# Department of Health and Human Services

# Substance Abuse and Mental Health Services Administration

## Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Treatment Drug Courts

## (Short Title: SAMHSA Treatment Drug Courts)

**(Modified Announcement)**

## Funding Opportunity Announcement (FOA) No. TI-20-003

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

# Key Dates:

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| **Application Deadline** | **Applications are due by February 4, 2020.** |
| **Intergovernmental Review (E.O. 12372)** | **Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.)** |
| **Public Health System Impact Statement (PHSIS)/Single State Agency Coordination** | **Applicants must send the PHSIS to appropriate state and local health agencies by the administrative deadline. Comments from the Single State Agency are due no later than 60 days after the application deadline.** |

# Table of Contents

EXECUTIVE SUMMARY ..... 4

I. PROGRAM DESCRIPTION ..... 6
1. PURPOSE ..... 6

II. FEDERAL AWARD INFORMATION ..... 12

III. ELIGIBILITY INFORMATION ..... 12
1. ELIGIBLE APPLICANTS ..... 12
2. COST SHARING and MATCHING REQUIREMENTS ..... 14
3. EVIDENCE OF EXPERIENCE AND CREDENTIALS ..... 14

IV. APPLICATION AND SUBMISSION INFORMATION ..... 15
1. REQUIRED APPLICATION COMPONENTS: ..... 15
2. APPLICATION SUBMISSION REQUIREMENTS ..... 17
3. FUNDING LIMITATIONS/RESTRICTIONS ..... 18
4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS ..... 18

V. APPLICATION REVIEW INFORMATION ..... 19
1. EVALUATION CRITERIA ..... 19
2. REVIEW AND SELECTION PROCESS ..... 21

VI. FEDERAL AWARD ADMINISTRATION INFORMATION ..... 22
1. REPORTING REQUIREMENTS ..... 22
2. FEDERAL AWARD NOTICES ..... 23

VII. AGENCY CONTACTS ..... 23

Appendix A – Application and Submission Requirements ..... 24
1. GET REGISTERED ..... 24
2. APPLICATION COMPONENTS ..... 27
3. WRITE AND COMPLETE APPLICATION ..... 27
4. SUBMIT APPLICATION ..... 30
5. AFTER SUBMISSION ..... 32

Appendix B- Formatting Requirements and System Validation ..... 35
1. SAMHSA FORMATTING REQUIREMENTS..... 35
2. GRANTS.GOV FORMATTING AND VALIDATION REQUIREMENTS ..... 35
3. eRA COMMONS FORMATTING AND VALIDATION REQUIREMENTS ..... 36

Appendix C – Statement of Assurance ..... 40

Appendix D – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines ..... 42

Appendix E – Developing Goals and Measurable Objectives..... 45

Appendix F – Developing the Plan for Data Collection, Performance Assessment, and Quality Improvement ..... 48

Appendix G – Biographical Sketches and Position Descriptions ..... 52

Appendix H – Addressing Behavioral Health Disparities ..... 53

Appendix I – Standard Funding Restrictions ..... 55

Appendix J – Intergovernmental Review (E.O. 12372) Requirements..... 57

Appendix K – Administrative and National Policy Requirements ..... 59

Appendix L – Sample Budget and Justification..... 66

Appendix M – Adult Drug Court Model Key Components and Standards..... 86

Appendix N –Tribal Healing to Wellness Court Model Key Components..... 89

Appendix O – Family Drug Court Guidelines ..... 91

# EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2020 Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts (ATDC), Adult Tribal Healing to Wellness Courts or Family Treatment Drug Courts (FTDC). The purpose of this program is to expand substance use disorder (SUD) treatment services in existing drug courts. The program recognizes the need for treatment instead of incarceration for individuals with SUDs.

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|---|---|
| **Funding Opportunity Title:** | Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Drug Courts (Short Title: SAMHSA Treatment Drug Courts) |
| **Funding Opportunity Number:** | TI-20-003 |
| **Due Date for Applications:** | February 4, 2020 |
| **Estimated Total Available Funding:** | Up to $10,000,000 |
| **Estimated Number of Awards:** | 25 (At least 5 awards will be made to tribes/tribal organizations pending sufficient application volume from these groups.) |
| **Estimated Award Amount:** | Up to $400,000 per year |
| **Cost Sharing/Match Required:** | No |
| **Anticipated Project Start Date:** | 7/30/2020 |
| **Length of Project Period:** | Up to 5 years |

| | |
|---|---|
| **Eligible Applicants:** | Eligible applicants are state, local, and tribal governments with direct involvement with the Adult Treatment Drug Court, Adult Tribal Healing to Wellness Court or Family Treatment Drug Court, such as:<br><br>• State governments**;** the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are also eligible to apply.<br><br>• Governmental units within political subdivisions of a state, such as a county, city or town, and individual adult treatment drug courts.<br><br>• Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations.<br><br>[See Section III-1 for complete eligibility information.] |

**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. <u>This process takes up to six weeks</u>. 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.**

**<u>No exceptions will be made.</u>**

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

# I. PROGRAM DESCRIPTION

## 1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2020 Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts (ATDC), Adult Tribal Healing to Wellness Courts or Family Treatment Drug Courts (FTDC). The purpose of this program is to expand substance use disorder (SUD) treatment services in existing drug courts. The program recognizes the need for treatment instead of incarceration for individuals with SUDs.

Recipients will be expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective SUD treatment services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties. Family drug court applicants will be expected to do the same with an added focus on family preservation and promoting the wellness of the family.

SAMHSA will use discretion in allocating funding for these awards, taking into consideration the specific drug court model (ATDCs, Adult Tribal Healing to Wellness

Courts, FTDCs), as appropriate, the number of applications received per model type, and geographic distribution.

SAMHSA Treatment Drug Courts grants are authorized under Public Health Service Act, Title V, Section 509; 42 U.S.C 290bb-2.

This announcement also addresses Healthy People 2020 Substance Abuse Treatment Topic Area HP 2020-SA.

**Key Personnel:**

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

**The key personnel for this program will be the Project Director. This position requires prior approval by SAMHSA after review of staff credentials and job description. The Project Director must have a level of effort of at least 50 percent.**

**Required Activities:**

Project implementation is expected to begin by the fourth month of the grant.

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

Medication-Assisted Treatment (MAT) is an evidence-based SUD treatment protocol for alcohol and opioid use disorders and SAMHSA supports the right of individuals to have access to FDA-approved medications. Applicants must affirm, in Appendix C: Statement of Assurance, that the treatment drug court(s) will not deny access to the program to any eligible client for his/her use of FDA-approved medications for SUD treatment. Specifically, methadone treatment must be permitted when rendered in accordance with current federal and state methadone dispensing regulations from an opioid treatment program (OTP) and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder. Further, any providers of substance use disorder services who are eligible by law to obtain a Drug Abuse Treatment Act (DATA) waiver and receiving funding from this grant program must obtain the DATA waiver and certify their willingness to provide, when clinically indicated, FDA-approved medications on Schedule III, IV or V to treat opioid use disorder. Similarly, medications available by prescription must be permitted when the following conditions are present:

- the client is receiving medication as part of treatment for a diagnosed SUD;

- a licensed clinician, acting within his/her scope of practice, has examined the client and determined that the medication is an appropriate treatment for his/her SUD; and
- the medication was appropriately authorized through prescription by a licensed prescriber.

In all cases that MAT is utilized, MAT must be permitted to be continued for as long as the prescriber determines that the medication is clinically beneficial. Recipients must assure that a drug court client will not be compelled to no longer use MAT as part of the conditions of the drug court if such a mandate is inconsistent with a licensed prescriber's recommendation or valid prescription. Under no circumstances may a drug court judge, other judicial official, correctional supervision officer, or any other staff connected to the identified drug court deny the use of these medications when made available to the client under the care of a properly authorized physician and pursuant to regulations within an opioid treatment program (OTP) or through a valid prescription and under the conditions described above. A judge, however, retains judicial discretion to mitigate/reduce the risk of misuse or diversion of these medications.

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

- Screen and assess clients for the presence of SUD and/or co-occurring substance use and mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches.

