that cannot be specifically identified with a particular project or program or activity but are necessary to the operations of the organization (i.e. overhead). Facilities operation and maintenance costs, depreciation, and administrative expenses are examples of costs that are usually treated as indirect costs. The organization must not include costs associated with its indirect rate as direct costs.

Indirect costs may be charged to the award if:

- The applicant has a Federally approved indirect cost rate
- The applicant has never received a negotiated indirect cost rate and elects to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which can be used indefinitely for all awards until an indirect cost rate is approved. If the de minimis rate is proposed, the applicant must clearly state in their justification that they have never received a negotiated IDC rate and are electing to charge a de minimis rate of 10% of modified total direct costs (MTDC).

The MTDC indirect cost rate may be applied to:

- All direct salaries and wages charged to the award;
- Applicable fringe benefits;
- Materials and supplies;
- Services;
- Travel; and

- Sub-awards (first \$25,000 of each sub-award)

The MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition reimbursement, scholarships and fellowships, participant support costs, and the portion of each sub-award in excess of \$25,000.

- If the FOA is for a training grant, the indirect cost rate is limited to **8 percent**. Refer to 45 CFR §75.414 at [https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75\\_12](https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_12), for more information about indirect costs and facilities and administrative costs.

**Provide the following information for the narrative and justification:**

1. **Calculation** – Briefly summarize type of indirect cost rate.
  - a. Attach a copy of the current fully executed, negotiated agreement indirect cost rate agreement. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a proposal (2 CFR §200.414). The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s).
2. **Indirect Cost Charged to the Award** – list the total indirect costs that will be charged to the award. Costs must be calculated using the correct indirect cost base award (the categories of costs to which the indirect cost rate is applied).

Calculation (1)	Indirect Cost Charged to the Award (2)
Organization's Indirect Cost Rate of 10% ( <b>10%</b> of personnel and fringe - <b>.10 x \$68,409</b> )	\$6,841
<b>FEDERAL REQUEST – (enter in Section B column 1, line 6j of-SF-424A)</b>	<b>\$6,841</b>
<b>FEDERAL REQUEST – TOTALS (6k) will sum automatically on the SF-424A</b>	
<p><b>ADDITIONAL INSTRUCTIONS ON COMPLETING THE SF- 424A</b></p> <p>In <b>Section A</b>, Use the first row only (Line 1) to report the total federal (e) funds and non-federal (f) funds requested for the <b>first year</b> of your project only.</p> <p>In <b>Section B</b>, 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 <b>first year</b> of your project only. This total amount in 6k should be the same as the Total Federal Request for Year 1 entered on Line 1, Column (e) of Section A.</p> <p>In <b>Section C</b> - Leave blank as cost sharing/match is not required for this program.</p> <p>In <b>Section D</b> Line 13, the funds needed for each quarter should be entered. The amount entered in "Total for First Year" should be the same as the amount entered in Column 1, Line 6k in Section B. Enter the amount for each quarter. The total in column 1 will sum automatically. Use the first row for federal funds and the second row for non-federal funds.</p> <p>In <b>Section E</b>, the funds being requested for Years 2, 3, 4, and 5 should be entered. For example, Year 2 will be entered in column (b), Year 3 in column (c), etc.</p> <p>A sample of a completed SF-424A is included at the end of this appendix.</p>	

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

**Proposed Project Period**

a. Start Date: 09/30/2021                      b. End Date: 09/29/2026

**BUDGET SUMMARY** (should include future years and projected total)

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Personnel	\$52,765	\$54,348	\$55,978	\$57,658	\$59,387	\$280,136
Fringe	\$15,644	\$16,114	\$17,353	\$17,873	\$18,409	\$85,393
Travel	\$2,444	\$1,140	\$2,444	\$1,140	\$1,375	\$8,543

<b>Category</b>	<b>Year 1</b>	<b>Year 2*</b>	<b>Year 3*</b>	<b>Year 4*</b>	<b>Year 5*</b>	<b>Total Project Costs</b>
Equipment	0	0	0	0	0	0
Supplies	\$3,796	\$3,796	\$3,796	\$3,796	\$3,796	\$18,980
Contractual	\$86,998	\$86,998	\$86,998	\$86,998	\$86,998	\$434,990
Other	\$15,815	\$13,752	\$11,629	\$9,440	\$7,187	\$57,823
Total Direct Charges	\$177,462	\$176,148	\$178,198	\$176,905	\$177,152	\$885,865
Indirect Charges	\$6,841	\$7,046	\$7,333	\$7,553	\$7,780	\$36,553
<b>Total Project Costs</b>	<b>\$184,303</b>	<b>\$183,194</b>	<b>\$185,531</b>	<b>\$184,458</b>	<b>\$184,932</b>	<b>\$922,418</b>

\*FOR REQUESTED FUTURE YEARS:

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

In Section IV-3 of the FOA, any funding limitations or restrictions for the project will be specified. If there are limitations, include a narrative and separate budget for each year of the grant that shows the percent of the total grant award that will be used in the area where there is a limitation. For example, most FOAs include funding limitations for data collection and performance assessment. A sample budget for this area is shown below.

