Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Screening, Brief Intervention and Referral to Treatment

(Short Title: SBIRT)

(Modified Announcement)

Funding Opportunity Announcement (FOA) No. TI-18-007

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

Key Dates:

Application Deadline	**Applications are due by February 21, 2018.**
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.**

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2018 Screening, Brief Intervention and Referral to Treatment (SBIRT) grants. The purpose of this program is to implement screening, brief intervention and referral to treatment services for adolescents and adults in primary care and community health settings (e.g., health centers, hospital systems, etc.) for substance misuse and substance use disorders (SUD). This program is designed to expand/enhance the state and tribal continuum of care for SUD services and reduce alcohol and other drug (AOD) consumption and its negative health impact, increase abstinence, reduce costly health care utilization, and promote sustainability and the integration of behavioral health and primary care services through policy changes that increase treatment access in generalist and specialist practice.

Funding Opportunity Title:	Screening, Brief Intervention and Referral to Treatment (Short Title: SBIRT)
Funding Opportunity Number:	TI-18-007
Due Date for Applications:	February 21, 2018
Anticipated Total Available Funding:	$7,960,000
Estimated Number of Awards:	Up to 8
Estimated Award Amount:	Up to $995,000 per year
Cost Sharing/Match Required:	No
Anticipated Project Start Date:	September 30, 2018
Length of Project Period:	Up to 5 years

Eligible Applicants:	State governments through the immediate office of the Single State Authority (SSA) or Director of the Health Department (or equivalent agency) in states, the District of Columbia and the following territories: 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. The highest-ranking official and/or the duly authorized official of a federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and a consortia of tribes or tribal organizations. Public and private non-profit health care or behavioral health care systems such as health maintenance organizations (HMOs), preferred-provider organizations (PPOs), Federally Qualified Health Care systems, hospital systems, and community health or behavioral health centers. (Note: For community health or behavioral health centers, the highest office of a Director or Chief Executive Officer must be the applicant.) FY 2016 SBIRT recipients funded under announcement TI-16-007 are not eligible to apply for this program. [See Section III-1 for complete eligibility information.]

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

IMPORTANT APPLICATION INFORMATION: SAMHSA's application procedures have changed. **All applicants must register with NIH's eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, you MUST start the registration process immediately. Do not wait to start this process. <u>If your organization is not registered and you do not have an active eRA Commons PI account by the deadline, the application will not be accepted.</u> 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).

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) 2018 Screening, Brief Intervention and Referral to Treatment (SBIRT) grants. The purpose of this program is to implement screening, brief intervention and referral to treatment services for adolescents and adults in primary care and community health settings (e.g., health centers, hospital systems, etc.) for substance misuse and substance use disorders (SUD). This program is designed to expand/enhance the state and tribal continuum of care for SUD services and reduce alcohol and other drug (AOD) consumption and its negative health impact, increase abstinence, reduce costly health care utilization, and promote sustainability and the integration of behavioral health and primary care services through policy changes that increase treatment access in generalist and specialist practice.

The populations of focus are adults and adolescents seeking medical attention and intervention services in primary care and other community health settings (e.g., public and private non-profit health care or behavioral health care systems such as health maintenance organizations (HMOs), preferred-provider organizations (PPOs), Federally Qualified Health Care systems, hospital systems, and community health or behavioral health centers). These grants support clinically appropriate services for persons at risk (asymptomatic) for SUD, as well as those diagnosed with SUD.

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

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

2. EXPECTATIONS

SBIRT is one of SAMHSA's services grant programs. SAMHSA intends that its services programs result in the delivery of services as soon as possible after award. An implementation plan is required and the SBIRT intervention is expected to be operational in at least one pilot site no later than the 4th month after the grant has been awarded.

It is expected that recipients will deliver screening activities, brief interventions, and referral and linkage to treatment to individuals seeking medical attention in primary care or community health settings. This may be for adults 18 years and older only or in conjunction with adolescents between the ages of 12 and 18 years of age. It is the intent of this program to demonstrate the impact of SBIRT services on early identification of individuals with risky substance misuse as well as individuals symptomatic for a SUD. The program is designed to enhance the continuum of behavioral health care, increase the integration of behavioral health with primary care, disseminate the SBIRT approach across a wide extent of state, tribal and non-profit community health settings (e.g., health centers, hospital systems, etc.), increase adoption of SBIRT in primary care and other medical care settings, change systems and policy adoption of SBIRT, increase the behavioral health expertise of the primary care workforce, ensure direct and timely access to specialty treatment, and increase the reimbursement possibilities for this practice.

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 (PD) and the Project Evaluator (PE). These positions require prior approval by SAMHSA after review of credentials of staff and job descriptions.

It is expected that the PD will monitor and direct the daily operations of the grant. This will include selecting and supervising program staff and activities of employees and sub-contractors (if any). The PD is also responsible for overall administrative and budgetary activities of the project. The PD will be the point of contact with SAMHSA about all aspects of grant implementation, progress, successes, challenges, and sustainability. The PD will ensure the development and functionality of an advisory Policy Steering Committee and ensure all required data and progress reports will be submitted completely and on time.

It is expected that the PE will be responsible for all training, and data collection, analysis, and reporting to include the required Government Performance and Results Act (GPRA) requirements. The PE will report to the PD on progress meeting goals and

objectives defined in the grant application, target numbers for the populations of focus, quality assurance activities and any local evaluation efforts on implementation, efficacy and costs.

Required Activities:

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

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

Providing screening, brief intervention and referral and linkage to specialty treatment for diverse at-risk populations in:

- Hospital systems;
- HMOs or PPOs;
- Community health or behavioral health centers with integrated specialty treatment and primary care services;
- Federally qualified health care systems.

