

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

**FY 2021 Cooperative Agreement for National Suicide
Prevention Lifeline and Disaster Distress Helpline**

(Short Title: Lifeline/DDH)

(Modified Announcement)

Funding Opportunity Announcement (FOA) No. SM-21-005

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

Key Dates:

Application Deadline	Applications are due by February 9, 2021
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by the application deadline. Comments from the Single State Agency are due no later than 60 days after the application deadline.

Table of Contents

Table of Contents.....	2
EXECUTIVE SUMMARY.....	4
I. PROJECT DESCRIPTION	6
1. PURPOSE.....	6
II. FEDERAL AWARD INFORMATION.....	15
III. ELIGIBILITY INFORMATION	17
1. ELIGIBLE APPLICANTS.....	17
2. COST SHARING and MATCH REQUIREMENT	18
IV. APPLICATION AND SUBMISSION INFORMATION.....	18
1. REQUIRED APPLICATION COMPONENTS:.....	18
2. APPLICATION SUBMISSION REQUIREMENTS	20
3. FUNDING LIMITATIONS/RESTRICTIONS.....	21
4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS	22
V. APPLICATION REVIEW INFORMATION.....	22
1. EVALUATION CRITERIA.....	22
2. REVIEW AND SELECTION PROCESS.....	24
VI. FEDERAL AWARD ADMINISTRATION INFORMATION	25
1. REPORTING REQUIREMENTS	25
2. FEDERAL AWARD NOTICES	27
VII. AGENCY CONTACTS.....	27
Appendix A – Application and Submission Requirements.....	29
1. GET REGISTERED	29
2. APPLICATION COMPONENTS.....	32
3. WRITE AND COMPLETE APPLICATION.....	32

4.	SUBMIT APPLICATION	36
5.	AFTER SUBMISSION	38
	Appendix B - Formatting Requirements and System Validation	41
1.	SAMHSA FORMATTING REQUIREMENTS.....	41
2.	GRANTS.GOV FORMATTING AND VALIDATION REQUIREMENTS	41
3.	eRA COMMONS FORMATTING AND VALIDATION REQUIREMENTS	42
	Appendix C – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines	46
	Appendix D – Developing Goals and Measurable Objectives	49
	Appendix E – Developing the Plan for Data Collection, Performance Assessment, and Quality Improvement	52
	Appendix F – Biographical Sketches and Position Descriptions	55
	Appendix G – Addressing Behavioral Health Disparities.....	56
	Appendix H – Standard Funding Restrictions.....	58
	Appendix I – Intergovernmental Review (E.O. 12372) Requirements	60
	Appendix J – Administrative and National Policy Requirements	62
	Appendix K – Sample Budget and Justification.....	68

EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2021 Cooperative Agreement for the National Suicide Prevention Lifeline, hereafter known as Lifeline and the Disaster Distress Helpline. The purpose of this program is to (1) manage, enhance, and strengthen the Lifeline that routes individuals in the United States to a network of certified crisis centers that links to local emergency, mental health, and social services resources; and (2) support the Disaster Distress Helpline (DDH) to assist residents in the United States and its territories who are experiencing emotional distress resulting from disasters and traumatic events. It is expected that this program will increase service capacity and improve behavioral health outcomes by preventing death or injury as a result of suicide and suicide attempts and assisting individuals and communities recover from disasters and traumatic events by providing community-based behavioral health outreach, referral to and engagement with treatment as necessary, and psycho-educational services.

Funding Opportunity Title:	Cooperative Agreement for the National Suicide Prevention Lifeline and Disaster Distress Helpline (Short Title: Lifeline/DDH)
Funding Opportunity Number:	SM-21-005
Due Date for Applications:	February 9, 2021
Estimated Total Available Funding:	\$23,001,010
Estimated Number of Awards:	1 award
Estimated Award Amount:	Up to \$23,001,010 per year \$22,151,010 must be allocated for the Lifeline per year \$850,000 must be allocated for the DDH per year
Cost Sharing/Match Required	No
Anticipated Project Start Date:	9/30/2021
Length of Project Period:	Up to 5 years

Eligible Applicants:	Domestic public and private non-profit entities. [See Section III-1 for complete eligibility information.]
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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. PROJECT DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2021 Cooperative Agreement the National Suicide Prevention Lifeline, hereafter know as Lifeline and Disaster Distress Helpline. The purpose of this program is to: (1) manage, enhance, and strengthen the Lifeline that routes individuals in the United States to a network of certified crisis centers that links to local emergency, mental health, and social services resources; and (2) support the Disaster Distress Helpline (DDH) to assist residents in the United States and its territories who are experiencing emotional distress resulting from disasters and traumatic events. It is expected that this program will increase service capacity and improve behavioral health outcomes by preventing death or injury as a result of suicide and suicide attempts and assisting individuals and communities recover from disasters and traumatic events by providing community-based behavioral health outreach, referral to and engagement with treatment as necessary, and psycho-educational services.