- Screen for infectious diseases for which those with substance use disorders are at high risk including HIV and viral hepatitis (hepatitis A, B, and C) with appropriate referral and follow up to assure treatment if screening tests indicate infection and vaccination for those infectious diseases for which a vaccine is available.

- Provide evidence-based and population appropriate treatment services to meet the unique needs of diverse populations at risk. Treatment services must include the use of FDA-approved medications in the treatment of opioid use disorder, and medication management, outpatient, day treatment (including outreach-based services), intensive outpatient, recovery housing, or residential programs.

- Provide recovery support services (e.g., childcare, vocational, educational, and transportation services) designed to improve access and retention in services. (Note: Grant funds may be used to purchase such services from another provider.)

- Family drug court applicants must provide specific services and supports related to the preservation of the family, including but not limited to, family counseling and family recovery support services.

- Collaborate with community partners to provide comprehensive services (e.g., child welfare agencies or other agencies that can address the needs of children, if applicable).

- Implement the Key Components of the Drug Court Model. These key components and standards can be found in Appendix M – Adult Drug Court Model Key Components and Standards, Appendix N – Adult Tribal Healing to Wellness Court Model Key Components and Appendix O – Family Drug Court Guidelines.

**Allowable Activities:**

Applicants may use grant funds to develop and implement tobacco/nicotine inhalation (vaping) cessation programs, activities, and/or strategies.

**Other Expectations:**

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

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

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

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

If a Tribal Healing to Wellness Court application is funded under the adult drug court model, the recipient will be expected to work in collaboration with existing SAMHSA Tribal Law and Order Act/Office of Indian Alcohol and Substance Abuse, Alternatives to Incarceration on Reservations initiatives, SAMHSA-funded policy academies that focus on tribal justice issues, and existing SAMHSA Tribal Healing to Wellness Courts (e.g., Native Connections), if such grants exist in its respective tribal jurisdiction. Further guidance regarding this expectation will be provided upon award.

### 1.1 Using Evidence-Based Practices

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

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

Applicants are encouraged to visit the SAMHSA Evidence-Based Program Resource Center (www.samhsa.gov/ebp-resource-center).

### 1.2 Data Collection and Performance Measurement

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

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

- number of individuals served;
- diagnoses;
- abstinence from substance use;
- housing stability;
- employment status;
- social connectedness;

- access to treatment;
- treatment(s) provided;
- retention in treatment; and
- criminal justice involvement.

This information will be gathered using SAMHSA's Performance Accountability and Reporting System (SPARS); access will be provided upon award. Examples of the type of data collection tools required can be found here. Data will be collected via a face-to-face interview using this tool at three data collection points: intake to services, six months post intake, and at discharge. Recipients will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. GPRA training and technical assistance will be offered to recipients.

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

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

### 1.3 Project Performance Assessment

Recipients must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve the management of their grant project. Recipients are also required to report on their progress addressing the goals and objectives identified in B.1. The assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments should also be used to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to submit an annual report on the progress you have achieved, barriers encountered, and efforts to overcome these barriers. Refer to Section VI.1 for any program specific information on the frequency of reporting and any additional requirements.

**No more than 20 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-1.2 and 1.3 above.**

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

### 1.4 Grantee Meetings

All grantee meetings will be virtual meetings. 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:** | Grant |
| **Estimated Total Available Funding:** | Up to $10,000,000 |
| **Estimated Number of Awards:** | 25 (At least 5 awards will be made to tribes/tribal organizations pending sufficient application volume from these groups.) |
| **Estimated Award Amount:** | Up to $400,000 per year |
| **Length of Project Period:** | Up to 5 years |

**Proposed budgets cannot exceed $400,000 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

**Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2020 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.**

# III. ELIGIBILITY INFORMATION

## 1. ELIGIBLE APPLICANTS

Eligible applicants are state, local, and tribal governments with direct involvement with the adult treatment drug court, adult Tribal Healing to Wellness Court or family drug court, such as:

- State governments**;** the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are also eligible to apply.

- Governmental units within political subdivisions of a state, such as a county, city or town, and individual adult treatment drug courts.

- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations.

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI/ANs which is controlled, sanctioned, or chartered by such governing body, or which is democratically elected by the adult members of the Indian community to be served by such organization, and which includes the maximum participation of AI/ANs in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

Urban Indian Organization (UIO) (as identified by the Office of Indian Health Service 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.

Eligible adult drug court models include Tribal Healing to Wellness Courts, Driving While Intoxicated (DWI)/Driving Under the Influence (DUI) Courts, Co-Occurring Drug and Mental Health Courts, Veterans Treatment Courts, and Municipal Courts using the problem solving model.

Public and private nonprofit organizations, such as SUD treatment providers, have a pivotal supporting role in treatment drug court programs and may be sub-recipients/contractors to the applicant. However, they are not the catalysts for entry into drug courts and are, therefore, restricted from applying. SAMHSA strongly believes that the court is in the best position to administer this program because the court partners with selected treatment providers on the course of treatment for drug court clients.

It is allowable for an eligible entity to apply on behalf of one or more ATDC, Adult Tribal Healing to Wellness Courts or FTDC, either through a single application or several applications. When the state/local/tribal government (city/county) or eligible entity applies on behalf of an ATDC, Adult Tribal Healing to Wellness Court or FTDC, the applicant will be the award recipient and the entity responsible for satisfying the grant requirements. **When multiple jurisdictions apply within one application, Letters of Commitment from each ATDC, Adult Tribal Healing to Wellness, or FTDC judge**

**must be included in Attachment 1 stating they intend to meet the grant and reporting requirements**.

This grant program is not intended to provide start-up funds to create new ATDCs, Adult Tribal Healing to Wellness Courts or FTDCs. Eligible drug courts must be operational on or before April 1, 2020. Operational is defined as a having a set of cases and seeing clients in the drug court. **By signing the cover page (SF-424) of the application, the authorized representative of the applicant organization is certifying that the treatment drug court is applying for funds is operational, as defined above, on or before April 1, 2020.**

**Letters of Commitment from direct service provider organizations must be provided in Attachment 1 of the application.**

**ATDCs and Adult Tribal Healing to Wellness Courts funded in FY 2018 (TI-18-008) or FY 2019 (TI-19-002) are not eligible to apply for funding under this FOA.**

**FTDCs funded in FY 2017 (TI-17-004), FY 2018 (TI-18-002), or FY 2019 (TI-19-001) are not eligible to apply for this funding under this FOA.**

## 2. COST SHARING and MATCHING REQUIREMENTS

Cost sharing/match is not required in this program.

## 3. EVIDENCE OF EXPERIENCE AND CREDENTIALS

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. You must meet two additional requirements related to the provision of services.

The requirements are:

- Each mental health/substance use disorder treatment provider organization must have at least two years of experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last two years); and

- Each mental health/substance use disorder treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation and certification requirements, as of the due date of the application.

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

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

# IV. APPLICATION AND SUBMISSION INFORMATION

## 1. REQUIRED APPLICATION COMPONENTS:

- **SF-424** – Fill out all Sections of the SF-424. In **Line #4** (i.e., Applicant Identified), input the Commons Username of the PD/PI. In **Line #17** input the following information: (Proposed Project Date: a. Start Date: 7/30/2020; b. End Date: 7/29/2025).

- **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 four years in total, you would input information in columns b, c, d, and e (i.e., 4 out years).

A sample budget and justification is included in Appendix L 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 E. **Sections A-E** together may not be longer than **10 pages**. (Remember that if your Project Narrative starts on page 5 and ends on page 15, it is 11 pages long, not 10 pages.) More detailed instructions for completing each section of the Project Narrative are provided in Section V – Application Review Information.

  The Supporting Documentation section provides additional information necessary for the review of your application. This supporting documentation must be attached to your application using the Other Attachments Form if applying with Grants.gov Workspace or Other Narrative Attachments if applying with eRA ASSIST. Additional instructions for completing these sections and page limitations for Biographical Sketches/Position Descriptions are included in Appendix A: 3.1 Required Application Components, and Appendix G, Biographical Sketches and Position Descriptions. Supporting documentation should be submitted in black and white (no color).

- **Budget Justification and Narrative** – The budget justification and narrative must be submitted as a file entitled BNF (Budget Narrative Form) when you submit your application into Grants.gov. (See Appendix A: 3.1 Required Application Components.)