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

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

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

Screening:

- For Alcohol
    - (AUDIT-C) + binge question
    - Full screen: AUDIT
    - USAUDIT
- For illicit and prescription drug misuse:
    - Pre-Screen: NIDA single question drug screen
    - Full Screen: the Drug Abuse Screen Test – 10 Questions (DAST-10)
    - The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) 2
    - ASSIST-FC
    - Single question on cannabis use should be considered for inclusion.
- If adolescents are included in the population of focus, such screening tools as the CRAFFT would be appropriate.

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

Applicants, with robust mental health services available, must screen and assess clients for the presence of co-occurring serious mental illness and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders. Applicants are encouraged to include screening for risk of suicide as well. Suggested screening tools include the PHQ-2 or PHQ-9.

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

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

Referral to Treatment (RT): SAMHSA expects that the local specialty substance use disorder treatment system, serving the geographical area of the grantee, will be integrated into the grant through contractual or other formal agreements to accept those individuals the applicant determines will be in need of such care post screening with minimal wait time. This activity is critical to the SBIRT project to increase treatment engagement and maintenance of those suffering from SUD. This will require a very careful calculation of proposed target numbers to ensure those predicted to need these

services will have ready access to the treatment they need. Applicants must show that they have made contractual or financial arrangements under the grant to procure these services based on the number of individuals predicted to need such services. The applicant may use up to 30 percent of the services portion of the award to establish these contractual relationships with the local specialty treatment system. Specialty treatment services may include:

- Assessment and counseling;
- Medication Assisted Treatment (MAT);
- Outreach/pretreatment services;
- Outpatient services;
- Intensive Outpatient Services;
- Day Treatment;
- Partial Hospitalization;
- Residential services;
- Inpatient services;
- Case management and referral to specialty treatment sources utilizing a 'hot handoff' procedure;
- Informed consent between referred individual, the referral source and the specialty treatment provider; and
- Overcoming barriers to access through reasonable wrap around services addressing barriers to access to care such as transportation to treatment, wait lists, or third party insurance coverage determination.

Applicants are required to provide a letter of commitment from every specialty treatment provider organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided. Such letters must be included in Attachment 1 of the application.

SAMHSA prioritizes the use of accessible, coordinated/integrated, and evidence-based MAT for alcohol and opioid use disorders. MAT includes screening, assessment, medication and case management and should be provided in combination with comprehensive evidence-based SUD treatment services, including but not limited to counseling and behavioral therapies. During screening the applicants will identify individuals who have opioid and/or alcohol use disorders and connect them to MAT providers. While not all individuals with positive screen results meet the criteria for referral to MAT, the applicant must demonstrate the capability and capacity to provide or refer to treatment providers who can provide those services described above to patients who may be eligible for MAT. The applicant must provide written agreements with the MAT providers associated with the grant, as well as the details of the referral mechanism in Attachment 5 of application.

Allowable Activities:

- Up to $25,000 of the award can be used for the purchase of Technical Assistance (TA). If grantees opt not to use this for TA, the funds can be used for any other required/allowable activities of the grant.

- Develop and implement tobacco cessation programs, activities, and/or strategies.

- Efforts to include SBIRT practices in electronic health records or use of automated devices to enhance treatment are encouraged.

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.)

Although people with behavioral health conditions represent about 25 percent of the U.S. adult population, these individuals account for nearly 40 percent[1] of all cigarettes smoked and can experience serious health consequences[2]. A growing body of research shows that quitting smoking can improve mental health and addiction recovery outcomes. Research shows that many smokers with behavioral health conditions want to quit, can quit, and benefit from proven smoking cessation treatments. SAMHSA strongly encourages all recipients to adopt a tobacco-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

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[1] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (March 20, 2013). *The NSDUH Report: Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked.* Rockville, MD. https://www.samhsa.gov/data/sites/default/files/spot104-cigarettes-mental-illness-substance-use-disorder/spot104-cigarettes-mental-illness-substance-use-disorder.pdf

[2] U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

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. SAMHSA encourages its recipients to utilize and provide technical assistance for service members, veterans and their families. This includes efforts to engage their staff in cultural competency training courses and to collaborate with key organizations in their local communities that are focused on serving this population.

2.1 Project Phases

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

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

- Develop organizational structure of qualified personnel (Project Directors and Coordinators, Clinical Directors and Evaluators) and participating agencies. Ensuring complete and qualified community and specialist services for patients symptomatic for risky substance use or moderate to severe SUD.

- Develop an Implementation Plan to ensure effective implementation that is designed to enhance SBIRT uptake in targeted settings. This shall include at a minimum, an assessment of facilitators and barriers to implementation at each site and then a proposed implementation strategy that addresses site characteristics. This plan must be approved by SAMSHA.

- Develop a comprehensive Quality Improvement Plan (QIP) to ensure fidelity to SBIRT model practices. This plan must be provided to SAMHSA by the end of Phase I. Submission of a chart detailing the grant project timeline is required to the Government Project Officer (GPO) at the end of Phase I.

- Initiate evidence based SBIRT services in one or more participating grant recipient(s) setting(s).

- Complete interagency agreements, sub-contracts, billing and fiscal procedures and controls; and reporting and monitoring procedures with participating service providers.

- Introduce reporting instruments and obtain baseline data covering levels of service, patient needs, program performance characteristics and training and technical assistance.