The Lifeline is a 24/7 confidential suicide prevention hotline and chat network for anyone in the United States experiencing a suicidal crisis or emotional distress. Callers

can call a single toll-free number (1-800-273-TALK) to be routed to the closest certified crisis center within the Lifeline network. Note that by order of the Federal Communications Commission all telecommunications providers must make the number 988 operational no later than July 16, 2022, directing calls to 1-800-273-TALK. Thus, the telephone structure must support calls coming from 988 to 1-800-273-TALK and from 1-800-SUICIDE throughout the duration of this grant.

The DDH is a confidential 24/7 crisis support service that connects anyone in the United States experiencing distress as a result of a disaster and/or traumatic event with a crisis center responder through a sub-network of the Lifeline crisis centers. Callers can call or text a single number (800-985-5990). Counselors provide crisis counseling support, information on available resources, and referrals to local services and supports based on the caller's needs and geographical location.

This Cooperative Agreement manages both SAMHSA's National Suicide Prevention Lifeline and the DDH. It is expected that the recipient will:

- Maintain the current Lifeline/DDH infrastructure, activities, and network of crisis centers including, but not limited to, all telephone, chat, and text-based services.
- Support the integration of 988 into the Lifeline center crisis network and telephony system as required in the National Suicide Hotline Designation Act.
- Promote the incorporation of the Lifeline's network of crisis centers into state suicide prevention coalitions, state suicide prevention plans, comprehensive crisis response systems, and public behavioral health systems. Particular focus should be paid to engaging state behavioral health authorities in sharing data around Lifeline activities within their state, and encouraging state supported behavioral health organizations to join the Lifeline network of crisis centers.
- Manage, and facilitate communication within and among the Lifeline's Steering Committee; the Consumer, Family, and Survivor Committee; the Standards, Training and Practices Committee; and the DDH Steering Committee.¹

¹ The Lifeline and DDH Steering Committees provides the recipient with expert guidance on issues that affect the network. The Consumer, Family, Survivor Committee provides input from consumers, including individuals who have attempted suicide in the past and family members who have lost a loved one to suicide, on issues such as network standards, training and practices, marketing materials/promotional campaigns, and evaluations of network coverage and caller demographics. The Standards, Training Practices Committee identifies and recommends essential standards and guidelines for network member center credentialing and quality service. The DDH Steering Committee provides disaster behavioral health feedback and input regarding projects, resources, training, policies and practices, informal and formal stakeholder communication and support, outreach and marketing materials/promotional

- Collaborate with key stakeholders that will continuously inform, enhance, and promote telephone, chat, and texting best practices among the network of crisis centers.
- Enhance and expand access to the Lifeline/DDH services, including working with state behavioral health authorities regarding integrating 988 into state behavioral health crisis systems and promoting implementation of SAMHSA’s National Guidelines for Behavioral Health Crisis Care.

The Lifeline cooperative agreement is authorized under Section 520E-3 of the Public Health Service Act, as amended (42 U.S.C. 290isbb-31 et seq.) and Section 9005 of the 21st Century Cures Act and the DDH is authorized under Section 520A of the PHS Act, as amended.

Key Personnel:

Key personnel are staff members who must be a 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; Associate Project Director; Director of Communications; Director of Standards, Training, and Practices; Director of the Disaster Distress Helpline; Director of Network Development; and Director of Information Technology (or the equivalent position).

Required Activities:

These are the activities that the Lifeline/DDH must implement. Required activities must be reflected in the Project Narrative in [Section V](#).

Lifeline/DDH funds must be used to primarily support infrastructure development, including the following types of activities:

Lifeline grant funds (\$22,151,010) must be specifically used to:

campaigns, and evaluation of network coverage and caller demographics. This Committee also works to establish, monitor, and maintain evidence-informed standards and best practices for the DDH to ensure delivery of the most effective services possible.

- Maintain, strengthen, and expand, as needed, the National Suicide Prevention Lifeline network of crisis centers and services, including the main number for the Lifeline [1-800-273-TALK (8255)] and the number for the DDH (1-800-985-5990), allowing for the provision of services through multiple languages as needed. This must include 988 during and following the build up to full national implementation by July 16, 2022 pursuant to the Federal Communications Commission’s order of July 16, 2020. [**NOTE:** The Network must automatically route calls from anywhere in the U.S. to the crisis center that is in closest proximity to the caller, and have regional back-up capacity.]
- Ensure continuous operations of the telephone, text, and chat networks through ongoing evaluation of operating systems, including review of all data and real-time monitoring. In addition, ensure that policies and procedures that address responding to any disruption of operations and providing information to key stakeholders, e.g., SAMHSA, Veterans Administration, are in place.
- Ensure there is a written plan for capacity in the event of a surge (i.e., the ability to answer calls, chats, and texts when there is a sudden, large spike in call volume) immediately following a public service announcement, disaster or traumatic event.
- Provide stipends, as approved, to crisis centers providing Lifeline/DDH services, including funding for back-up networks and sub-networks.
- Ensure that the Lifeline network of crisis centers meets the Suicide Risk Assessment Standards and Lifeline Policy for Callers at Imminent Risk of Suicide Guidelines.² This includes the provision of training of center staff in these standards and guidelines and other critical suicide prevention needs.