- You are required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170**.** This form is posted on SAMHSA's website at http://www.samhsa.gov/grants/applying/forms-resources.

- **Attachments 1 through 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 Attachment 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. Please label the attachments as: Attachment 1, Attachment 2, etc. (Use the Other Attachments Form if applying with Grants.gov Workspace or Other Narrative Attachments if applying with eRA ASSIST.)

  - **Attachment 1**: (1) Identification of at least one experienced, licensed mental health/substance use disorder treatment provider organization; (2) a list of all direct service provider organizations that have agreed to

participate in the proposed project; (3) letters of commitment from these direct service provider organizations; **(Do not include any letters of support. Reviewers will not consider them if you do.)** (4) the Statement of Assurance (provided in Appendix C of this announcement) signed by the authorized representative of the applicant organization identified on the first page (SF-424) of the application, that assures SAMHSA that all listed providers have met the two-year experience requirement, are appropriately licensed, accredited and certified per respective state requirements, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; and (5) letters of commitment from each ATDC or Adult Tribal Healing to Wellness Court judge when multiple jurisdictions are applying within one application [See Section III-1, Eligible Applicants].

- **Attachment 2**: Data Collection Instruments/Interview Protocols – If you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in **Attachment 2**.

- **Attachment 3**: Sample Consent Forms

- **Attachment 4**: Letter to the SSA (if applicable; see: Appendix J, Intergovernmental Review (E.O. 12372) Requirements).

- **Attachment 5**: Response to Appendix D - Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines. **This is a required attachment.**

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **February 4, 2020**.

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

## 3. FUNDING LIMITATIONS/RESTRICTIONS

The funding restrictions for this project are as follows:

- No more than **20 percent** of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

Be sure to identify these expenses in your proposed budget.

While applicants may apply for up to $400,000 per year, applicants may need a lesser amount to implement their application proposals. Applicants are encouraged to apply only for the grant amount which they can reasonably expend based on the activities proposed in their application.

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

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

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

# V. APPLICATION REVIEW INFORMATION

## 1. EVALUATION CRITERIA

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

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

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

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

1. Identify which type of court you are applying for (e.g. Adult Treatment Drug Court, Adult Tribal Healing to Wellness Court or Family Treatment Drug Court), your population(s) of focus and the geographic catchment area where services will be delivered.
2. Describe the extent of the problem in the catchment area, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in your response to A.1. Identify the source of the data.

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

1. Describe the goals and objectives (see Appendix E) of the proposed project and align them with the extent of the need as described in A.2. State the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds. If you are proposing to serve fewer than 40 clients per year, you must provide a justification that explains why you cannot meet the minimum expectation. You must also clearly state the number of additional clients to be served by program expansion. **Note:** Identify any residential treatment services that will be funded within this project and include the number of individuals that you propose will be served with residential treatment slots.

2. Describe how you will implement the Required Activities as stated in Section I.

3. Provide a chart or graph depicting a realistic timeline for the entire five years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in Section I. [NOTE: Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than four months after grant award. The timeline must be part of the Project Narrative. It must not be placed in an attachment.]

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

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

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

1. Describe the experience of your organization with similar projects and/or providing services to the population(s) of focus for this FOA. Identify other organization(s) that you will partner with in the proposed project. Describe their experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project. Letters of Commitment from each partner must be included **Attachment 1** of your application.

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

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

1. Provide specific information about how you will collect the required data for this program and how such data will be utilized to manage, monitor and enhance the program.

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

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

An illustration of a budget and narrative justification is included in Appendix L: Sample Budget and Justification. **It is highly recommended that you use this sample budget format.** Your budget must reflect the funding limitations/restrictions specified in Section IV-3. **Specifically identify the items associated with these costs in your budget**.

## 1. REQUIRED SUPPORTING DOCUMENTATION

**Biographical Sketches and Position Descriptions**

See Appendix G for information on completing biographical sketches and job descriptions.

## 2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- The strengths and weaknesses of the application as identified by peer reviewers. The results of the peer review are of an advisory nature. The program office and approving official make the final determination for funding;

- When the individual award is over $250,000, approval by the CSAT National Advisory Council;

- Availability of funds;
- Equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size; and
- Submission of any required documentation that must be submitted prior to making an award.

SAMHSA will also use discretion in allocating funding for these awards, taking into consideration the specific drug court model (ATDCs, Adult Tribal Healing to Wellness Courts, FTDCs), as appropriate, and the number of applications received per model type. At least five awards will be made to tribes/tribal organizations pending sufficient application volume from these groups.

In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). If SAMHSA chooses not to award a fundable application, SAMHSA must report that determination to the designated integrity and performance system accessible through the System for Award Management (SAM) [currently the Federal Awardee Performance and Integrity Information System (FAPIIS)].

# VI. FEDERAL AWARD ADMINISTRATION INFORMATION

## 1. REPORTING REQUIREMENTS

**Program Specific:**

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

Data Collection – GPRA data will be collected via a face-to-face interview using the GPRA tool at three data collection points: intake to services, six months post intake, and discharge.

Progress Reports – Recipients will be expected to submit an annual report that includes a performance assessment report.

**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.

### 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 the application is approved for funding, a Notice of Award (NoA) will be emailed to the following: 1) the Business Official's (BO) email address identified on the HHS Checklist form submitted with the application; and 2) the email associated with the Commons account for the Project Director. 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 the application is not funded, you will receive a notification from SAMHSA, via NIH's eRA Commons.

## VII. AGENCY CONTACTS

Jon Berg
Center for Substance Abuse Treatment
Division of Service Improvement
Substance Abuse and Mental Health Services Administration
(240) 276-1609
Jon.berg@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
FOACSAT@samhsa.hhs.gov

For grant review process and application status questions contact:

Leonora Fleming
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
(240) 276-1082
Leonora.Fleming@samhsa.hhs.gov

# Appendix A – Application and Submission Requirements

**<u>WARNING</u>: 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. <u>No exceptions will be made.</u>**

**All applicants must register with NIH's eRA Commons in order to submit an application. <u>This process takes up to six weeks</u>. 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.

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

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

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

It is also highly recommended that you renew your account prior to the expiration date. **SAM information must be active and up-to-date, and should be updated at least every 12 months to remain active (for both recipients and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. Grants.gov rejects electronic submissions from applicants with expired registrations.

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

### 1.3 Grants.gov Registration

Grants.gov is an online portal for submitting federal grant applications. It requires a one-time registration in order to submit applications. While Grants.gov registration is a one-time only registration process, it consists of multiple sub-registration processes (i.e., DUNS number and SAM registrations) before you can submit your application. [Note: eRA Commons registration is separate].
You can register to obtain a Grants.gov username and password at http://www.grants.gov/web/grants/register.html.
If you have already completed Grants.gov registration and ensured your **Grants.gov and SAM accounts are up-to-date and/or renewed**, please skip this section and focus on the eRA Commons registration steps noted below. If this is your first time submitting an application through Grants.gov, registration information can be found at the Grants.gov "Applicants" 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, Business Officials and Program Directors listed as key personnel on SAMHSA applications must have an account in eRA Commons and receive a Commons ID in order to have access to electronic submission and retrieval of application/grant information. It is strongly recommended that you start the eRA Commons registration process **at least six (6) weeks** prior to the application due date. **If your organization is not registered and does not have an active eRA Commons PI account by the deadline, the application will not be accepted.**

For organizations registering with eRA Commons for the first time, either the Authorized Organization Representative (AOR) from the SF-424 or the Business Official (BO) from the HHS Checklist 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 organization's representative (AOR or BO) completes the online Institution Registration Form and clicks Submit, the eRA Commons will send an e-mail notification from era-notify@mail.nih.gov with the link to confirm the email address. Once the e-mail address is verified, the registration request will be reviewed and confirmed via email. If your request is denied, the representative will receive an email detailing the reason for the denial. If the request is approved, the representative will receive an email with a Commons User ID 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 Program Directors (PI role) and other Business Officials (SO role).