- Establish the mechanism for monitoring performance against readily achievable targets for: (1) reducing AOD use by patients receiving SBIRT grant services; (2) increasing the number of clients with asymptomatic, risky use or SUD who receive treatment in each sub-recipient community; (3) increasing the number of community settings where SBIRT services are provided; and (4) providing treatment services within approved cost parameters for each treatment modality.

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

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

- Stand up SBIRT in remaining sites that benefits from implementation in pilot sites. Refine implementation plan to provide training and technical assistance to sub-recipients and, where possible, non-grant entities.

- Continually assess system gaps and identify target populations and communities to be served.

- Continue project management, reporting, evaluation, quality improvement, cost control, and assessment of overall program training and technical assistance (TA) needs. Finalize and complete installation and operations of screenings, brief interventions and robust referral to treatment services at all participating sites.

- Continue to expand the continuum of SUD care and achieve: (1) reduction of AOD use by individuals receiving SBIRT services; (2) increase in the number of persons with a SUD receiving specialty treatment; (3) increase in the number of community health settings and unique populations groups where SBIRT services are provided; and (4) providing treatment services within approved cost parameters for a given treatment modality.

- Develop step-by-step actions to integrate SBIRT into daily care and treatment protocols to ensure sustainability of the program at the end of the grant period.

- Establish and track systems changes in funding sources, SBIRT reimbursement code utilization, treatment access and TA barriers. Refine operations as barriers are encountered and lessons learned.

- Develop and submit all regularly recurring required reports to SAMHSA including financial reporting, data collection and annual reports.

- Full participation in cross-site evaluations which may be directed by SAMHSA.

- Ensure the follow up of individuals receiving SBIRT services. SAMHSA is interested in reliable follow up outcomes, particularly for individuals who test positive for opioid use disorder. The applicant must provide details in the application demonstrating a robust follow up procedure to determine the effectiveness of the BI activities, especially concerning alcohol and drug misuse outcomes. A portion of the evaluation funding should be directed toward increased contact and reporting on changes in alcohol and drug use quantity and frequency. The applicants must include their plan to accomplish in the application and signify that evaluation results will be reported through the annual reports. SAMHSA encourages program evaluators to consider developing an approach to compare the SBIRT alcohol and drug screen positive population with a similar population not receiving SBIRT screening services. SAMHSA encourages partnerships with researchers.

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

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

2.2 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to SUD prevention or treatment that are validated by 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.

SAMSHA encourages the use of known EBPs that may not have been tested in specific populations to be applied to new populations and in this case we highly support the study and evaluation of this known EBP into a novel population.

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

The following are examples of EBP(s) that exist/apply for your program/population(s) of focus: Cognitive Behavioral Therapy, Medication Assisted Treatment (MAT), Twelve-Step Facilitation Therapy, validated screening instruments (i.e. AUDIT, DAST, ASSIST), and Brief Intervention such as the Brief Negotiated Interview method and Brief Treatment such as Motivational Interviewing.

Applicants are also encouraged to visit the National Institute of Health, National Institute on Drug Abuse website https://www.drugabuse.gov/ for more information on EBPs.

If you determine that there is a need to make modifications to any of the EBPs you plan to implement, you must describe the modifications and explain why they are necessary. SAMHSA encourages you to consult with an expert or the program developer to complete any modifications to the chosen EBP. This is especially important when adapting EBPs for specific underserved populations for whom there is less research to demonstrate EBPs.

In selecting an EBP, be mindful of how your choice of an EBP or practice may impact disparities in service access, use, and outcomes for your population(s) of focus. While this is important in providing services to all populations, it is especially critical for those working with underserved and minority populations.

[Note: See Appendix I – Standard Funding Restrictions, regarding allowable costs for EBPs.]

2.3 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 the following measures: abstinence from use, housing status, employment status, criminal justice system involvement,

access to services, retention in services and social connectedness including measures of disparities in access, service use, and outcomes across subpopulations. This information will be gathered using SAMHSA's Performance Accountability and Reporting System (SPARS); access will be provided upon award. Changes in the data collection system and data collection forms may take place during the life of this grant and all recipients are expected to comply with the adjustments. 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. All data must be submitted through the specified online data submission tool within seven days of data collection or as specified after award. Recipients will be provided extensive training on the system and its requirements post award.

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

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

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

2.4 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 15 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.3 and 2.4 above.

Note: See Appendix F for more information on responding to Sections I-2.3 and 2.4.

2.5 Infrastructure Development (maximum 15 percent of total grant award for the budget period)

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

- Developing partnerships with other service providers for service delivery and stakeholders serving the population of focus.
- Adopting and/or enhancing your computer system, management information system (MIS), electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services, and outcomes.
- Training/workforce development to help your staff or other providers in the community identify mental health or substance use disorder issues or provide effective services consistent with the purpose of the grant program.
- Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, development/revision of credentialing, licensure, or accreditation requirements)[3]

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[3] For purposes of this FOA, "policy" refers to programs and guidelines adopted and implemented by institutions, organizations and others to inform and establish practices and decisions and to achieve organizational goals. Policy efforts do not include activities designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or Executive Orders ("legislation and other orders") proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, and awardees may not use federal funds for such activities. This restriction extends to both grass-roots lobbying efforts and direct lobbying. However, for state, local, and other

- Implement, modify, and/or enhance EHRs to improve care coordination, support evidence-based practices, improve workflow, reduce provider burden, and/or improve coordination of billing and reimbursement with a focus on developing sustainable practices. If you elect to use any portion of the grant award for infrastructure development, at least five percent of the 15 percent allowed for infrastructure development must be directed toward EHR and HIT integration and automated adoption of SBIRT activities.