² The Suicide Risk Assessment Standards and Lifeline Policy for Callers at Imminent Risk of Suicide Guidelines can be found at <https://suicidepreventionlifeline.org/best-practices/>

- Manage and facilitate timely, ongoing communication with the existing network of Lifeline crisis centers to minimize wait times and maximize call connectivity with local crisis centers.
- Identify states with an in-state response rate below 90 percent. Conduct outreach activities to both network and non-network crisis centers within the state that are certified in providing telephone and chat services to increase the response rate, especially for underserved areas and special populations at high risk for suicide.
- Collaborate with the Veterans Administration to: (1) ensure the needs of veterans, their families, and other military service members (e.g., the Reserve component) who contact the Lifeline, including those that are transferred to the Veterans Crisis Line (VCL) by pressing “option 1”, are met; (2) ensure there are policies and procedures for actively transferring callers requesting to be connected to the VCL; and (3) ensure that non-veteran contacts to the VCL are responded to by the Lifeline through telephone and chat services.
- Collaborate with the network of crisis centers to ensure they have policies and procedures for the training and supervising of counselors in caller engagement, suicide risk assessment, intervention, and linkage to appropriate services.
- Ensure crisis centers have a policy or procedure for follow-up with people at high risk for suicidal behaviors, including suicidal callers/chatters/texters.
- Encourage routine crisis center follow-up of suicidal callers and encourage collaboration with local crisis response and service systems to address the needs of frequent callers. This includes follow-up calls to ascertain the mental status of a caller who expressed suicidal ideation or thoughts of self-harm, and to provide additional support for these individuals. For communities where crisis centers have an arrangement with hospitals for check-in and/or follow-up of persons being discharged from emergency departments and inpatient units, the recipient will identify at least one sample Memorandum of Understanding (MOU) or similar document that outlines responsibilities, liability, and expectations between hospitals and crisis centers. This document will serve as an example for other communities.
- Maintain and enhance communications and outreach efforts, as well as a social networking and media presence, by monitoring online, mobile, and social media trends for new ways of reaching people at risk for suicidal behaviors.
- Respond to individuals who write to the White House, other federal partners, and others as identified by SAMHSA, communicating the potential for suicidal behavior or imminent risk.

- Establish and implement a complaint procedure for addressing concerns raised by individuals contacting the Lifeline through all platforms. The procedure must include requirements to notify the Government Project Officer (GPO) within 24 hours of receiving a complaint, including a report on the outcome of any actions taken, and a Suicide Loss Report in the event of a death by suicide.
- Maintain a 24/7 chat network utilizing appropriate and up-to-date technological systems and services to maximize crisis centers' ability to respond to chat demands (e.g., increasing the number of centers willing to take chats), including crisis center chat technology platforms and the Lifeline's website and chat portal. Ensure that chats are routed to centers with the availability of crisis center staff.
- Evaluate the effectiveness of Lifeline services in order to support continuous quality improvement.
- Provide technical assistance through scheduled monthly contacts to new and continuing crisis centers participating in the chat network. Ensure that chat services are in line with the Suicide Risk Assessment Standards and the Imminent Risk Guidelines.
- Provide quarterly recommendations to GPO on modifications needed to respond to all chat demand. Identify ways to increase the response rate and ensure that those at escalated risk of suicide receive help.

The DDH grant funds (\$850,000) must specifically be used to:

- Manage and facilitate timely, ongoing communication with the DDH regional crisis centers.
- Provide training for DDH regional crisis center staff in Psychological First Aid, listening skills, substance abuse, domestic violence, and related evidence-based disaster response counseling methods, including multilingual information and resources along with any disaster- or population-specific issues. Maintain records of attendance at trainings. Maintain a plan or policy that demonstrates and documents no less than annually that staff are competent in these skills.
- Establish and ensure ongoing networking with other organizations involved in disaster relief work.
- Ensure communication and outreach with the private sector, public health, behavioral health professionals, and other organizations who may need to be informed about DDH services.

- Develop and maintain a library of disaster-ready templates for public education. Enhance web presence for the DDH, including optimizing the site for mobile devices and related investments for social media outreach.

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 G - Addressing Behavioral Health Disparities).

SAMHSA strongly encourages the recipient 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).

SAMHSA encourages the recipient 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.

SAMSHA encourages the recipient to cooperate with researchers, particularly nationally funded research that characterizes methods and interventions that aim to impact community suicide rates through public outreach and messaging, screening, and management of persons at risk for suicide.

The recipient will be required to develop and facilitate, if needed, the transition of responsibilities for activities to train staff in assuming ongoing responsibilities in the event that another entity is awarded the Lifeline/DDH grant. The transition plan must address and ensure the coordination of an orderly transition of network services, activities, and materials, both at the beginning and end of the grant period. The plan must be implemented in close collaboration with the incumbent for Lifeline/DDH services. At SAMHSA's discretion, the recipient will participate in five (5) or more meetings with the previous recipient to ensure a smooth transition of all approved services and procedures and to receive detailed information on the status of current and ongoing activities and projects. The recipient will also ensure that during the 3-week transition period, the new recipient's personnel receive training from the current recipient senior personnel in all system operation and maintenance functions.