**Important**: The eRA Commons requires organizations to identify at least one SO, who can be either the AOR from the SF-424 or the BO from the HHS Checklist, and at least one Program Director/Principal Investigator (PD/PI) account in order to submit an application. The primary SO must create the account for the PD/PI listed as the PD/PI role on the HHS Checklist assigning that person the 'PI' role in Commons. Note that you must enter the PD/PI's Commons Username into the 'Applicant Identifier' field of the SF-424 document (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. You will also need to go to the SAMHSA website to download the required documents you will need to apply for a SAMHSA grant or cooperative agreement.

### 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. Please 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.**

## 3.2 Standard Application Components

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

| # | Standard Application Components | Description | Source |
|---|---|---|---|
| 1 | SF-424 (Application for Federal Assistance) Form | This form must be completed by applicants for all SAMHSA grants and cooperative agreements. | ASSIST, Workspace, or other S2S provider |
| 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 | HHS Checklist Form | The HHS Checklist ensures that you have obtained the proper signatures, assurances, and certifications**.** You are not required to complete the entire form, but please include the top portion of the form ("**Type of Application**") indicating if this is a new, noncompeting continuation, competing continuation, or supplemental application; the Business Official and Program Director/Project Director/Principal Investigator contact information (**Part C**); and your organization's nonprofit status (**Part D, if applicable**). 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 Signing Official/Business Official (SO/BO). | ASSIST, Workspace, or other S2S provider |
| 4 | Project/Performance Site Location(s) Form | The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. | ASSIST, Workspace, or other S2S provider |
| 5 | Project Abstract Summary | Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reports to Congress, or press releases. | ASSIST, Workspace, or other S2S provider |

| # | Standard Application Components | Description | Source |
|---|---|---|---|
| 6 | Project Narrative Attachment | The Project Narrative describes your project. The application must address how your organization will implement and meet the goals and objectives of the program. You must attach the Project Narrative file (Adobe PDF format only) inside the Project Narrative Attachment Form. | ASSIST, Workspace, or other S2S provider |
| 7 | Budget Justification and Narrative Attachment | You must include a detailed Budget Narrative in addition to the Budget Form SF-424A. In preparing the budget, adhere to any existing federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. The budget justification and narrative must be submitted as file **BNF** when you submit your application into Grants.gov | ASSIST, Workspace, or other S2S provider |
| 8 | SF-424 B (Assurances for Non-Construction) Form | You must read the list of assurances provided on the SAMHSA website and check the box marked 'I Agree' before signing the first page (SF-424) of the application. | SAMHSA Website |
| 9 | Disclosure of Lobbying Activities (SF-LLL) Form | Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before Congress or state legislatures. You must sign and submit this form, if applicable. | ASSIST, Workspace, or other S2S provider |
| 10 | Other Attachments Form | Refer to the Supporting Documents below. Use the Other Attachments Form to attach all required additional/supporting documents listed in the table below. | ASSIST, Workspace, or other S2S provider |

### 3.3 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 | Charitable Choice Form SMA 170 | See Section IV-1 of the FOA to determine if you are required to submit Charitable Choice Form SMA 170. If you are, you can upload this form to Grants.gov when you submit your application. | SAMHSA Website |
| 3 | Biographical Sketches and Job Descriptions | See Appendix G of this document for additional instructions for completing these sections. | Appendix G of this document. |
| 4 | Confidentiality and SAMHSA Participant Protection/Human Subjects | See the FOA or requirements related to confidentiality, participant protection, and the protection of human subject's regulations. | FOA: See Appendix D |
| 5 | 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. 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 submit again. If no problem is found, Grants.gov will allow the eRA system to retrieve the application and check it against its own agency business rules (eRA Commons Validations). If you use ASSIST to complete your application, you are able to 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. You must check your application status in eRA Commons. You must have an eRA Commons ID in order to have access to electronic submission and retrieval of application/grant information.

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

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

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

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

**Warnings** – If you receive a 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. Please note that system errors are extremely rare.

[Note: When resubmitting an application, please ensure that the **Project Title is identical to the Project Title in the originally submitted application** (i.e., no extra spacing) as the Project Title is a free-text form field.] 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 Message |
|---|---|
| Applicant Identifier (Item 4 on the SF-424):<br><br>The PD/PI Credentials must be provided<br><br>Username provided must be a valid Commons account<br><br>Username must be affiliated with the organization submitting the application and or have the PI role | The Commons Username must be provided in the Applicant Identifier field for the PD/PI.<br><br>The Commons Username provided in the Applicant Identifier is not a recognized Commons account.<br><br>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. |
| The DUNS number provided must include valid characters (9 or 13 numbers with or without dashes) | The DUNS number provided has invalid characters (other than 9 or 13 numbers) after stripping of dashes |
| The documentation (forms) required for the FOA must be submitted | The format of the application does not match the format of the FOA. Please contact the eRA Service Desk for assistance. |

| eRA Validations | eRA Error Message |
|---|---|
| If a change or correction is made to address an error, "Changed/Corrected" must be selected. (Item #1 on the SF-424)<br><br>Refer to Section II-5.4 for more information on resubmission criteria. | 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. |
| The application cannot exceed 1.2GB. | The application did not follow the agency-specific size limit of 1.2 GB. Please resize the application to be no larger than 1.2GB before submitting. |
| The correct Funding Opportunity Announcement (FOA) number must be | The Funding Opportunity Announcement number does not exist. |
| All documents and attachments must be submitted in PDF format. | "The <attachment> attachment is not in PDF format. All attachments must be provided to the agency in PDF format with a .pdf extension. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm." |
| All attachments must comply with the following formatting requirements:<br><br>PDF attachments cannot be empty (0 bytes).<br><br>All PDF attachments cannot have Meta data missing, cannot be encrypted, password protected or secured documents.<br><br>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.]<br><br>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. | The {attachment} attachment was empty. PDF attachments cannot be empty, password protected or encrypted.<br><br>The <attachment> attachment contained formatting or features not currently supported by NIH: <condition returned>.<br><br>Filename <file> cannot be larger than U.S. standard letter paper size of 8.5 x 11 inches. See the PDF guidelines at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm for additional information.<br><br>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. |

| eRA Validations | eRA Error Message |
|---|---|
| The email addresses for the Contact Person (SF-424 Section F) and the Authorized Representative (SF-424 below Section 21) must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : | The submitted e-mail address for the person to be contacted {email address}, is invalid. Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid. |
| Congressional district code of applicant (after truncating) must be valid. (SF-424, item 16 a and b) | Congressional district <Congressional District> is invalid. To locate your district, visit http://www.house.gov/ |
| **Budget Errors**<br><br>SF424-A: Section A – Budget Summary<br><br>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 | Ensure that the sum of Grant Program Function or Activity (a) elements entered equals the total amounts in the Total field |
| SF424-A: Section B – Budget Categories<br><br>The Total in Section B (Column 5 - Row k) must equal the Total in Section A – Budget Summary: (Row 5, Column g). | Ensure that the TOTALS Total (row k, column 5) equals the Budget Summary Totals in section A, row 5 column g. |
| SF424-A: Section D – Forecasted Cash Needs<br><br>The Federal Total for the 1st Year (Line 13) must equal the Total in Section A (Row 5, Column g)<br><br>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)<br><br>The Total for 1st Year TOTAL in Section D must equal the Totals Total (Column 5, Row G) in Section A | Ensure that the Federal Total for 1st year, in Section D- Forecasted Needs equals the Section A, New or Revised Budget Federal Totals (e-5) amount.<br><br>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.<br><br>Ensure that the Forecasted Cash Needs: 15. TOTAL equals to SECTION A – Budget Summary: 5.Totals Total (g). |

| eRA Validations | eRA Error Message |
| --- | --- |
| SF424-A: Section E – Budget Estimates Of Federal Funds Needed For Balance of The project<br><br>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. | 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. |

# Appendix C – Statement of Assurance

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

- Official documentation that all mental health/substance use disorder treatment provider organizations participating in the project have been providing relevant services for a minimum of two years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last two years; and

- Official documentation that all mental health/substance use disorder treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.[1] (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation, and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

- For tribes and tribal organizations only, official documentation that all participating mental health/substance use disorder treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

[1] Tribes and tribal organizations are exempt from these requirements.