2.6 Project Administration

No more than 15 percent of the total grant award may be used for administrative purposes. Project administration includes, but is not limited to, policy and systems change and monitoring sub-recipients' service delivery and overall project reporting.

2.7 Grantee Meetings

Recipients must send a maximum of two people (including the Project Director) to at least one joint grantee meeting in every other year of the grant. For this cohort, grantee meetings will likely be held in years one and three of the grant. You must include a detailed budget and narrative for this travel in your budget. At these meetings, recipients will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to three days. These meetings are usually held in the Washington, D.C. metropolitan area.

II. FEDERAL AWARD INFORMATION

Funding Mechanism:	Grant
Anticipated Total Available Funding:	$7,960,000
Estimated Number of Awards:	Up to 8 awards
Estimated Award Amount:	Up to $995,000 per year
Length of Project Period:	Up to 5 years

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governmental recipients, certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are not considered impermissible lobbying activities and may be supported by federal funds.

Proposed budgets cannot exceed $995,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2018 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

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

- State governments through the immediate office of the Single State Authority (SSA) or Director of the Health Department (or equivalent agency) in states, the District of Columbia and the following territories: 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.

- The highest-ranking official and/or the duly authorized federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations.

- Public and private non-profit health care or behavioral health care systems such as health maintenance organizations (HMOs), preferred-provider organizations (PPOs), Federally Qualified Health Care systems, hospital systems, and community health or behavioral health centers. (Note: For community health or behavioral health centers, the highest office of a Director or Chief Executive Officer must be the applicant.) Preference is for systems with integrated specialty treatment care or the ability to establish integrated care mechanisms.

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.

These organizations have the necessary infrastructure to provide the resources needed to implement SBIRT program activities across the state/tribes and territories/primary care and community health settings, or portions thereof. FY 2016 SBIRT recipients funded under announcement TI-16-007 are not eligible to apply for this program.

2. COST SHARING and MATCHING REQUIREMENTS

Cost sharing/match is not required in this program.

3. EVIDENCE OF EXPERIENCE AND CREDENTIALS

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

The three requirements are:

- A provider organization for direct client (e.g., substance use disorder treatment) services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;

- Each mental health/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 (official documents must establish that the organization has provided relevant services for the <u>last two years</u>); 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:

- **Budget Information SF-424** – Fill out all Sections of the SF-424. In **Line #4** (i.e., Applicant Identified), input the Commons Username of the PD/PI. In **Line #17** input the following information: (Proposed Project Date: a. Start Date: 9/30/2018; b. End Date: 9/29/2023).

  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 from the Grants.gov application package.** 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 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 Attachments 2 and 5. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc. Use the Other Attachments Form from Grants.gov to upload the attachments.

  - **Attachment 1**: (1) Identification of at least one experienced, licensed mental health/substance use disorder treatment provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) letters of

commitment from these specialty treatment/direct service provider organizations that specifies the nature of the participation and the service(s) that will be provided; **(Do not include any letters of support. Reviewers will not consider them if you do.)** and (4) the Statement of Assurance (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, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time.

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

- **Attachment 3**: Sample Consent Forms

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

- **Attachment 5**: Letter of Agreement with MAT providers.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **February 21, 2018.**

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

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

3. FUNDING LIMITATIONS/RESTRICTIONS

Applicants responding to this announcement may request funding for a project period of up to five years, at no more than $995,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The funding restrictions for this project are as follows:

- No more than 15 percent of the total grant award for the budget period may be used for developing the infrastructure necessary for expansion of services. If you elect to use any portion of the grant award for infrastructure development, at least five percent of the 15 percent allowed for infrastructure development must be directed toward EHR and HIT integration and automated adoption of SBIRT activities.

- No more than 15 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

- Recipients must devote at least 70 percent of their award to expand/enhance their service system to carry out SBIRT services. Up to 30 percent of the services portion of the award may be used to pay for the procurement of specialty treatment services. This includes payment for costs of treating eligible individuals, and establishing contractual agreements with local specialty treatment agencies who will agree to accept the predicted level of clients needing RT. For individual treatment, this may only be used as the pay method of last resort after exhausting all other means of payment.

- **No more than 15 percent of the total grant award may be used for administrative purposes.** Project administration includes, but is not limited to, policy and systems change and monitoring sub-recipients' service delivery and overall project reporting.

- Up to $25,000 of the award can be used for the purchase of Technical Assistance (TA). If grantees opt not to use this for TA, the funds can be used for any other required/allowable activities of the grant.

  Be sure to identify these expenses in your proposed budget.

While applicants may apply for up to $995,000 per year, applicants may need a lesser amount to implement their applicant 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 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 Statement of Need described in A.2. State the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds.

2. Describe how you will implement the Required Activities as stated in Section I.2. If you plan to use grant funds for infrastructure development, describe the infrastructure changes you plan to implement and how they will enhance/improve service effectiveness.

3. Provide a chart or graph depicting a realistic timeline for the entire five years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in Section I-2: Expectations. [NOTE: Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than four months after grant award. The timeline must be part of the Project Narrative. It must not be placed in an attachment.]

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

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

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

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

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

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

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

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**.

The budget justification and narrative must be submitted as a file entitled BNF when you submit your application into Grants.gov.

1. REQUIRED SUPPORTING DOCUMENTATION

Biographical Sketches and Position Descriptions

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

Confidentiality and SAMHSA Participant Protection/Human Subjects

See Appendix D for documentation that **must** be included in your application related to Confidentiality, Participant Protection, and the Protection of Human Subjects Regulations. Even if your project will be evaluated by an Institutional Review Board (IRB), all of the Participant Protection elements must be addressed.