1.1 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 D: Data Collection and Performance Measurement.

Recipients will be required to report data on performance measures such as the following:

- The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant.
- The number of callers accessing services of the Lifeline, DDH and Veterans Crisis Line.
- The number of individuals using or made aware of social media presence through outreach, such as Facebook, Twitter, YouTube, Tumblr, etc.
- The number of individuals who received follow up telephone calls to assess status following a call made regarding suicidal ideation or thoughts of self-harm
- The number of callers referred to mental health or related services.

This information will be gathered using SAMHSA's Performance Accountability and Reporting System (SPARS) and access will be provided upon award. Additional information about SPARS can be found at: <https://spars.samhsa.gov/>. **Data will be collected quarterly and entered into SPARS. Technical assistance related to data collection and reporting will be offered.**

The recipient will also be expected to collect and report data in a monthly progress report on the following performance measures:

- For each telephone hotline (i.e., Lifeline 800-273-TALK, 800-SUICIDE, the Spanish hotline, DDH 800-985-5990):
 - Daily and hourly call volume;
 - State from which call was received;
 - In-state answer rates;
 - The crisis centers to which calls were routed;
 - Wait times for calls to be answered;
 - Number of connected calls;
 - Number of dropped calls, i.e., call abandonment rates;
 - Average duration of calls;
 - Connectivity performance of each networked crisis center;
 - Unique callers;
 - Callers who were thinking about suicide;
 - Callers assessed to be at imminent risk for suicide;
 - Suicide attempts in progress;

- Number of times when emergency rescue procedures were initiated;
 - Proportion of callers who felt the Lifeline call played a role in keeping them safe and not killing themselves; and
 - Other measures as directed by the GPO.
- For online and mobile communication:
 - Chat and text answer and abandonment rates;
 - Wait times;
 - Chat and text volume;
 - Chat and text demands; and
 - Other measures as directed by the GPO.

In the progress reports, the recipient will be expected to report on the following measures:

- The number of new crisis centers joining the network, including through telephone and chat services.
- The number of individuals reaching out through the White House or other Federal Partners.

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.

1.2 Project Performance Assessment

The recipient must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve management of their grant project. The recipient is also required to report on their progress addressing the goals and objectives identified in Section B.1 of your 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 also be required to submit a report on project progress at the end of each grant year. 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. Additionally, a separate report should be submitted 6 months following full implementation of 988. The report will be due in January 2023 and should include, but is not limited to, volume impact, challenges for crisis centers, response times. Further guidance will be provided by the GPO.

No more than 20 percent of the total grant award for the project period may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-1.1 and 1.2 above.

Note: See [Appendix D](#) and [Appendix E](#) for more information on responding to Sections I-1.1 and 1.2.

1.3 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

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: \$23,001,010

Estimated Number of Awards: 1 award

Estimated Award Amount: Up to \$23,001,010
\$22,151,010 must be allocated for the Lifeline
\$850,000 must be allocated for the DDH

Length of Project Period: Up to 5 years

Proposed budgets cannot exceed \$23,001,010 in total costs (direct and indirect) in any year of the proposed project. The proposed budget must include a separate column for the use of Lifeline funds (\$22,151,010) and a separate column for the use of DDH funds (\$850,000). The Lifeline/DDH funds must be clearly delineated in your proposed budget.

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.

Cooperative Agreement

This award is being made as a cooperative agreement because it requires substantial post-award federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of the recipient and SAMHSA staff are:

Role of Recipient:

- Comply with all terms and conditions of the award.
- Collaborate with SAMHSA staff in project implementation and monitoring.
- Seek SAMHSA approval of hotline, chat, and text networking systems prior to implementation or modifications and accept SAMHSA's proposed changes.
- Consult with and accept guidance from SAMHSA staff on performance of activities to achieve goals of the award.
- Report connectivity data electronically on calls, chats, and text received throughout the Network to SAMHSA on a weekly basis.
- Respond to requests for information from SAMHSA.
- Participate in bi-weekly telephone meetings on grant progress and challenges. The meetings will include key staff and the GPO.
- Manage the multiple SAMHSA toll-free telephone numbers through the end of the cooperative agreement period and relinquish control of the telephone numbers to SAMHSA or to another organization, if required.
- Manage the Lifeline/DDH websites, chat platform, mobile communication system, and social media sites through the end of the cooperative agreement period and relinquish control of the platform, system, and social media sites to SAMHSA or another organization, if required.
- Coordinate with SAMHSA's Suicide Prevention Branch to rapidly follow-up on letters or e-mails to the White House, other Federal officials or contacts deemed necessary by SAMHSA that communicate suicide risk or emotional distress.
- Participate in grantee calls with SAMHSA and key Lifeline/DDH staff as directed.
- Coordinate with GPO and SAMHSA's Office of Communications on the development of all public education information, including messaging and communications related to behavioral health.