- For the treatment drug court(s) for which funds are sought will not: 1) deny any appropriate and eligible client for the adult treatment drug court access to the program because of their use of FDA-approved MAT medications (e.g., methadone, injectable naltrexone, non-injectable naltrexone, disulfiram, acamprosate calcium, buprenorphine, etc.) that was appropriately authorized through prescription by a licensed prescriber; and 2) mandate that a drug court client no longer use MAT as part of the conditions of the drug court if such a mandate is inconsistent with a physician's recommendation or prescription.

_____ _____

Signature of Authorized Representative Date

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

**Confidentiality and Participant Protection:**

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

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

   - Identify and describe the foreseeable physical, medical, psychological, social and legal risks or potential adverse effects **participants** may be exposed to as a result of the project.

   - Identify and describe the foreseeable physical, medical, psychological, social and legal risks or potential adverse effects **staff** may be exposed to as a result, of the project.

   - Describe the procedures you will follow to minimize or protect participants and staff against potential risks, including risks to confidentiality.

   - Identify your plan to provide guidance and assistance in the event there are adverse effects to participants and 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., from participants themselves, family members, teachers, others).

- Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation or other sources). Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the specimens will be used for purposes other than evaluation.

- In **Attachment 2**, "Data Collection Instruments/Interview Protocols," you **must** provide copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

**5. Privacy and Confidentiality**

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

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

**6. Adequate Consent Procedures**

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

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

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

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

7. **Risk/Benefit Discussion**

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

**Protection of Human Subjects Regulations**

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

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

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

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

# Appendix E – Developing Goals and Measurable Objectives

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

## GOALS

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

The characteristics of effective goals include:

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

### Examples

| Unclear Goal | Critique | Improved Goal |
|---|---|---|
| Increase the substance abuse and HIV/AIDS prevention capacity of the local school district | This goal could be improved by *specifying an expected program effect in reducing a health problem* | 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 2019, 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 9/18 increase by 10% the number of 8$^{th,}$ 9$^{th}$, and 10$^{th}$ grade students who disapprove of marijuana use as measured by the annual school youth survey.

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

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

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

**Examples:**

| Non-SMART Objective | Critique | SMART Objective |
|---|---|---|
| Teachers will be trained on the selected evidence-based substance abuse prevention curriculum. | The objective is not SMART because it is not *specific, measurable*, or *time-bound*. It can be made SMART by *specifically* indicating who is responsible for training the teachers, how many will be trained, who they are, and by when the trainings will be conducted. | ***By June 1, 2019***, ***LEA supervisory staff*** will have trained ***75% of health education*** teachers ***in the local school district*** on the selected, evidence-based substance abuse prevention curriculum. |
| 90% of youth will participate in classes on assertive communication skills. | This objective is not SMART because it is not *specific* or *time-bound.* It can be made SMART by indicating *who* will conduct the activity, *by when*, and *who* will participate in the lessons on assertive communication skills. | By the ***end of the 2019 school year***, ***district health educators*** will have conducted classes on assertive communication skills for 90% of youth ***in the middle school*** receiving the ***substance abuse and HIV prevention curriculum.*** |
| Train individuals in the community on the prevention of prescription drug/opioid overdose-related deaths. | This objective is not SMART as it is not *specific, measurable* or *time-bound.* It can be made SMART by specifically indicating *who* is responsible for the training, *how many* people will be trained, *who* they are, and by *when* the training will be conducted. | ***By the end of year two of the project***, the ***Health Department*** will have trained ***75% of EMS staff in the County Government*** on the selected curriculum addressing the prevention of prescription drug/opioid overdose-related deaths. |

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

Information in this Appendix should be taken into consideration when developing a response to the 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:

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

**Quality Improvement:**

Points to consider:

- If applicable, the QI model that will be used;
- How will the QI process be used to track progress;
- The staff members who will be responsible for overseeing these processes;
- How you will implement any needed changes in project implementation and/or project management;
    - What decision-making processes will be used;
    - When and by whom will decisions be made concerning project improvement;
    - What are the thresholds for determining that changes need to be made;

- Will the Advisory Board have a role in the QI process; and
- How will the changes be communicated to staff and/or partners/sub-awardees.

# Appendix G – Biographical Sketches and Position Descriptions

Include position descriptions for the Project Director and all key personnel. Position descriptions should be no longer than one page each.

For staff members, who have been identified, include a biographical sketch for the Project Director and other key positions. Each sketch 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. Honors received and dates
5. Recent relevant publications

**Position Description**

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

# Appendix H – Addressing Behavioral Health Disparities

SAMHSA expects recipients to utilize their data to: (1) identify the number of individuals to be served during the grant period and identify subpopulations (i.e., racial, ethnic, sexual, and gender minority groups) vulnerable to behavioral health disparities; (2) implement a quality improvement plan for the use of program data on access, use, and outcomes to support efforts to decrease the differences in access to, use, and outcomes of 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 2020 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 serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For instance, Latino adults with SMI may be at heightened risk for metabolic disorder due to lack of appropriate in-language primary care services; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical trauma within the Native American community; 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. 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 within their community in order to provide care that will yield positive outcomes, per the focus of that 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 for subpopulations, which 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)

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 CLAS standards.

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

The National CLAS standards were initially published in the Federal Register on December 22, 2000. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, is increasingly seen as essential to reducing disparities and improving health care quality. The National CLAS Standards have served as catalyst and conduit for the evolution of the field of cultural and linguistic competency over the course of the last 12 years. In recognition of these changes in the field, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012.

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health to our nation's ever diversifying communities. Enhancements to the National CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities.

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.

# Appendix I – Standard Funding Restrictions

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

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

SAMHSA grant funds may not be used to:

- Directly or indirectly, purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements."); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

- Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.

- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)

- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.

- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.

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

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed $3.00 per person per day.

- Consolidated Appropriations 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.

- Pay for pharmaceuticals for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), tuberculosis (TB), and hepatitis B and C, or for psychotropic drugs.

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

**States with SPOCs**

All SAMHSA grant programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). Information on the SPOC for participating states can be found at: https://www.whitehouse.gov/wp-content/uploads/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. TI-20-003.

**States without SPOCs**

If your state does not have a SPOC and you are a community-based, non-governmental service provider, you must submit a Public Health System Impact Statement (PHSIS)[2] to the head(s) of appropriate state and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep state and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a state or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

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

The PHSIS consists of the following information:

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

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

Review the FOA: Section IV-1, carefully to determine if you must include an attachment with a copy of a letter transmitting the PHSIS to the SSA. The letter must notify the state that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address: Thomas Graves, Director of Grants Management, Office of Financial Resources, Mental Health Services Administration, Room 17E20, 5600 Fishers Lane, Rockville, MD 20857. ATTN: SSA – Funding Announcement No. TI-20-003.

In addition, applicants may request that the SSA send them a copy of any state comments. The applicant must notify the SSA within 30 days of receipt of an award.

# Appendix K – Administrative and National Policy Requirements

If your application is funded, you must comply with all terms and conditions of the NoA. SAMHSA's standard terms and conditions are available on the SAMHSA website at http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions.

### 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. Please 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. Please 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. Please 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. Please 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.eeoc.gov/eeoc/publications/upload/fs-sex.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. Please see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Please 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 http://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence

**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 the awarding agency and to the HHS OIG at the following addresses:

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

**AND**

U.S. Department of Health and Human
Services Office of Inspector General
ATTN: Mandatory Grant Disclosures, Intake
Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201

Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or email: MandatoryGranteeDisclosures@oig.hhs.gov

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, cooperative agreements, and procurement contracts with cumulative total value greater than $10,000,000, must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a federal award that reached final disposition within the most recent five-year period. The recipient also must make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and

Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75."

**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. 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 L – Sample Budget and Justification

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

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

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

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

## A. Personnel

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

1. **Position** – Provide the title of the position and an explanation of the roles and responsibilities of the position as it relates to the objectives of the award supported project.
   a. The position must be relevant and allowable under the project.
   b. The salaries of facilities and administrative (F&A) administrative and clerical staff are normally treated as indirect costs (45 CFR §75.413c). Direct charging of these costs may be appropriate only if all of the following conditions are met:
      i. administrative/clerical services are directly integral to a project or activity;
      ii. individuals involved can be specifically identified with the project or activity; and
      iii. the costs are not also claimed as indirect costs.