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;
- When the individual award is over $150,000, 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;
- Submission of any required documentation that must be submitted prior to making an award; and
- In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). If SAMHSA chooses not to award a fundable application, SAMHSA must report that determination to the designated integrity and performance system accessible through the System for Award Management (SAM) [currently the Federal Awardee Performance and Integrity Information System (FAPIIS)].

VI. FEDERAL AWARD ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

Program Specific:

Recipients must comply with the data reporting requirements listed in Section I-2.3 and Section I-2.4.

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 at discharge.

Progress Reports – recipients will be expected to submit an annual 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 you are approved for funding, a Notice of Award (NoA) will be emailed to the Business Official's (BO) and Project Director/Principal Investigator's (PD/PI) email address identified on the HHS Checklist form submitted with the application. 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 you are not funded, you will receive a notification from SAMHSA, via NIH's eRA Commons.

VII. AGENCY CONTACTS

For questions about program issues contact:

Reed Forman
Center for Substance Abuse Treatment, Division of Service Improvement

Substance Abuse and Mental Health Services Administration
(240) 276-2416
Reed.Forman@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
(240) 276-1412
FOACSAT@samhsa.hhs.gov

Appendix A – Application and Submission Requirements

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

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

1. GET REGISTERED

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

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

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 also register in eRA Commons and receive a Commons ID in order to have access to electronic submission and retrieval of application/grant information. It is strongly recommended that you start the eRA Commons registration process **at least six (6) weeks** prior to the application due date. **If your organization is not registered and does not have an active eRA Commons PI account by the deadline, the application will not be accepted.**

For organizations registering with eRA Commons for the first time, either the Authorized Organization Representative (AOR) from the SF-424 or the Business Official (BO) from the 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 (with the Signing Official 'SO' role) and temporary password. The representative will need to log into Commons with the temporary password, at which time the system will provide prompts to change the temporary password to one of their choosing. Once the designated contact Signing Official (SO) signs the registration request, the organization will be active in Commons and any user with the SO role will be able to create and maintain additional accounts for the organization's staff, including accounts for those designated as Program Directors.

Important: The eRA Commons requires organizations to identify at least one SO, who can be either the AOR from the SF-424 or the BO from the 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.

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

2. APPLICATION COMPONENTS

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

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

On the Grants.gov site (http://www.Grants.gov), select the 'Apply for Grants' option from the 'Applicants' Tab at the top of the screen. You will be directed to the 'Apply for Grants' page. Click on the 'Get Application Package' tab located on the right of the Grants.gov 'Apply for Grants' page. You will be directed to the 'Get Application Package' page where you will search for the appropriate funding announcement number (called the funding opportunity number) or the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the funding announcement number and CFDA number on the cover page of the FOA.

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

2.2 Additional Documents for Submission (SAMHSA Website)

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

For a **full list of required application components**, refer to Section II-3.1, Required Application Components.

3. WRITE AND COMPLETE APPLICATION

After downloading and retrieving the required application components and completing the registration processes, it is time to write and complete your application. With SAMHSA's transition to NIH's eRA grants system, there are **new application formatting requirements and validations.** All files uploaded with the Grants.gov application **MUST** be in **Adobe PDF** file format. 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.**

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

3.1 Required Application Components

Standard Application Components

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

#	Standard Application Components	Description	Source
1	SF-424 (Application for Federal Assistance) Form	This form must be completed by applicants for all SAMHSA grants and cooperative agreements.	Grants.gov
2	SF-424 A (Budget Information – Non-Construction Programs) Form	Use SF-424A. Fill out Sections A, B, 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.**	Grants.gov
3	HHS Checklist Form	The HHS Checklist ensures that you have obtained the proper signatures, assurances, and certifications**.** You are not required to complete the entire form, but 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	Grants.gov

#	Standard Application Components	Description	Source
		Investigator (PD/PI), and Signing Official/Business Official (SO/BO).	
4	Project/Performance Site Location(s) Form	The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed.	Grants.gov
5	Project Abstract Summary	Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reports to Congress, or press releases.	Grants.gov
6	Project Narrative Attachment	The Project Narrative describes your project. The application must address how your organization will implement and meet the goals and objectives of the program. You must attach the Project Narrative file (Adobe PDF format only) inside the Project Narrative Attachment Form.	Grants.gov
7	Budget Justification and Narrative Attachment	You must include a detailed Budget Narrative in addition to the Budget Form SF-424A. In preparing the budget, adhere to any existing federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. The budget justification and narrative must be submitted as file **BNF** when you submit your application into Grants.gov	Grants.gov
8	SF-424 B (Assurances for Non-Construction) Form	You must read the list of assurances provided on the SAMHSA website and check the box marked 'I Agree' before signing the first page (SF-424) of the application.	SAMHSA Website
9	Disclosure of Lobbying Activities (SF-LLL) Form	Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before Congress or state legislatures. You must sign and submit this form, if applicable.	Grants.gov
10	Other Attachments Form	Refer to the Supporting Documents below. Use the Other Attachments Form to attach all required additional/supporting documents listed in the table below.	Grants.gov

Supporting Documents

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

#	Supporting Documents	Description	Source
1	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 (Grants.gov, ASSIST)

After completing all required registration and application requirements, SAMHSA requires applicants to **electronically submit** using eRA ASSIST, Grants.gov Downloadable Forms, Grants.gov Workspace or another system to system 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 Downloadable Forms** – You can download an application package from Grants.gov, complete the forms offline, submit the completed forms to Grants.gov, and track your application in eRA Commons. **Note that this option is only available until December 31, 2017.**

3) **Grants.gov Workspace –** You can use the shared, online environment of the Grants.gov Workspace to collaboratively work on different forms within the application package.