<b>Data Collection &amp; Performance Measurement</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total Data Collection &amp; Performance Measurement Costs</b>
Personnel	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700	\$33,500
Fringe	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400	\$12,000

<b>Data Collection &amp; Performance Measurement</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total Data Collection &amp; Performance Measurement Costs</b>
Travel	\$100	\$100	\$100	\$100	1\$100	\$500
Equipment	0	0	0	0	0	0
Supplies	\$750	\$750	\$750	\$750	\$750	\$3,750
Contractual	\$24,000	\$24,000	\$24,000	\$24,000	\$24,000	\$120,000
Other	0	0	0	0	0	0
Total Direct Charges	\$33,950	\$33,950	\$33,950	\$33,950	\$33,950	\$169,750
Indirect Charges	\$910	\$910	\$910	\$910	\$910	\$4,550
<b>Total Data Collection &amp; Performance Measurement Charges</b>	<b>\$34,860</b>	<b>\$34,860</b>	<b>\$34,860</b>	<b>\$34,860</b>	<b>\$34,860</b>	<b>\$174,300</b>

The percentage of the budget that will be spent on data collection and performance measurement does not exceed 20% for any budget period. Maximum percentage for any budget period is 18.9% (\$34,860/\$184,303 – Year 1).

A sample budget for funding limitations related to infrastructure development is shown below.

<b>Infrastructure Development</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total Infrastructure Costs</b>
Personnel	\$2,250	\$2,250	\$2,250	\$2,250	\$2,250	\$11,250
Fringe	\$558	\$558	\$558	\$558	\$558	\$2,790
Travel	0	0	0	0	0	0

<b>Infrastructure Development</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total Infrastructure Costs</b>
Equipment	\$15,000	0	0	0	0	\$15,000
Supplies	\$1,575	\$1,575	\$1,575	\$1,575	\$1,575	\$7,875
Contractual	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000
Other	\$1,617	\$2,375	\$2,375	\$2,375	\$2,375	\$11,117
<b>Total Direct Charges</b>	<b>\$26,000</b>	<b>\$11,758</b>	<b>\$11,758</b>	<b>\$11,758</b>	<b>\$11,758</b>	<b>\$73,032</b>
Indirect Charges	\$280	\$280	\$280	\$280	\$280	<b>\$1,400</b>
<b>Total Infrastructure Costs</b>	<b>\$26,280</b>	<b>\$12,038</b>	<b>\$12,038</b>	<b>\$12,038</b>	<b>\$12,038</b>	<b>\$74,432</b>

The maximum percentage of the budget that will be spent on infrastructure development for any budget period is 14.2% (\$26,280/\$184,303 – Year 1).



## SAMPLE OF COMPLETED SF-424A

### SECTION A – BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Title of FOA	93.243			\$184,303		\$184,303
2.						
3.						
4.						
5. Totals				\$184,303		\$184,303 – <u>this total must match the total in Section B (k) and Section D (line 13)</u>

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### SECTION B – BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM FUNCTION OR ACTIVITY				Total (5)
	(1) Title of FOA	(2)	(3)	(4)	
a. Personnel	\$52,765				\$52,765
b. Fringe Benefits	\$15,644				\$15,644
c. Travel	\$2,444				\$2,444
d. Equipment	\$0				\$0
e. Supplies	\$3,796				\$3,796
f. Contractual	\$86,998				\$86,998
g. Construction	\$0				\$0

6. Object Class Categories	GRANT PROGRAM FUNCTION OR ACTIVITY				Total (5)
	(1) Title of FOA	(2)	(3)	(4)	
h. Other	\$15,815				\$15,815
i. Total Direct Charges (sum 6a-6h)	\$177,462				\$177,462
j. Indirect Charges	\$6,841				\$5,6,841
k. TOTALS (sum of 6i and 6j)	\$184,303 – <u>this total must match the total in Section A (g) and Line 13 in Section D</u>				\$184,303
7. Program Income					

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SECTION C – NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Title of FOA				
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$

SECTION D – FORECASTED CASH NEEDS					
13. Federal	Totals for 1 <sup>st</sup> Year \$184,303 – <u>this total must match the total in Section A (g) and Section B (k)</u>	1 <sup>st</sup> Quarter \$46,075	2 <sup>nd</sup> Quarter \$46,076	3 <sup>rd</sup> Quarter \$46,076	4 <sup>th</sup> Quarter \$46,076
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$184,303	\$46,075	\$46,076	\$46,076	\$46,076

SECTION E – BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Title of FOA – <u>make sure the number of future years aligns with the total years in Line 17 on the SF-424. This example shows a five-year project (4 out years).</u>	\$184,498	\$185,531	\$185,762	\$186,001
17.				
18.				
19.				
20. TOTAL (Sum of lines 16-19)	\$184,498	\$185,531	\$185,762	\$186,001

SECTION F – OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	