2. **Name** – The name of the individual to serve in the position. If the position is vacant, identify the anticipated hire date.

    a. If the position is being performed by someone other than a full-time, part-time, or temporary employee of the applicant organization (e.g., consultant or contractor), the grant-supported position should be listed under the contracts category.
3. **Key Personnel** – Identify if the position is key personnel required by the FOA:
    a. Key staff positions require prior approval by SAMHSA after review of credentials and job descriptions.
4. **Salary/Rate** – The estimated annual salary or rate. If providing a rate, specify the time basis (e.g., hourly, weekly).
    a. Salaries should be comparable to those within your organization.
    b. If the position is not being charged to the Federal award, but the individual is working on the project identify the salary/rate as an "in-kind" cost.
5. **Level of Effort (LOE)** − The level of effort (percentage of time) that the position contributes to the project.

    a. Personnel cannot exceed 100% of their time on all active projects (including other Federal awards).
    b. You should ensure the cost of living increase is built into the budget and justified.

6. **Total Salary** – The total salary/amount each position is paid based on their contribution to the project.
    a. If the position is not being charged to the Federal award, identify the cost as $0.

The key staff positions identified in Section I-2 must be included in the Personnel section and/or the Contractual Section (F). In addition, the Project Director must be the same as the Project Director listed on the HHS Checklist.

**FEDERAL REQUEST – Sample Personnel Narrative**

| Position (1) | Name (2) | Key Staff (3) | Annual Salary/Rate (4) | Level of Effort (5) | Total Salary Charge to Award (6) |
|---|---|---|---|---|---|
| (1) Project Director | Alice Doe | Yes | $64,890 | 10% | $6,489 |

| Position (1) | Name (2) | Key Staff (3) | Annual Salary/Rate (4) | Level of Effort (5) | Total Salary Charge to Award (6) |
|---|---|---|---|---|---|
| (2) Program Coordinator | Vacant, to be hired within 60 days of anticipated award date | No | $46,276 | 100% | $46,276 |
| (3) Clinical Director | Jane Doe | No | In-kind cost | 20% | 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 Program Coordinator will coordinate project service and activities, including training, communication and information dissemination.

## B. Fringe Benefits

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

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

1. **Position** – The title of the position being charged to the award to which the fringe rate is being applied.
2. **Name** – The name of the individual associated with the position (note if the position is vacant.)
3. **Rate** – The total fringe benefit rate used and a clear 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**

| **Position (1)** | **Name (2)** | **Rate (3)** | **Total Salary Charged to Award (4)** | **Total Fringe Charged to Award (5)** |
|---|---|---|---|---|
| Project Director | Alice Doe | 29.65% | $6,489 | $1,924 |
| Program Coordinator | Vacant, to be hired within 60 days of anticipated award date. | 29.65% | $46,276 | $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 it is anticipated to increase to 31%.

## C. Travel

**Travel costs charged to an award must comply with HHS regulations at 45 CFR §75.474.** If your organization does not have documented travel policies, the federal GSA rates must be used (https://www.gsa.gov/portal/category/26429). If specific travel details are unknown, the basis for proposed costs should be explained (e.g., historical information).

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

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

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

**FEDERAL REQUEST – Sample Travel Narrative**

| Purpose (1) | Destination (2) | Item (3) | Calculation (4) | Travel Cost Charged to the Award (5) |
|---|---|---|---|---|
| Mandatory Grantee Meeting | Chicago, IL to Washington D.C. | Airfare | $200/flight x 2 | $400 |
| | | Hotel | $180/night x 2 persons x 2 nights | $720 |

| Purpose (1) | Destination (2) | Item (3) | Calculation (4) | Travel Cost Charged to the Award (5) |
|---|---|---|---|---|
| | | Per Diem (meals and incidentals) | $46/day x 2 persons x 2 days | $184 |
| Local Travel | | Mileage | 3,000 miles @.38/mile | $1,140 |
| **FEDERAL REQUEST -** (enter in Section B column 1, line 6c of SF-424A | | | | **$2,444** |

**FEDERAL REQUEST: Sample Justification for Travel**

1. Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, D.C.
2. Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate.

## D. Equipment

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

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

1. **Item(s) –** Describe the equipment item(s) being purchased. The justification must relate the use of each item to the scope of work and implementation of specific program objectives.
2. **Quantity –** Identify the number of items to be purchased.
3. **Amount** – The total cost of purchase or lease of the equipment.
   a. The justification should include the basis of how costs were estimated, e.g., fair market value, cost quotes.
   b. The justification should include a lease versus purchase analysis, or a statement addressing if it is feasible and/or cost effective to lease versus purchase.
4. **Percentage Charged to the Award –** The percentage of equipment's value to be charged to the award
5. **Total Charged to the Award –** The total cost of the equipment that will be charged to the award.

**FEDERAL REQUEST – Sample Equipment Narrative**

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

## E. Supplies

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

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

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

**FEDERAL REQUEST – Sample Supplies Narrative**

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

**FEDERAL REQUEST – Sample Justification for Supplies**

1. Office supplies, copies and postage are needed for general operation of the project.
2. The laptop computer and printer are needed for both project work and presentations for Project Director.
3. The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

## F. Contract

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

- **Sub-recipient** means a non-Federal entity that receives a sub-award from a pass-through entity to carry out part of a Federal award, including a portion of the scope of work or objectives. Grant recipients are responsible for ensuring that all sub-recipients comply with the terms and conditions of the award, per 45 CFR §75.101.
- **Contracts** are a legal instrument by which the grant recipient purchases good and services needed to carry out the project or program under a Federal award. Contracts include vendors (dealer, distributor or other sellers) that provide, for example, supplies, expendable materials, or data processing services in support of the project activities. The grant recipient must have established written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition. Per 45 CFR §75.2, when the substance of a contract meets the definition of sub-award, it must be treated as a sub-award.
- **Consortium Agreements** are between entities (which may or may not include the grant recipient) working collaboratively on an award supported project. They address the roles, responsibilities, implementation, and rights and responsibilities between entities collaborating on an award.
- **Consultants** are individuals retained to provide professional advice or services for a fee. Travel for consultants and contractors should be shown in this category along with consultant/contractor fees.

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

1. **Name** – Provide the name of the entity and identify if it is a sub-recipient, contractor, or consultant.
2. **Service** – Identify the products or services to be obtained.
   a. As part of the justification provide a summary of the scope of work, the specific tasks to be performed, the necessity of the task for each sub-award or contract as it relates to the Project Narrative. Include the dates/length for

the performance period. NOTE: costs that are outside the period of performance of the award cannot be charged to the award.

3. **Rate** – provide an itemized line item breakdown.
   a. If applicable, include any indirect costs paid under a sub-award and the indirect cost rate used. Do not incorporate sub-recipient, contract, or consultant indirect costs under the indirect costs line item for the grantee/recipient on the SF-424A and Section J of the budget narrative/justification.
4. **Contract Costs Charged to the Award** − Provide the total of the sub-recipient, consultant, or contract costs to be charged to the award during the budget period.

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

**FEDERAL REQUEST – Sample Contracts Narrative**

| Name (1) | Service (2) | Rate (3) | Other | Cost (4) |
|---|---|---|---|---|
| (1) State Department of Human Services | Training | $250/individual x 3 staff | 5 days | $ 750 |
| (2) Treatment Services | 1040 Clients | $27/client per year | | $28,080 |
| (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<br><br>*Training course $175<br><br>*Supplies @ $47.54 x 12 months or $570<br><br>*Telephone @ $60 x 12 months = $720<br><br>*Indirect costs = $9,390 (negotiated with contractor) | $46,168 |

| Name (1) | Service (2) | Rate (3) | Other | Cost (4) |
|---|---|---|---|---|
| (4) Jane Smith | Evaluator | $40 per hour x 225 hours | 12 month period | $9,000 |
| (5) To Be Announced | Marketing Coordinator | Annual salary of $30,000 x 10% level of effort | | $3,000 |
| **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 GMS for formal prior approval. SAMHSA grant funds cannot be used to support the construction, expansion or major alternation and renovation of facilities. If the proposed project is part of a larger overall project that exceeds $500,000, it may not be artificially segmented to achieve the cost threshold.
- Rent
- Client incentives
- Telephone
- Travel for training participants, advisory committees, and review panels
- Training activities (except costs for consultant and/or contractual).