Role of SAMHSA Staff:

The GPO will have overall responsibility for monitoring the conduct and progress of the recipient, including conducting site visits. In collaboration with the recipient, the GPO will provide substantial input in the planning and implementation of the program, project evaluation, and in making recommendations regarding program continuance. In addition, the GPO will participate in the publication of results and packaging and dissemination of products and materials in order to make the findings available to the field. SAMHSA staff will:

- Assist the recipient in the development of a selection process for the grant's sub-awards, and review and approve sub-recipient contracts and awards.
- Participate on all committees responsible for helping to guide the course of long-term projects or activities.
- Recommend outside consultants for training and site-specific evaluation and data collection.
- Submit required clearance packages to the U.S. Office of Management and Budget (OMB) using information and materials provided by the recipient as needed.
- Maintain overall responsibility for monitoring the implementation and progress of the suicide prevention hotline, DDH line, chat, and text network systems.
- Review and approve proposed key positions/personnel.
- Review proposed networking system and request modifications as necessary that are appropriate and consistent with SAMHSA priorities.
- Support opportunities to collaborate with research.
- Provide guidance and technical assistance on all key network issues and requirements.
- Provide guidance on recruitment of new crisis centers in the network to ensure, to the extent possible, that at least one crisis center per state is participating. In addition, work with grantee to ensure states have at minimum a 90 percent answer rate.
- Approve data collection plans and institute policies regarding data collection.
- Coordinate with Lifeline/DDH staff to rapidly follow-up on letters or e-mails to the White House, other federal officials or requested contacts that communicate suicide risk or emotional distress.
- Approve plans for determining and dispensing stipends to crisis centers.
- Participate in required grantee calls between SAMHSA and key Lifeline/DDH staff.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

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

- State governments, including the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, and the Republic of Palau.
- Governmental units within political subdivisions of a state/territory, such as a county, city, or town

- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations
- Public or private universities and colleges
- Community- and faith-based organizations

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of 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.

2. COST SHARING and MATCH REQUIREMENT

Cost sharing/match is not required in this program.

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: 9/30/2021; b. End Date: 9/29/2026).

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 if cost sharing/match is not required for this program. Complete if cost sharing/match is required.
- **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 five 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. Line 16 is for federal funds and Line 17 is 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 form and justification is included in [Appendix K](#) of this document. **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 D. **Sections A-D** 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.)
- **Attachments 1 through 5** – 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 and 5. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Label the attachments as: Attachment 1, Attachment 2, etc. (Use the Other Attachments Form if applying with Grants.gov Workspace to upload the attachments or Other Narrative Attachments if applying with eRA ASSIST.)
 - **Attachment 1:** Letters of Commitment from any organization(s) participating in the proposed project. **(Do not include any letters of support. Reviewers will not consider them if you do.)**
 - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
 - **Attachment 3:** Sample Consent Forms
 - **Attachment 4:** Letter to the SSA (if applicable; see [Appendix I](#), Intergovernmental Review (E.O. 12372) Requirements).
 - **Attachment 5:** Response to [Appendix C](#) - 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 **February 9, 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 restriction for this project is as follows:

- No more than \$22,151,010 of the total grant award for each budget year of the project may be used for costs associated with the Lifeline.
- No more than \$850,000 of the total grant award for each budget year of the project may be used for costs associated with the DDH.
- No more than 20 percent of the total grant award for each budget year of the project may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

Be sure to clearly identify these expenses in your proposed budget.

SAMHSA recipients must also comply with SAMHSA's standard funding restrictions, which are included in [Appendix H](#), 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 I](#) 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-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than **10 pages**.
- You must use the four sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response, i.e., type “A-1”, “A-2”, etc., before your response to each question.** You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.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 bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (10 points – approximately 1 page)

1. Provide the number of individuals that will be served by both the Lifeline and DDH services, including telephone, chat, text, social media, and any other historical and proposed activities. Provide a demographic profile of these individuals.
2. Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective suicide prevention, mental health,

disaster, and trauma-related services provided by the Lifeline, DDH, and the crisis center network. Include information on current services in place, gaps, and/or other problems related to the need for enhancing infrastructure systems. Specifically describe barriers to ensuring states have at least one crisis center in each state and the need for working with states to ensure 90 percent of calls are answered in each state. Identify all sources of data.

Section B: Proposed Approach (40 points – approximately 5 pages)

1. Describe the goals and measurable objectives (see [Appendix D](#)) of your proposed project and align them with the Statement of Need outlined in A.2.
2. Describe how you will implement each of the Required Activities as stated in Section I.1. Describe how achievement of the required activities will assist with expanding the current systems capacity to respond to the demand of phone, chat, and text services through the Lifeline and DDH networks.
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 should include the requirements outlined in Section I.1. [Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.]