The specific actions you need to take to submit your application will vary by submission method as listed above. The steps to submit your application are as follows:

To submit to Grants.gov using ASSIST: eRA Modules, User Guides, and Documentation | Electronic Research Administration (eRA)

To submit to Grants.gov using downloadable forms are available at: STEP 3: Submit an Application Package | GRANTS.GOV

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 their applications in Grants.gov, you must attempt to resolve them by contacting the Grants.gov Help Desk at:

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

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

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

- By e-mail: http://grants.nih.gov/support/index.html
- By phone: 301-402-7469 or (toll-free) 1-866-504-9552. The NIH eRA Service desk is available Monday – Friday, 7 a.m. to 8 p.m. Eastern Time, excluding federal holidays.

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

- Access the ASSIST Online Help Site at: https://era.nih.gov/erahelp/assist/
- Or contact the eRA Help Desk

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

4.2 Waiver of Electronic Submission

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

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

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

5. AFTER SUBMISSION

5.1 System Validations and Tracking

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

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

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

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

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

5.2 eRA Commons: Warning vs. Error Notifications

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

Warnings – If you receive a 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 Help Desk and submitting a web ticket to document your good faith attempt to submit your application, and determining next steps. See 4.1 for more information on contacting the eRA Help Desk.

5.4 Resubmitting a Changed/Corrected Application

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

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

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

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

Appendix 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 Help Desk and submit a Web ticket to document your good-faith attempt to submit your application.

#	eRA Validations	Action if the Validation is not met
1	Applicant Identifier: The Commons Username provided in the PD/PI Credential field for the PD/PI must be valid and affiliated with the organization (matching on the Org Primary DUNS).	If the PD/PI Credentials are not provided, the applicant will receive the following error message from eRA Commons: "The Commons Username must be provided in the PD/PI Credential field for the PD/PI." If the Username provided is not a valid Commons account, the applicant will receive the following error message from eRA Commons: "The Commons Username provided in the PD/PI Credential field for is not a recognized Commons account." If the Username is not affiliated with the organization submitting the application and have the PI role, the applicant will receive the following error message from eRA Commons: "The Commons account provided in the Credential field for the PD/PI is either not affiliated with the applicant organization or does not hold the PI role. Check with your Commons Account

#	eRA Validations	Action if the Validation is not met
		Administrator to make sure your account affiliation and roles are set-up correctly."
2	DUNS numbers: The DUNS number provided on any forms must have valid characters (9 or 13 numbers with or without dashes).	If the DUNS number provided has invalid characters (other than 9 or 13 numbers) after stripping of dashes, the applicant will receive the following error message from eRA Commons: “The DUNs number for <insert form name > is not in the valid format of DUNS or DUNS+4 number (DUNS should be 9 or 13 digits; no letters or special characters).”
3	Submit required documentation for the FOA. [Note: We recommend you use the latest package from Grants.gov, which will have the latest forms and templates required.]	If you do not submit the documentation required for the FOA, the applicant will receive the following error message from eRA Commons: “The format of the application does not match the format of the FOA. Please contact the eRA Help Desk for assistance.”
4	Check the “Changed/Corrected Application” box in the SF424 form after making changes/corrections to resubmit an application. Refer to Section II-5.4 for more information on resubmission criteria.	If you change/correct an error in your application, any subsequent submissions for the same FOA will result in an error, and the applicant will receive the following error message from eRA Commons: “This application has been identified as a duplicate of a previous submission. The ‘Type of Submission’ should be set to Changed/Corrected if you are addressing errors/warnings.”
5	Applications cannot be larger than 1.2GB	If the application exceeds 1.2GB, the applicant will receive the following error message from eRA Commons: “The application did not follow the agency-specific size limit of 1.2 GB. Please resize the application to be no larger than 1.2GB before submitting.”
6	The Funding Opportunity Announcement (FOA) number must exist.	If you enter an FOA number that does not exist, the applicant will receive the following error message from eRA Commons: “The Funding Opportunity Announcement number does not exist.”
7	All documents and attachments must be in PDF format.	If you submit attachments which are not in PDF format, the applicant will receive the following error message from eRA Commons: “The <attachment> attachment is not in PDF format. All attachments must be provided to the agency in PDF format with a

#	eRA Validations	Action if the Validation is not met
		.pdf extension. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm. ”
8	All attachments should comply with the following formatting requirement: ○ PDF attachments cannot be empty (0 bytes).	If you submit attachments which do not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons: “The {attachment} attachment was empty. PDF attachments cannot be empty, password protected or encrypted. Please submit a changed/corrected application with the correct PDF attachment. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm. ”
9	All attachments should comply with the following formatting requirement: ○ PDF attachments cannot have Meta data missing, cannot be encrypted, password protected or secured documents.	If you submit attachments which do not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons: “The <attachment> attachment contained formatting or features not currently supported by NIH: <condition returned>. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm. ”
10	All attachments should comply with the following formatting requirement: ○ Size of PDF attachments cannot be larger than 8.5 x 11 inches (horizontally or vertically). [Note: It is recommended that you limit the size of attachments to 35 MB.]	If you submit attachments that do not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons: “Filename <file> cannot be larger than U.S. standard letter paper size of 8.5 x 11 inches. See the PDF guidelines at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm for additional information.”
11	All attachments should comply with the following formatting requirement: ○ PDF attachments should have a valid file name. Valid file names must include the following UTF-8 characters: A-Z, a-z, 0-9,	If you submit attachments which do not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons: “The <attachment> attachment filename is invalid. Valid filenames may only include the following characters: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, or period. No special characters (including brackets) can be part of the filename.”