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

1. **Item** − List items by type of material or nature of expense. In the justification, explain the necessity of each cost for successful implementation and completion of the project.
2. **Rate** − Break down costs by quantity and cost per unit as applicable.
   **NOTE:** Rent costs must be submitted with the following information:
    - The individual cost items that make up the total cost of the building
    - The methodology used to allocate the costs to the programs or activities operating in the building
    - Rent Questions Worksheet https://www.samhsa.gov/sites/default/files/rentquestionsworksheet.docx
    - Supporting documentation
3. **Costs Charged to the Award –** provide the costs charged to the award.

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

| Item | Rate | Cost |
|---|---|---|
| (1) Rent* | $15/sq. ft. x 700 sq. feet | $10,500 |
| (2) Telephone | $100/mo. x 12 mo. | $1,200 |
| (3) Client Incentives | $10/client follow-up x 278 clients | $2,780 |
| (4) Brochures | .89/brochure X 1500 brochures | $1,335 |
| **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.
   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**<br>(The Total Direct Charges will sum automatically on the form) | **$177,462** |

## 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 or cooperative agreement, the indirect cost rate is limited to **8 percent**. Please 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) | 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 |
| **FEDERAL REQUEST – (enter in Section B column 1, line 6j of-SF-424A)** | **$6,841** |

| **FEDERAL REQUEST − TOTALS (6k) will sum automatically on the SF-424A** |
|---|
| **ADDITIONAL INSTRUCTIONS ON COMPLETING THE SF- 424A**<br><br>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.<br><br>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.<br><br>In **Section C**, if applicable, enter the funding/resources that your organization will contribute (Applicant) as well as support you expect to receive from the State or other sources**.** 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. [See Appendix I Standard Funding Restrictions for information on allowable costs.]<br><br>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.<br><br>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.<br><br>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: 07/30/2020 b. End Date: 07/29/2025

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

| Category | Year 1 | Year 2* | Year 3* | Year 4* | Year 5* | Total Project Costs |
|---|---|---|---|---|---|---|
| Personnel | $52,765 | $54,348 | $55,978 | $57,658 | $59,387 | $280,136 |
| Fringe | $15,644 | $16,114 | $17,353 | $17,873 | $18,409 | $85,393 |
| Travel | $2,444 | $1,140 | $2,444 | $1,140 | $1,375 | $8,543 |
| 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 |
| **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 | 1$100 | $500 |
| Equipment | 0 | 0 | 0 | 0 | 0 | 0 |
| Supplies | $750 | $750 | $750 | $750 | $750 | $3,750 |
| Contractual | $24,000 | $24,000 | $24,000 | $24,000 | $24,000 | $120,000 |
| Other | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Direct Charges | $33,950 | $33,950 | $33,950 | $33,950 | $33,950 | $169,750 |
| Indirect Charges | $910 | $910 | $910 | $910 | $910 | $4,550 |
| **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 funding limitations related to infrastructure development is shown below.

| Infrastructure Development | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total Infra-structure 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** |
| **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>** |

Standard Form 424A

### SECTION B – BUDGET CATEGORIES

| 6. Object Class Categories | GRANT PROGRAM FUNCTION OR ACTIVITY | | | | Total |
|---|---|---|---|---|---|
| | (1) Title of FOA | (2) | (3) | (4) | (5) |
| **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 |

| 6. Object Class Categories | GRANT PROGRAM FUNCTION OR ACTIVITY | | | | Total |
|---|---|---|---|---|---|
| | (1) Title of FOA | (2) | (3) | (4) | (5) |
| **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 | | | | $5,6,841 |
| **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** | | | | | |

Standard Form 424A

| 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 1st Year $184,303 **– this total must match the total in Section A (g) and Section B (k)** | 1st Quarter $46,075 | 2nd Quarter $46,076 | 3rd Quarter $46.076 | 4th 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 – 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).** | $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:** | |

# Appendix M – Adult Drug Court Model Key Components and Standards

The purpose of this program is to expand SUD treatment services in existing adult problem solving courts which use the treatment drug court model in order to provide SUD treatment (including recovery support services, screening, assessment, case management, and program coordination) to defendants/offenders. Eligible adult drug court models include Driving While Intoxicated (DWI)/Driving Under the Influence (DUI) Courts, Co-Occurring Drug and Mental Health Courts, Veterans Treatment Courts, and Municipal Courts using the problem solving model. Effective treatment drug courts have several well-defined elements and all applicants must address the appropriate components for the model for which they are applying to ensure that these elements are incorporated into their drug court model or approach. Applicants are encouraged to visit the following websites for more information on the key components of the adult drug court models eligible for this grant program:

**Adult Drug Courts, Co-Occurring Drug and Mental Health Courts, and Municipal Courts:**

- Adult drug courts, co-occurring courts, and municipal courts must demonstrate how they address the "The Key Components", which can be accessed at the following: https://www.ndci.org/wp-content/uploads/Key_Components.pdf.

**DWI/DUI Courts:**

- DUI/DWI drug courts must demonstrate how they address "The Guiding Principles of DWI Courts", which can be accessed at the following: https://www.dwicourts.org/wp-content/uploads/Guiding_Principles_of_DWI_Court_0.pdf

**Veterans Treatment Courts:**

- Veterans Treatment Courts must demonstrate how they address the "Veterans Treatment Court Ten Key Components", which can be accessed at the following: https://justiceforvets.org/wp-content/uploads/2017/02/The-Ten-Key-Components-of-Veterans-Treatment-Courts.pdf.

**Drug Court Standards**

Over the past three decades, hundreds of evaluations of drug courts have been conducted that have demonstrated their effectiveness, as well as five meta-analyses of study findings, making drug courts one of the most rigorously tested and evaluated

programs in the criminal justice field. Over the past several years, the NADCP identified 10 best practice standards[3] for adult drug courts. These standards are based on the expansive body of research spanning nearly 20 years that represents best practices in addiction, pharmacology, behavioral health treatment, and criminal justice, that, if integrated into practice, will optimize drug court operations. In support of this optimization of drug courts, SAMHSA strongly encourages applicants, and particularly applications proposing to enhance existing drug courts, to design their proposed programs with the intention of moving toward the full incorporation of NADCP'S newly adopted standards, which represent the most current evidence-based principles and practices. The standards are as follows:

**Standard 1 Target Population**

Eligibility and exclusion criteria for the Drug Court are predicated on empirical evidence indicating which types of offenders can be treated safely and effectively in Drug Courts. Candidates are evaluated for admission to the Drug Court using evidence-based assessment tools and procedures.

**Standard 2 Historically Disadvantaged Groups**

Citizens who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other citizens to participate and succeed in the Drug Court.

**Standard 3 Roles and Responsibility of the Judge**

The Drug Court judge stays abreast of current law and research on best practices in Drug

Courts, participates regularly in team meetings, interacts frequently and respectfully with participants, and gives due consideration to the input of other team members.

**Standard 4 Incentives, Sanctions, and Therapeutic Adjustments**

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[3] Adult Drug Court Best Practice Standards, Volume 1. National Association of Drug Court Professionals. Allrise.org. https://www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Volume-I-Text-Revision-December-2018-1.pdf

Adult Drug Court Best Practice Standards, Volume 2. National Association of Drug Court Professionals. NDCRC.org. https://ndcrc.org/resource/nadcps-adult-drug-court-best-practices-volume-i/adult-drug-court-best-practice-standards-volume-2-text-revision-december-2018/

Consequences for participants' behavior are predictable, fair, consistent, and administered in accordance with evidence-based principles of effective behavior modification.

**Standard 5 Substance Abuse Treatment**

Participants receive substance abuse treatment based on a standardized assessment of their treatment needs. Substance abuse treatment is not provided to reward desired behaviors, punish infractions, or serve other non-clinically indicated goals. Treatment providers are trained and supervised to deliver a continuum of evidence-based interventions that are documented in treatment manuals.

**Standard 6 Complementary Treatment and Social Services**

Participants receive complementary treatment and social services for conditions that co-occur with substance abuse and are likely to interfere with their compliance in Drug Court, increase criminal recidivism, or diminish treatment gains.