Section C: Staff, Management, and Relevant Experience (30 points – approximately 2 pages)

1. Describe the demonstrated experience and expertise of your organization with a similar project, specifically around managing nationwide suicide hotline and crisis centers, and providing services to individuals experiencing a suicidal crisis and/or emotional distress in response to a natural or human-made disaster. Describe your expertise in working with complex communications systems needed to complete the project, including telephone, chat, text, online, and mobile methods of communication; and list any other organization(s) that will partner with you in the proposed project. [**NOTE:** Letters of Commitment from organizations that will partner with you should be included in **Attachment 1.**]
2. Provide a complete list of staff positions for the project, including the Key Personnel [Project Director, Associate Project Director, Director of Communications, Director of Standards, Training, and Practices, Director of the Disaster Distress Helpline, Director of Network Development and Director of Information Technology (or equivalent)] and other significant staff members. Describe the role of each, their level of effort, and qualifications, including their experience providing services to individuals experiencing a suicidal crisis and/or emotional distress in response to a natural or human-made disaster, and familiarity with the culture(s) and language(s) of the individuals to be served.

Section D: Data Collection and Performance Assessment (20 points – approximately 2 pages)

1. Provide specific information about your how you will collect the required data for this program and how such data will be utilized to manage, monitor, and enhance the program. This should include required performance measures, data needed for all reports, and data needed to analyze system service trends.

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 K](#): 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 Job Descriptions

See [Appendix F](#) 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 CMHS 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;
- 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-1.1 and Section I-1.2.

Data Collection –

Recipients will be required to report data on a quarterly basis into a web-based system on the following performance measure:

- The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant.
- The number of callers accessing services of the Lifeline, DDH and Veterans Crisis Line.
- The number of individuals using or made aware of social media presence through outreach, such as Facebook, Twitter, YouTube, Tumblr, etc.
- The number of individuals who received follow up telephone calls to assess status following a call made regarding suicidal ideation or thoughts of self-harm.
- The number of callers referred to mental health or related services.

Recipients will also be required to report data in a monthly progress report for the following performance measures:

- For each telephone hotline (i.e., Lifeline 800-273-TALK, 800-SUICIDE, the Spanish hotline, DDH 800-985-5990,):
 - Daily and hourly call volume;
 - State from which call was received;
 - In-state answer rates;
 - The crisis centers to which calls were routed;
 - Wait times for calls to be answered;
 - Number of connected calls;
 - Number of dropped calls, i.e., call abandonment rates;
 - Average duration of calls;
 - Connectivity performance of each networked crisis center;
 - Unique callers;
 - Callers who were thinking about suicide;
 - Callers assessed to be at imminent risk for suicide;
 - Suicide attempts in progress;
 - Number of times when emergency rescue procedures were initiated;
 - Proportion of callers who felt the Lifeline call played a role in keeping them safe and not killing themselves; and
 - Other measures as directed by the GPO.

- For online and mobile communication:
 - Chat and text answer and abandonment rates;
 - Wait times;
 - Chat and text volume;
 - Chat and text demands;
 - Other measures as directed by the GPO.

In the progress reports, the recipient will be expected to report on the following measures:

- The number of new crisis centers joining the network, including through telephone and chat services.
- The number of individuals reaching out through the White House or other Federal Partners.

You will also 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.

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:

Richard McKeon Ph.D.
Chief, Suicide Prevention Branch
Center for Mental Health Services
240-276-1873
richard.mckeon@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
FOACMHS@samhsa.hhs.gov

For grant review process and application status questions contact:

Irvin Moore
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
(240) 276-1003
Irvin.Moore@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](http://www.grants.gov) is an online portal for submitting federal grant applications. It requires a one-time registration in order to submit applications. While Grants.gov registration is a one-time only registration process, it consists of multiple sub-registration processes (i.e., DUNS number and SAM registrations) before you can submit your application. [Note: eRA Commons registration is separate].

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

If you have already completed Grants.gov registration and ensured your **Grants.gov and SAM accounts are up-to-date and/or renewed**, 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 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.

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) 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"> The PD must have an eRA Commons account: the PD's Commons ID must be entered in field 4. Applicant Identifier; and the PD's name, phone number and email address must be entered in Section 8. APPLICANT INFORMATION: item f. Name and contact information of person to be contacted on matters involving this application. The BO name, title, email address and phone number must be entered in the Authorized Representative section fields on page four of the SF 424. The organization mailing address is required in section 8. APPLICANT INFORMATION item d. Address. <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. It is highly recommended that you use the sample budget format in the FOA.	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 can 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 BNF 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.	SAMHSA Website
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

#	Standard Application Components	Description	Source
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 HHS 690 form (PDF 291 KB) on file with the Department of Health and Human Services.	SAMHSA Website
2	Biographical Sketches and Job Descriptions	See Appendix F of this document for additional instructions for completing these sections.	Appendix F of this document.
3	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 Appendix C
4	Additional Documents in the FOA	The FOA will indicate the attachments you need to include in your application.	FOA: Section IV-1.