#	eRA Validations	Action if the Validation is not met
	underscore (_), hyphen (-), space, period.	
12	The contact person's email in the SF-424 Section F, must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	If the contact person's email address does not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons: "The submitted e-mail address for the person to be contacted {email address}, is invalid. Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid."
13	Congressional district code of applicant (after truncating) must be valid. [Note: Applies to form SF-424, items 16a and 16b]	If the Congressional district code of the applicant is not valid, the applicant will receive the following error message from eRA Commons: "Congressional district <Congressional District> is invalid. To locate your district, visit http://www.house.gov/"
14	Authorized Representative email must contain a '@', with at least 1 and at most 60chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	If the Authorized Representative email address does not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons: "Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid. The Person to be contacted email address also provided on the SF 424 will be used instead."
15	Budget Validations	If the budget form fields below do not comply with the form guidelines, the applicant will receive the following error message from eRA Commons:
16	SF424-A: Section A – Budget Summary There are total fields at the end of rows or at the bottom of columns that must equal the sum of the elements for that row or column	Ensure that the sum of Grant Program Function or Activity (a) elements entered equals the total amounts in the Total field

#	eRA Validations	Action if the Validation is not met
17	SF424-A: Section B – Budget Categories The TOTALS Total in Column 5 - Row k does not equal to SECTION A – Budget Summary: 5.Totals Total (g).	Ensure that the TOTALS Total (row k, column 5) equals the Budget Summary Totals in section A, row 5 column g.
18	SF424-A: Section D – Forecasted Cash Needs The Federal amount for the 1st Year sun does not equal to Section A Total for 1st Year Federal Totals The Non-Federal Total for 1st Year sum does not equal to Estimated Unobligated Funds Non-Federal Totals (d-5) + New or Revised Budget Non-Federal Totals (f-5) The Total for 1st Year TOTAL in Section D does not equal to the Totals Total (Column 5, Row G) in Section A	Ensure that the Federal Total for 1st year, in Section D-Forecasted Needs equals the Section A, New or Revised Budget Federal Totals (e-5) amount. Ensure that the Non-Federal Total for 1st year equals the sum of Estimated Unobligated Funds Non-Federal Totals (d-5) and New or Revised Budget Non-Federal Totals (f-5) on Section A. Ensure that the Forecasted Cash Needs: 15. TOTAL equals to SECTION A – Budget Summary: 5.Totals Total (g).
19	SF424-A: Section E – Budget Estimates Of Federal Funds Needed For Balance of The project The number of budget years/periods does not match the span of the project	Ensure that the project period years on the SF 424 block 17 matches the provided budget periods in the SF 424 A. Enter data for the first budget period in Section D and enter future budget periods in Section E. Please refer to agency guidance if applicable.

Appendix 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.[4] (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.

_____ _____

_____

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

Signature of Authorized Representative Date

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

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA recipients are involved, 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 seven elements below. Be sure to discuss these elements as they pertain to on-line counseling (i.e., telehealth) if they are applicable to your program. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled "Protection of Human Subjects Regulations" to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining IRB approval. While you are encouraged you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

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

   - Identify and describe any foreseeable physical, medical, psychological, social and legal risks or potential adverse effects as a result of the project itself or any data collection activity.

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

   - Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

   - Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. **Fair Selection of Participants**

   - Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of parents who have a SUD, pregnant women, or other targeted groups.

- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

- If you plan to compensate participants, state how participants will be awarded incentives (e.g., gift cards, bus passes, gifts, etc.). 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. Incentives should be non-cash and the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed $30.

- State how volunteer participants will be told that they may receive services intervention even if they do 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). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Attachment 2**, “Data Collection Instruments/Interview Protocols,” 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. Include who will collect data and how it will be collected.

- Describe:

  - How you will use data collection instruments.

  - Where data will be stored.

  - Who will or will not have access to information.

  - 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: If applicable, recipients must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. **Adequate Consent Procedures**

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.

- State:

  - Whether or not their participation is voluntary.

  - Their right to leave the project at any time without problems.

  - Possible risks from participation in the project.

  - Plans to protect clients from these risks.

- 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.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain <u>written</u> informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. 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?

- 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.

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.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?

- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. **Risk/Benefit Discussion**

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from 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 performance assessment design may meet the regulation's criteria for research involving human subjects.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these recipients will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in

the project. 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 Measureable 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 use disorder treatment 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 the development of a substance use disorder 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 2018, 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,} 9th, and 10th grade students who disapprove of marijuana use as measured by the annual school youth survey.

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

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

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

Examples:

Non-SMART Objective	Critique	SMART Objective
Teachers will be trained on the selected evidence-based substance use disorder 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, 2018***, ***LEA supervisory staff*** will have trained ***75% of health education*** teachers ***in the local school district*** on the selected, evidence-based substance use disorder 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 2018 school year***, ***district health educators*** will have conducted classes on assertive communication skills for 90% of youth ***in the middle school*** receiving the ***substance use disorder 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 is provided in this Appendix about points that you should consider in responding 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.

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Exceed Salary Limitation: The Consolidated Appropriations Act, 2016 (Pub. L.113-76) signed into law on January 10, 2016, limits the salary amount that may be awarded and charged to SAMHSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary can be found in SAMHSA's standard terms and conditions for all awards at https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub awards/subcontracts under a SAMHSA grant or cooperative agreement.