**Standard 7 Drug and Alcohol Testing**

Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized substance use throughout participants' enrollment in the Drug Court.

**Standard 8 Multidisciplinary Team**

A dedicated multidisciplinary team of professionals manages the day-to-day operations of the Drug Court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members' respective areas of expertise, and delivering or overseeing the delivery of legal, treatment and supervision services.

**Standard 9 Census and Caseloads**

The Drug Court serves as many eligible individuals as practicable while maintaining continuous fidelity to best practice standards.

**Standard 10 Monitoring and Evaluation**

The Drug Court routinely monitors its adherence to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness.

The standards represent the cumulative body of the most current evident-based practices available to drug courts to effectively operationalize the drug court 10 key components listed below. A detailed video presentation of NADCP's drug court standards can be accessed at www.nadcp.org/Standards.

# Appendix N –Tribal Healing to Wellness Court Model Key Components

The purpose of this program is to expand SUD treatment services in existing adult problem solving courts that use the adult drug court model, which includes adult Tribal Healing to Wellness Courts. Tribal Healing to Wellness Courts have several well-defined elements and all applicants must address the appropriate components for the model for which they are applying to ensure that these elements are incorporated into their drug court model or approach.

The Ten Components of Tribal Wellness to Healing Courts are:

**Key Component #1**: Tribal Healing to Wellness Courts bring together community-healing resources with the tribal justice process, using a team approach to achieve the physical and spiritual healing of the participant and the well-being of the community.

**Key Component #2**: Participants enter the wellness court program through various referral points and legal procedures while protecting their due process rights.

**Key Component #3**: Eligible substance abuse offenders are identified early through legal and clinical screening for eligibility and are promptly placed in the Tribal Healing to Wellness Program.

**Key Component #4**: Tribal Healing to Wellness Programs provide access to holistic, structured and, phased substance abuse treatment and rehabilitation services that incorporate culture and tradition.

**Key Component #5**: Participants are monitored through intensive supervision that includes frequent and random testing for alcohol and other substance use.

**Key Component #6:** Progressive consequences (or sanctions) and rewards (or incentives) are used to encourage participant compliance with program requirements.

**Key Component #7:** Ongoing judicial interaction with each participant and judicial involvement in team staffing is essential.

**Key Component #8**: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness to meet three purposes: providing information to improve the Healing to Wellness process; overseeing participant progress; and preparing evaluative information for interested community groups and funding sources.

**Key Component #9**: Continuing interdisciplinary education promotes effective wellness court planning, implementation, and operation.

**Key Component #10**: The development of ongoing communication, coordination, and cooperation among team members, the community and relevant organizations are critical for program success.

Tribal Healing to Wellness Courts must demonstrate how they address the Key Components of Tribal Wellness to Healing Courts. Applicants are encouraged to visit the following website for more information on the key components which can be accessed at: http://www.ncjrs.gov/pdffiles1/bja/188154.pdf.

# Appendix O – Family Treatment Court

# Best Practice Standards

The Family Treatment Court Best Practice Standards were published in 2019. Children and Family Futures partnered with the National Association of Drug Court Professionals (NADCP) to publish the Family Treatment Court Best Practice Standards. Supported by the Office of Juvenile Justice and Delinquency Prevention, these best practices represent 30 years of rigorous research and rich practice experience. Not only do they serve as an invaluable resource to family treatment courts, the document benefits all treatment courts by providing guidance on how to best serve children and families involved in the justice system. The eight Family Treatment Court Best Practice Standards provide clear practice mandates to improve outcomes for children, parents, and families.

For the complete description of the standards, please visit:
https://www.cffutures.org/files/OJJDP/FDCTTA/FTC_Standards.pdf

**Family drug courts are expected to follow these standards:**

1. **Organization and Structure** – The family treatment court (FTC) has agreed - upon structural and organizational principles that are supported by research and based on evidence-informed policies, programs, and practices. The core programmatic components, day-to-day operations, and oversight structures are defined and documented in the FTC policy and procedure manual, participant handbook, and memoranda of understanding (MOUs).

2. **Role of the Judge** – Judicial leadership is critical to the effective planning and operation of the family treatment court (FTC). The FTC judge works collectively with leaders of partner agencies and other stakeholders to establish clear roles and a shared mission and vision. He or she has the unique ability to engage the leaders and stakeholders in the development, implementation, and ongoing operations of the FTC. The judge is a vital part of the operational team, convening meetings that encourage team members to identify shared values, voice concerns, and find common ground. Additionally, the judge's development of rapport with participants is among the most important components of the FTC.

3. **Ensuring Equity and Inclusion** – Family treatment court (FTC) has an affirmative obligation to consistently assess its operations and those of partner organizations for policies or procedures that could contribute to disproportionality and disparities among historically marginalized and other underserved groups. The FTC actively collects and analyzes program and partner organization data to determine if disproportionality or disparities exist in the program; if so, the FTC implements corrective measures to eliminate them.

4. **Early Identification, Screening, and Assessment** – The process of early identification, screening, and assessment provides the greatest opportunity to fully meet the comprehensive needs of children, parents, and families affected by substance use disorders (SUDs) that come to the attention of the child welfare system. Family treatment court (FTC) team members and partner agencies screen and assess all referred families using objective eligibility and exclusion criteria based on the best available evidence indicating which families can be served safely and effectively in the FTC. Team members use validated assessment tools and procedures to promptly refer children, parents, and families to the appropriate services and levels of care. They conduct ongoing validated assessments of children, parents, and families while also addressing barriers to recovery and reunification throughout the case. Service referrals match identified needs and connect children, parents, and family members to evidence-based interventions, promising programs, and trauma-informed, culturally responsive, and family-centered practices. FTC team members take on varying roles for this process to occur in a timely and efficient manner.

5. **Timely, High-Quality, and Appropriate Substance Use Disorder Treatment** – Substance use disorder (SUD) treatment is provided to meet the individual and unique substance related clinical and supportive needs of persons with SUDs. For participants in family treatment court (FTC), it is important that the SUD treatment agency or clinician provide services in the context of the participants' family relationships, particularly the parent-child dyad, and understand the importance of and responsibility for ensuring child safety within the Adoption and Safe Families Act time line for child permanency. A treatment provider's continuum of services includes early identification, screening, and brief intervention; comprehensive standardized assessment; stabilization; appropriate, manualized, evidence-based treatment including medications if warranted; ongoing communication with the FTC team; and continuing care. The parent, child, and family treatment plan is based on individualized and assessed needs and strengths and is provided in a timely manner including concurrent treatment of mental health and physical health.

6. **Comprehensive Case Management, Services, and Supports for Families** – Family treatment court (FTC) ensures that children, parents, and family members receive comprehensive services that meet their assessed needs and promotes sustained family safety, permanency, recovery, and well-being. In addition to high-quality substance use and co-occurring mental health disorder treatment, the FTC's family-centered service array includes other clinical treatment and related clinical and community support services. These services are trauma responsive, include family members as active participants, and are grounded in cross-systems collaboration and evidence-based or evidence informed practices implemented with fidelity.

7. **Therapeutic Responses to Behavior** – The family treatment court (FTC) operational team applies therapeutic responses (e.g., child safety interventions, treatment adjustments, complementary service modifications, incentives, sanctions) to improve parent, child, and family functioning; ensure children's safety, permanency, and well-being; support participant behavior change; and promote participant accountability. The FTC recognizes the biopsychosocial and behavioral complexities of supporting participants through behavior change to achieve sustainable recovery, stable reunification, and resolution of the child welfare case. When responding to participant behavior, the FTC team considers the cause of the behavior as well as the effect of the therapeutic response on the participant, the participant's children and family, and the participant's engagement in treatment and supportive services.

8. **Monitoring and Evaluation** – The family treatment court (FTC) collects and reviews data to monitor participant progress, engage in a process of continuous quality improvement, monitor adherence to best practice standards, and evaluate outcomes using scientifically reliable and valid procedures. The FTC establishes performance measures for shared accountability across systems, encourages data quality, and fosters the exchange of data and evaluation results with multiple stakeholders. The FTC uses this information to improve policies and practices in addition to monitoring the strengths and limitations of various service components. Evaluation results and data are also critical components of effective stakeholder outreach and sustainability helping the FTC "tell its story" of success and needs.