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
- 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 system 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 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 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>

eRA Validations	eRA Error Messages
<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 Section II-5.4 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>
<p>The application cannot exceed 1.2GB.</p>	<p>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.</p>
<p>The correct Funding Opportunity Announcement (FOA) number must be provided</p>	<p>The Funding Opportunity Announcement number does not exist.</p>
<p>All documents and attachments must be submitted in PDF format.</p>	<p>"The <attachment> attachment is not in PDF format. All attachments must be provided to the agency in PDF format with a .pdf extension. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm."</p>
<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 <attachment> attachment contained formatting or features not currently supported by NIH: <condition returned>.</p> <p>Filename <file> cannot be larger than U.S. standard letter paper size of 8.5 x 11 inches. See the PDF guidelines at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm</p> <p>The <attachment> attachment filename is invalid. Valid filenames may only include the following characters: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, or period. No special characters (including brackets) can be part of the filename.</p>

eRA Validations	eRA Error Messages
<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 < > () [] \ , ; :</p>	<p>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.</p>
<p>Congressional district code of applicant (after truncating) must be valid. (SF-424, item 16 a and b)</p>	<p>Congressional district <Congressional District> is invalid. To locate your district, visit http://www.house.gov/</p>
<p><u>Budget Errors</u></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>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>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>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>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 Forecasted Cash Needs: 15. TOTAL equals to SECTION A – Budget Summary: 5.Totals Total (g).</p>

eRA Validations	eRA Error Messages
<p data-bbox="207 247 716 338"><u>SF424-A: Section E – Budget Estimates of Federal Funds Needed for Balance of The Project</u></p> <p data-bbox="207 373 751 520">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 data-bbox="792 310 1393 457">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 – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

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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 D – 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 8th, 9th, and 10th 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
<p>Teachers will be trained on the selected evidence-based substance abuse prevention curriculum.</p>	<p>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.</p>	<p><i>By June 1, 2020, LEA supervisory staff</i> will have trained <i>75% of health education</i> teachers <i>in the local school district</i> on the selected, evidence-based substance abuse prevention curriculum.</p>
<p>90% of youth will participate in classes on assertive communication skills.</p>	<p>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.</p>	<p>By the <i>end of the 2020 school year</i>, <i>district health educators</i> will have conducted classes on assertive communication skills for 90% of youth <i>in the middle school</i> receiving the <i>substance abuse and HIV prevention curriculum</i>.</p>
<p>Train individuals in the community on the prevention of prescription drug/opioid overdose-related deaths.</p>	<p>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.</p>	<p><i>By the end of year two of the project</i>, the <i>Health Department</i> will have trained <i>75% of EMS staff in the County Government</i> on the selected curriculum addressing the prevention of prescription drug/opioid overdose-related deaths.</p>

Appendix E – 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 D.

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 F – 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 G – 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 H – 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 Action, 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 I – 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/2019/02/SPOC-February-2019.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. SM-21-005.

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)³ 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

³ 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).

are a state or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- A copy of the 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. SM-21-005.

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 J – 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 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 (FAPIIS)). 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.).
- *Commingling 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 K – Sample Budget and Justification

In preparing your budget, be sure to reflect the following: a precise split of \$22,151,010 for the Suicide Lifeline and \$850,000 for the DDH.

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 Program 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, 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 NOFO, as well as to 45 CFR Part 75 (https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_12), 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)	Level of Effort (3)	Annual Salary/ Rate (4)	Level of Effort (5)	DDH Costs	Lifeline Costs	Total Salary Charged to Award (6)
(1) Project Director	John Doe	Yes	\$64,890	10%		\$ 6,489	\$ 6,489
(2) Program Coordinator	Vacant, to be hired within 60 days of award date	No	\$46,276	100%		\$46,276	\$46,276
(3) Clinical Director	Jane Doe	No	In-kind cost	20%		\$0	\$0
FEDERAL REQUEST (enter in Section B column 1, line 6a of SF-424A)							\$52,765

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 Grant 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 charted 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

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

FEDERAL REQUEST – Sample Justification for Fringe Benefits

XYZ organization's fringe benefits are comprised of:

Fringe Category	Rate
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 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 (i.e. historical information.).

Funds requested in the travel category should be only for project staff. Travel for consultants and contractors should be shown in 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)	DDH Costs	Lifeline Costs	Travel Costs Charged to Award (5)
Suicide Prevention National Conference	Chicago, IL to Washington D.C.	Airfare	\$200/flight x 2		\$400	\$400

		Hotel	\$180/night x 2 persons x 2 nights		\$720	\$720
		Per Diem (meals and incidentals)	\$46/day x 2 persons x 2 days		\$184	\$184
Local Travel		Mileage	3,000 miles @.38/mile		\$1,140	\$1,140
FEDERAL REQUEST - (enter in Section B column 1, line 6c of SF-424A						\$2,444

FEDERAL REQUEST: Sample Justification for Travel

1. (1) Two staff (Project Director and Evaluator) 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:

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)	DDH Costs	Lifeline Costs	Total Costs Charged to 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	DDH Costs	Lifeline Costs	Total Costs
General office supplies	\$50/mo. x 12 mo.		\$600	\$600
Postage	\$37/mo. x 8 mo.		\$296	\$296
Laptop Computer	2 x \$900		\$1,800	\$1,800
Printer	\$300		\$300	\$300
Copies	8000 copies x .10/copy		\$800	\$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	Service	Rate	Other	DDH Costs	Lifeline Costs	Total Costs
(1) State Department of Human Services	Training	\$250/individual x 3 staff	5 days		\$750	\$750
(2) Treatment Services	1040 Clients	\$27/client per year		\$28,080		\$28,080

Name	Service	Rate	Other	DDH Costs	Lifeline Costs	Total Costs
(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		\$46,168
(4) Jane Smith	Evaluator	\$40 per hour x 225 hours	12-month period	\$9,000		\$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of \$30,000 x 10% level of effort			\$3,000	\$3,000
FEDERAL REQUEST – (enter in Section B column 1, line 6f of-424A)						\$86,998

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

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

FEDERAL REQUEST – TOTAL DIRECT CHARGES - Section B column 1, line 6i of SF-424A (The Total Direct Charges will sum automatically on the form)	\$177,462
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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, 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)	DDH Costs	Lifeline Costs	Indirect Cost Charged to the Award (2)
Organization's Indirect Cost Rate of 10% (10% of personnel and fringe - .10 x \$68,409)		\$6,841	\$6,841
FEDERAL REQUEST – (enter in Section B column 1, line 6j of-424A)			\$6,841

FEDERAL REQUEST- TOTALS (6k) will sum automatically on the SF-424A

BREAKDOWN of Costs Between DDH and Lifeline – Year 1

Budget Category	DDH Costs	Lifeline Costs	Total Costs
Personnel	\$0	\$52,765	\$52,765
Fringe	\$0	\$15,644	\$15,644
Travel	\$0	\$2,444	\$2,444
Equipment	\$0	\$0	\$0
Supplies	\$0	\$3,796	\$3,796
Contractual	\$83,248	\$3,750	\$86,998
Other	\$0	\$15,815	\$15,815
Total Direct Charges	\$83,248	\$94,214	\$177,462
Indirect Charges	\$6,841	\$0	\$6,841
Total Project Costs	\$90,089	\$94,214	\$184,303

FEDERAL REQUEST – TOTALS (6k) will sum automatically on the SF-424A

ADDITIONAL INSTRUCTIONS ON COMPLETING THE SF- 424A

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

In **Section 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 **first year** 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.

In **Section C** – Leave blank as match/cost sharing is not required for this program.

In **Section D** 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.

In **Section E**, 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.

A sample of a completed SF-424A is included at the end of this appendix.

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	\$1,140	\$8,543
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

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Total Project Costs	\$184,303	\$183,194	\$185,531	\$184,458	\$184,932	\$922,418

***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.

Data Collection & Performance Measurement	Year 1	Year 2	Year 3	Year 4	Year 5	Total Data Collection & Performance Measurement Costs
Personnel	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700	\$33,500
Fringe	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400	\$12,000
Travel	\$100	\$100	\$100	\$100	\$100	\$500
Equipment	0	0	0	0	0	0
Supplies	\$750	\$750	\$750	\$750	\$750	\$3,750
Contractual	\$24,000	\$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

Data Collection & Performance Measurement	Year 1	Year 2	Year 3	Year 4	Year 5	Total Data Collection & Performance Measurement Costs
Total Data Collection & Performance Measurement Charges	\$34,860	\$34,860	\$34,860	\$34,860	\$34,860	\$174,300

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 infrastructure development is shown below.

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infrastructure Costs
Personnel	\$2,250	\$2,250	\$2,250	\$2,250	\$2,250	\$11,250
Fringe	\$558	\$558	\$558	\$558	\$558	\$2,790
Travel	0	0	0	0	0	0
Equipment	\$15,000	0	0	0	0	\$15,000
Supplies	\$1,575	\$1,575	\$1,575	\$1,575	\$1,575	\$7,875
Contractual	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000
Other	\$1,617	\$2,375	\$2,375	\$2,375	\$2,375	\$11,117
Total Direct Charges	\$26,000	\$11,758	\$11,758	\$11,758	\$11,758	\$73,032
Indirect Charges	\$280	\$280	\$280	\$280	\$280	\$1,400

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infrastructure Costs
Total Infrastructure Costs	\$26,280	\$12,038	\$12,038	\$12,038	\$12,038	\$74,432

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
h. Other	\$15,815				\$15,815
i. Total Direct Charges (sum 6a-6h)	\$177,462				\$177,462
j. Indirect Charges	\$6,841				\$5,6841
k. TOTALS (sum of 6i and 6j)	\$184,303 – this total must match the total in Section A (g) and Line 13 in Section D				\$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 st Year \$184,303 – this total must match the total in Section A (g) and Section B (k)	1 st Quarter \$46,075	2 nd Quarter \$46,076	3 rd Quarter \$46,076	4 th 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:					