- Pay for any lease beyond the project period.

- 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.)

- Pay for housing other than residential mental health and/or substance use disorder treatment.

- 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.

- Cover unallowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.

- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.

- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals.

  Note: SAMHSA discretionary grant funds may be used for non-cash incentives up to $30. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature.

  SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. 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.

- Consolidated Appropriations Act, 2016, Division H states, SEC. 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. Contact the GPO for further guidance.

- 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.

- Outside individuals or companies that prepare or participate in the preparation of grant applications may not be contractors on those grants per 45 CFR 75.328, which addresses full and open competition.

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). A current listing of SPOCs can be downloaded from the Office of Management and Budget (OMB) website at http://www.whitehouse.gov/omb/grants_spoc.

Check the list to determine whether your state participates in this program. 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-18-007.

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)[5] 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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[5] 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: Christopher Craft, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 17E06, 5600 Fishers Lane, Rockville, MD 20857. ATTN: SSA – Funding Announcement No. TI-18-007.

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 law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. See http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html. The HHS Office for Civil Rights also provides guidance on complying with civil rights laws enforced by HHS. See http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html; and http://www.hhs.gov/civil-rights/for-providers/index.html. Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. See http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html. 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. Also note it is an HHS Departmental goal to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care at https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53.

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

DOMA: Implementation of United States v. Windsor and Federal Recognition of Same-Sex Spouses/Marriages

A special term of award may be included in the final NoA that states: "On June 26, 2013, in United States v. Windsor, the Supreme Court held that section 3 of the Defense of Marriage Act (DOMA), which prohibited federal recognition of same-sex marriages, was unconstitutional. As a result of that decision and consistent with HHS policy, SAMHSA recognizes same-sex marriages and same-sex spouses on equal terms with opposite sex-marriages and opposite-sex spouses, regardless of where the couple resides. On June 26, 2015, in Obergefell v. Hodges, the Court held that the Fourteenth Amendment requires a State to license a marriage between two people of the same sex and to recognize a marriage between two people of the same sex when their marriage was lawfully licensed and performed out-of-state. Consistent with both of these decisions, you must treat as valid the marriages of same- sex couples. This policy does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage."

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.]

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 use disorder treatment/substance use disorder prevention/mental health services community.

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

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

- The budget narrative must match the costs identified on the SF-424A form and the total costs on the SF-424.
- The Budget Narrative and justification must be consistent with and support the Project Narrative.
- The Budget Narrative and justification must be concrete and specific. It must provide a justification for the basis of each proposed cost in the budget and how that cost was calculated. Examples to consider when justifying the basis of your estimates can be ongoing activities, market rates, quotations received from vendors, 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 Expectations 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
(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 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 Recipient Conference	Chicago, IL to Washington D.C.	Airfare	$200/flight x 2	$400
		Hotel	$180/night x 2 persons x 2 nights	$720
		Per Diem (meals and incidentals)	$46/day x 2 persons x 2 days	$184
Local Travel		Mileage	3,000 miles @.38/mile	$1,140

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 recipient 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 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 to 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 *Training course $175 *Supplies @ $47.54 x 12 months or $570 *Telephone @ $60 x 12 months = $720 *Indirect costs = $9,390 (negotiated with contractor)	$46,168
(4) Jane Smith	Evaluator	$40 per hour x 225 hours	12 month period	$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of $30,000 x 10% level of effort		$3,000
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 use disorders, 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 requested 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 (The Total Direct Charges will sum automatically on the form)	**$177,462**

J. Indirect Cost Rate

Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified with an individual project or program but are necessary to the operations of the organization. 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-contracts (first $25,000 of each sub-contract)

  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

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

In **Section B,** Use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only. This total amount in 6k should be the same as the Total Federal Request for Year 1 entered on Line 1, Column (e) of Section A.

In **Section C**, 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.]

In **Section D** Line 13, the funds needed for each quarter should be entered. The amount entered in "Total for First Year" should be the same as the amount entered in Column 1, Line 6k in Section B. Enter the amount for each quarter. The total in column 1 will sum automatically. Use the first row for federal funds and the second row for non-federal funds.

In **Section E**, the funds being requested for Years 2, 3, 4, and 5 should be entered. For example, Year 2 will be entered in column (b), Year 3 in column (c), etc.

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

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

Proposed Project Period

a. Start Date: 09/30/2018 b. End Date: 09/29/2023

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

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SECTION B – BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM FUNCTION OR ACTIVITY				Total (5)
	(1) Title of FOA	(2)	(3)	(4)	
a. Personnel	$52,765				$52,765
b. Fringe Benefits	$15,644				$15,644
c. Travel	$2,444				$2,444
d. Equipment	$0				$0
e. Supplies	$3,796				$3,796
f. Contractual	$86,998				$86,998
g. Construction	$0				$0
h. Other	$15,815				$15,815

6. Object Class Categories	GRANT PROGRAM FUNCTION OR ACTIVITY				Total (5)
	(1) Title of FOA	(2)	(3)	(4)	
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				$184,303
7. Program Income					

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

SECTION D – FORECASTED CASH NEEDS					
13. Federal	Totals for 1st Year $184,303	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 C – NON-FEDERAL RESOURCES				
SECTION E – BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	**FUTURE FUNDING PERIODS**			
	(a) First	**(b) Second**	**(c) Third**	**(d) Fourth**
16. Title of FOA	$184,498	$185,531	$185,762	$186,001
17.				
18.				
19.				
20. TOTAL (Sum of lines 16-19)	$184,194	$185,531	$184,458	$184,932

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